# Environmental Scan:
# FASD & The Justice System in Canada

**November 2015**

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## EXECUTIVE SUMMARY

This environmental scan will examine FASD and justice programs across Canada with attention to both youth and adult programs. This environmental scan is a working document that aims to engage with the youth and adult justice sectors to facilitate understandings of programs and practices, and is the first step in formulating a comprehensive summary of FASD and the justice system across Canada. This scan will outline external and internal factors when considering FASD and from that will highlight areas of strength and weakness when thinking about FASD programming in the justice system. Research indicates that a disproportionate number of people involved in the justice system have FASD (diagnosed, suspected or otherwise) which places pressure on this system to address the needs of these clients—and raises questions about where needs can be best met. While individuals with FASD can experience the justice system as witnesses, victims and offenders, this report will focus on specific programs for youth and adults who are living with FASD and encounter the justice system as offenders. The scan includes appendices with inventories of programs and practices including diagnostic capacity and justice-specific programs for youth and adults.

Key findings:

- There is a lack of FASD training and education amongst frontline justice personnel (police, judges, lawyers, corrections and court staff), which can impact equal access to justice for persons living with FASD.
- There are two major systematic barriers to accessing the justice system for persons with FASD: lack of early identification and diagnosis of offenders with FASD, and lack of alternatives to incarceration for offenders with FASD. There are few screening and diagnostic tools used in the justice system, and those in use have been specifically developed for youth.
- The invisibility of the disability can often result in FASD being under-diagnosed. The lack of early screening and diagnosis of persons with FASD can result in the criminal justice system being required to address screening or assessment with limited resources.

- There is a lack of national prevalence rates of both adults and youth with FASD, including those in the justice system. Estimations indicate a high prevalence rate of justice involvement for adults and youth with FASD.
- Many justice professionals have deemed the lack of alternatives to incarceration inappropriate. Availability of programs that are FASD-friendly is limited.
- FASD-friendly procedures are needed during police interrogations, court proceedings and sentencing for offenders with FASD.
- There is a need for enhanced understandings of FASD-friendly programs and practices in the justice system to help improve current delivery of services, expand services where appropriate and help create better practices for those that are living with FASD and encountering the justice system.
- There is also growing recognition within the court system that FASD is a relevant and timely matter; it can impact a wide range of justice outcomes including sentencing practices and supervision in the community.
- There is an overrepresentation of Aboriginal persons in the justice system including those with FASD in the criminal justice system. This overrepresentation needs to be considered in relationship to broader contexts including legacies of residential schools, historic and intergenerational trauma with attention to culturally-appropriate programs and supports.
- Research and empirical evidence support the need for effective community supports including mentoring practices in the courts and the community.

Report preparation and for more information:
Dr. Michelle Stewart and her research team at the University of Regina prepared this report. This research is supported in part by the University of Regina and Canada FASD Research Network.
Comments and suggestions about this report are welcomed and can be sent to: fasd.research.project@uregina.ca. For more information about Dr. Stewart's research please visit: fasdresearchproject.com.

## FASD IN THE JUSTICE SECTOR

### Criminal issues relating to adults and youth with FASD

In 2014, a Private Member's Bill was introduced by Yukon Member of Parliament, Ryan Leef. Bill C-583 was an act to amend the Criminal Code and sought to "amend the Criminal Code by defining FASD under the criminal code, determining the contribution, if any, of FASD to the offence as well as allowing the court to accept evidence that a person accused of a crime has FASD or ordering an assessment if an offender is suspected to have FASD" (Parliament of Canada, 2014). Bill C-583 would allow the court to consider FASD as a mitigating factor in circumstances where there is sufficient evidence to demonstrate that FASD contributed to the offence, therefore acknowledging FASD diagnosis and paving the way for offenders to attain the necessary assessment (Parliament of Canada, 2014). Public comments on the matter were heard in Spring 2015 and while the bill did not pass it produced an active engagement from families, researchers, justice professionals and other experts to offer testimony and evidence to Parliament[1]. In 2015, the Truth and Reconciliation Commission released its report in which FASD is directly mentioned in two recommendations. The recommendations call for the recognition by all three levels of government that FASD is a high priority issue which requires the reform measures to the criminal justice system including more community resources and support and increased powers to the court to ensure proper FASD assessments and to better help those living with FASD (Truth and Reconciliation Commission of Canada, 2015).

There is a high prevalence of individuals with FASD involved in the justice system, and this number appears to be rising (Public Health and Safety Agency Canada, 2010; Roach & Bailey, 2009). A close examination of the number of reported legal decisions containing the term "Fetal Alcohol" between 15 July 1993 to 15 July 2008 found 209 reported decisions (Roach & Bailey, 2009). This represented a significant increase in the number of reported decisions from the period before 8 July 1993 where there were only 46 reported decisions (Roach & Bailey, 2009). A recent systematic review of FASD prevalence estimates in corrections systems noted that the

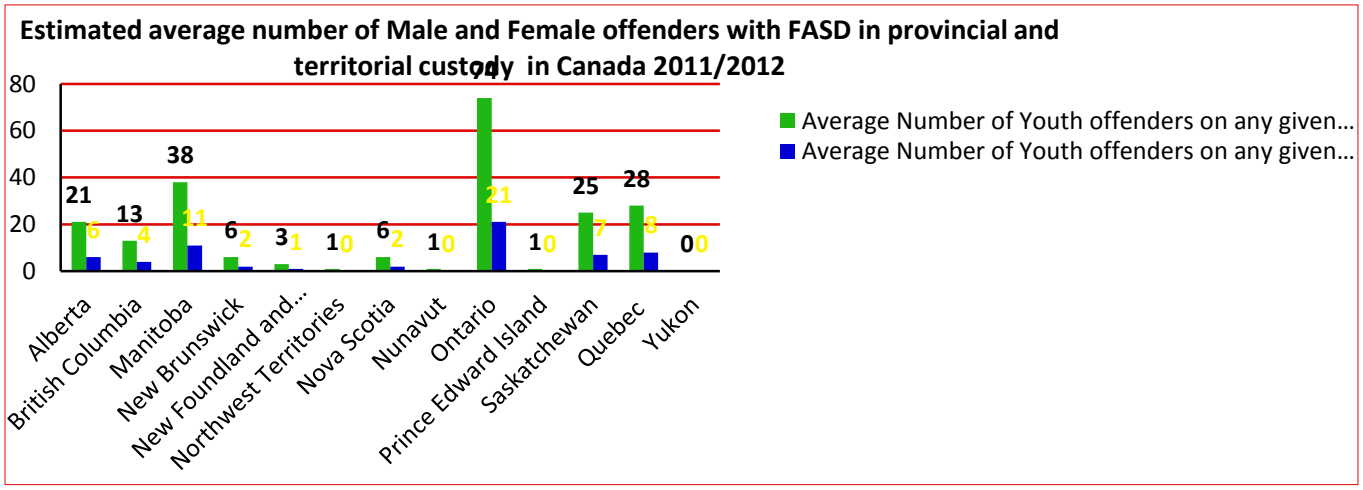
[1] For additional information about this Bill, including access to formal submissions from CanFASD, please visit: http://www.canfasd.ca/bill-c583/

likelihood of individuals with FASD being incarcerated is 19 times higher than those without FASD (Popova et al, 2011).

## Estimates of prevalence of FASD within the criminal justice system

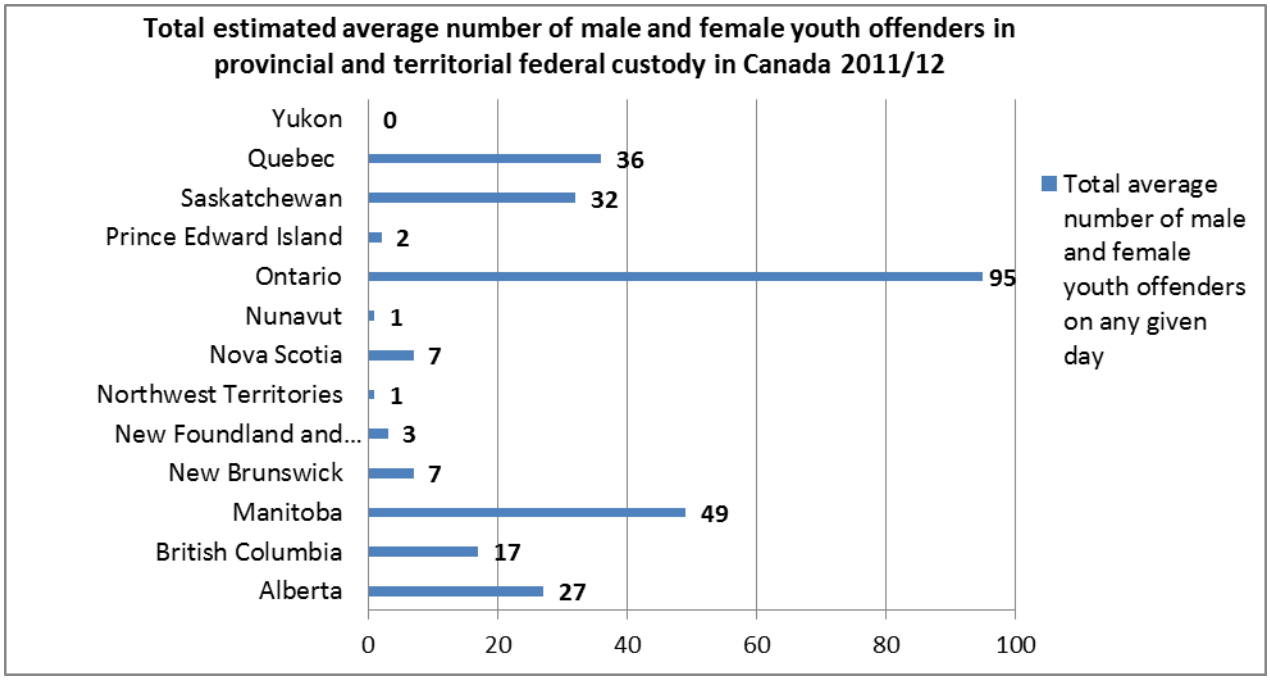
Accurate national statistical data on the prevalence rates of both adults and youth with FASD in the justice system is lacking, resulting in varying estimates (Popova et al, 2015). In addition, there are few standardized screening and diagnostic tools to identify the number of individuals with FASD within the criminal justice system (Popova et al, 2015). Accordingly, Popova et al (2015) applied a prevalence rate of 10.9% for FASD among youth in custody to estimate that the number of youth with FASD in custody in the 2011/12 time period was between 183 and 374. With regards to adults, a prevalence rate of 9.9% was applied for FASD among adults to estimate that the number of adults with FASD in custody on any given day in Canada in 2011/2012 time period was 3,870 adults (Popova et al, 2015). Figure 1.0 illustrates the estimated prevalence of FASD among male and female offenders in provincial and territorial custody on any given day in Canada in 2011/2012.

**FIGURE 1.0**




**Source: Popova et al. (2015). The Burden and Impact of Fetal Alcohol Spectrum Disorder in Canada. Centre for Addiction and Mental Health**

**FIGURE 1.1**

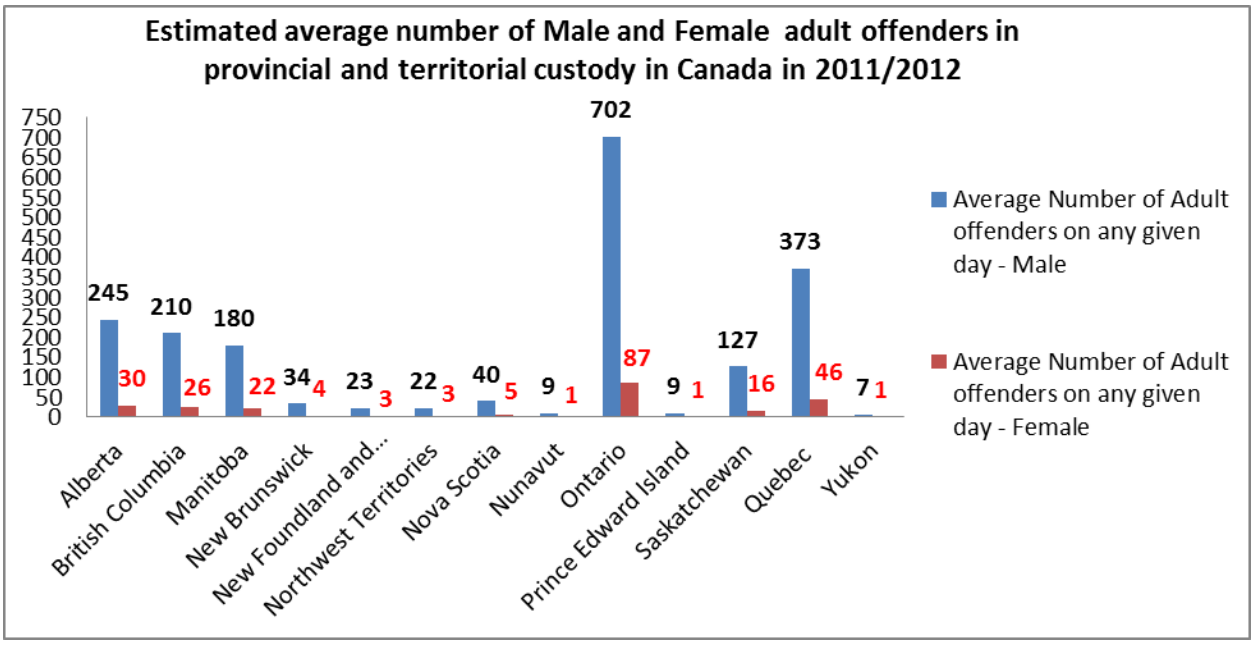



**Source: Popova et al. (2015). The Burden and Impact of Fetal Alcohol Spectrum Disorder in Canada. Centre for Addiction and Mental Health**

Estimations of the average number of youth offenders with FASD on a given day by Popova et al (2015) on a provincial and territorial basis indicated that Ontario had the highest estimated total average number of youth offenders with FASD (n=95) of which 74 were male and 21 were female. Manitoba followed in second (n= 49), then Quebec (n=36) and Saskatchewan (n=32). The provinces/territories with the lowest estimated total average number of youth offenders with FASD on a given day were Yukon (n=0), Nunvaut (n=1), Northwest Territories (n=1) and Prince Edward Island (n=2). Taking into consideration all the provincial and territorial estimations by Popova et al (2015), there are on average an estimated total of 278 youth offenders with FASD on any given day in Canada. Taking into consideration all the provincial and territorial estimations by Popova et al (2015), there is on average a greater prevalence of male (n=217) to female (n=61) youth offenders with FASD in custody on any given day.

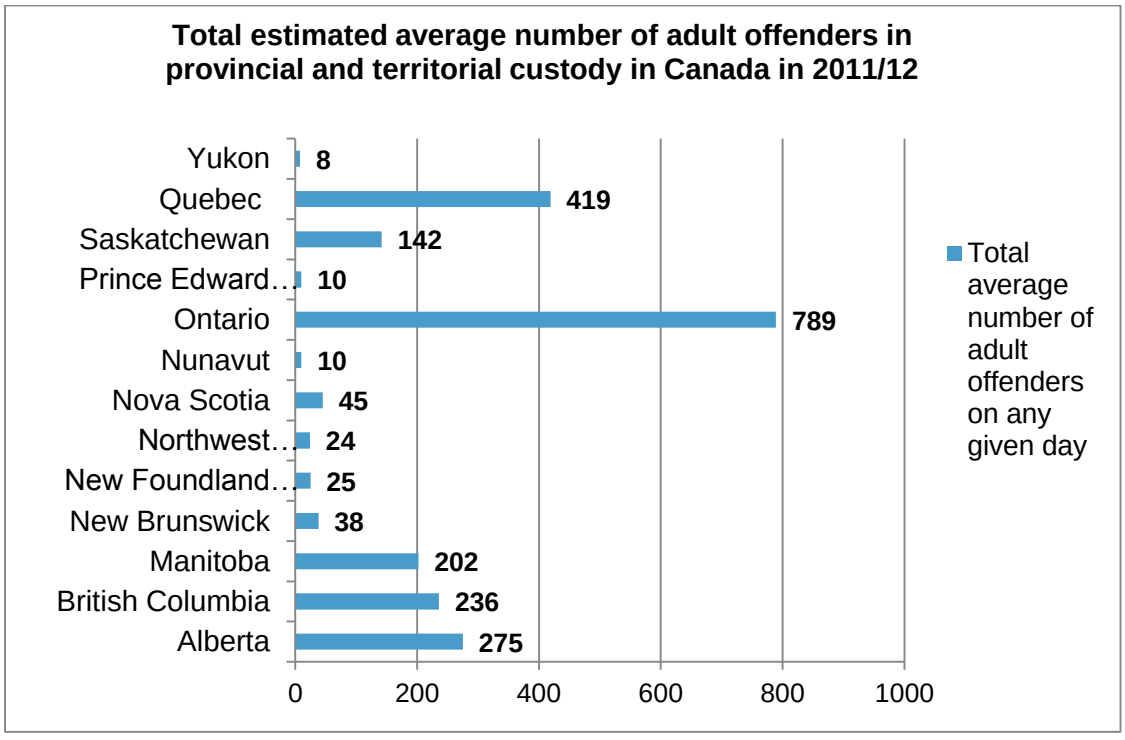
The following graphs illustrate the estimated prevalence of adult offenders with FASD in provincial and territorial custody in Canada on any given day in 2011/2012.

**FIGURE 1.2**




**Source: Popova et al. (2015). The Burden and Impact of Fetal Alcohol Spectrum Disorder in Canada. Centre for Addiction and Mental Health**

**FIGURE 1.3**




**Source: Popova et al. (2015). The Burden and Impact of Fetal Alcohol Spectrum Disorder in Canada. Centre for Addiction and Mental Health**

In terms of adult offenders with FASD, Ontario has the highest average number of adult offenders with FASD on any given day with a total of 789 (Popova et al, 2015). Quebec has the second highest average number with a total of 419 adult offenders with FASD (Popova et al, 2015). Alberta has 275, British Columbia has 236 and Manitoba has an average number of 202 adult offenders with FASD on any given day (Popova et al, 2015). In a similar manner to the youth offenders, the provinces with the lowest average number of adult offenders with FASD were Yukon (8), Prince Edward Island (10) and Nunavut (10) (Popova et al, 2015). A sum of the provincial and territorial estimations by Popova et al (2015) reveals a total average of 3,870 adult offenders with FASD on any given day in Canada (2,224 in provincial and territorial custody and 1,646 in federal custody). This figure is significantly higher than the total average of youth offenders with FASD of 278 indicating a higher prevalence of persons with FASD being involved in the criminal justice system as adults. There is a higher prevalence of males (3,444) compared to females (426) in the criminal justice system (Popova et al, 2015).

Besides these estimations, there have been several studies done on the prevalence of FASD within the criminal justice system in Canada. Burd et al (2003) conducted a study of correctional facilities across Canada in relation to services for FAS, of which 11 provinces/territories participated (not Alberta and British Columbia). The study found that of a total population of offenders of 148,797, 13 inmates had a reported diagnosis of FAS, a prevalence rate of 0.087 per 1000 populations (Burd et al, 2003). Additionally, using the conservative prevalence rate of 0.33 per 1000 population by Abel (1998) and the high prevalence rate of 9.1 per 1000 by Sampson et al (1997), Burd et al (2003) estimated the expected rate of FAS and FAE in the Canadian Corrections Systems' Populations to be 49 and 1,354 respectively, led by the province of Ontario (21; 570) followed by Quebec (8; 217). The difference in the two expected rates of FAS and FAE illustrate the issue with determining the prevalence rate of FASD offenders in the Canadian criminal justice system.

Other isolated studies have been done to determine prevalence rates. Fast et al (1999) conducted a study of youth who had been remanded to the Inpatient Assessment Unit in Burnaby, British Columbia between the ages of 12 to 18 who had committed criminal offences. The study indicated 23.3% of youth in custody had an alcohol-related diagnosis, including 64 with Fetal

Alcohol Effects (FAE) and three with Fetal Alcohol Syndrome (FAS) (Fast et al, 1999). Males dominated the prevalence rate at 54 compared to only 14 females (Fast et al, 1999). The results of this study follow the trajectory path of the estimations by Popova et al (2015).
Another isolated study was conducted by Macpherson & Chudley (2007) to develop a screening tool to identify adult offenders with FASD and determine prevalence rates, targeted the Prairie region of Canada, particularly adult offenders who had been sentenced to a federal term and were 30 years and younger. The findings of the study were that 9 out of 91 of the sample adult offenders or 10% had FASD, with those diagnosed with FASD having a higher youth criminal history with 15 or more previous convictions (Macpherson & Chudley, 2007). The studies conducted both by Macpherson and Chudley (2007) and Fast et al (1999) looked at specific geographical areas, namely the Prairie region and British Columbia respectively. However, the estimate by Burd et al (2003) was based on an actual study of correction systems across 11 provinces in Canada. On the other hand, Popova et al (2015) used a combined method of data from Statistics Canada as well as prevalence rates from previous studies to estimate prevalence rates for youth and adult offenders across Canada. The differences between Popova et al (2015) and these other studies are both in methodology and geographical research areas. As there are a wide variety of methods and findings, please see Table 1.1 (Appendix I) for a summary of the findings in these projects.

**Overrepresentation of Aboriginal peoples with FASD in the criminal justice system**

A second issue with regards to prevalence rates of FASD within the Canadian criminal justice system is the overrepresentation of Aboriginal individuals and Aboriginal peoples with FASD. As there is no clear prevalence data for the Canadian population as a whole, so too is there a lack of prevalence data pertaining to Aboriginal peoples specifically. While several studies have noted a higher incidence of Aboriginal individuals with FASD in the criminal justice system, especially Aboriginal youth (Rojas & Gretton, 2007; Latimer & Floss, 2004), there is a need to critically analyze these findings and consider contributing context(s).

In 2007, a study focused on the backgrounds and characteristics for Aboriginal youth who were sexual offenders (Rojas & Gretton, 2007). The study found Aboriginal youth were more likely to present evidence of FASD in comparison to non-Aboriginal youth with 26.9% of the Aboriginal youth either diagnosed or suspected to have FASD in sharp contrast to only 4.3% of non-

Aboriginal youth (Rojas & Gretton, 2007). In 2005, another study in B.C, youth in custody were surveyed, age range 14 to 19, from three custody centres (Burnaby, Prince George and Victoria) and found that 47% of youth self-identified as Aboriginal, of which 19% reported having been previously diagnosed with FAS/FAE by a health professional. In 2000, a study was conducted to provide a one-day snapshot of Aboriginal youth in custody across Canada (Latimer & Floss, 2004). This study found that 1 in 6 Aboriginal youth in custody were either diagnosed or suspected to have FASD, with 4% having a confirmed medical diagnosis, 5% were "suspected" to have FASD by the custody facility and 8% self-reported having FASD (Latimer & Floss, 2004). In Rojas & Gretton (2007), prevalence was argued to be seven times higher in Aboriginal clients but this was deduced through confirmed maternal drinking (and therefore formally diagnosed) or "suspected" FASD (in physician's records). However, the racialized practices that surround FASD can raise concern when language such as "suspected" FASD is included with a goal of quantifying prevalence rates. The concern about racialized practices includes specific concerns about medical and diagnostic practices (Oldani, 2009) that might be more likely to *see* FASD in an Aboriginal vs. non-Aboriginal client.

Risk factors for Aboriginal peoples with FASD to become justice involved are varied *and* systemic. While Totten and Native Women's Association of Canada (2010) link gang violence to the high incidence of Aboriginal youth with FASD in the criminal justice system, they also indicate the need to address colonization as part of efforts to address FASD and the need to recognize strength and resiliency in Aboriginal communities. Similarly, while Rojas & Gretton (2007) argue that Aboriginal youth in the justice system are at higher risk for FASD, they also caution that professionals who will work with Aboriginal youth must have cultural and historical literacies about the challenges facing youth and their families including, but not limited to, forced assimilation and the legacy of residential schools as well as ongoing economic and structural inequalities (see also Kirmayer et al, 2003; Oldani, 2009; Salmon, 2011).

**Individuals with FASD as victims and witnesses**

While the discussion about FASD and the justice system can often focus on those charged with offences, it is important to note that individuals with FASD are also engaged with the criminal justice system as victims and witnesses. While there is not statistical data in this area, a study to

gather information from victims' services workers who worked with clients with FASD revealed that the prevalence rate of FASD in their case load varied widely from 1% to 50% among the participants of the study (Fraser &McDonald, 2009). In this research, the authors reported that individuals with FASD are at a higher risk of being victims of crime, especially domestic abuse and sexual offences (Fraser & McDonald, 2009). Research currently being undertaken by Dr. Michelle Stewart indicates that court workers are concerned about how to best meet the needs of witnesses that have FASD and the capacity of the court to recognize those needs. Similarly, legal professionals including lawyers and judges also indicate challenges when working with clients that have complex needs like FASD—specifically to prepare these witnesses and victims for the stand while attending to their rights and needs of the court. Challenges can include a client that has difficulty with recalling specific details, confabulation (mixing of fact and fiction), overall confusion with the language and proceedings of the court. Further research is needed in this area including the strategies used by advocates and courts to best meet the needs of those living with FASD.

**Economic costs of FASD and impact on service delivery in the justice system**

The ambiguity of the prevalence rates regarding individuals with FASD within the criminal justice system in Canada also affects the estimations of the costs of corrections among youth and adults with FASD. Popova et al (2015) estimated that the cost of corrections among youth with FASD to be approximately $17.5 million for the period 2011/12, $13.6 million for males and $3.8 million for women. For cost of corrections among adults with FASD, Popova et al (2015) estimated the costs to be approximately $356.2 million, $317 million for males and $39.2 million for females for the same period 2011/12. The cost of corrections for adults with FASD was higher for federal custody at $216.2 million compared to provincial and territorial custody at $140 million (Popova et al, 2015). Taken together, the estimated total cost of corrections for adults and youth with FASD is $373.7 million, $330 million for males and $43 million for females, with $157.5 million for provincial and territorial custody and $216.2 million for federal custody. By provincial and territorial comparison, the highest total costs for corrections among youth offenders with FASD were in the provinces of Ontario ($5.9 million), Manitoba ($3 million) and Quebec ($2.2 million) whilst the lowest total costs for corrections among youth offenders with FASD were in the provinces of Yukon ($24,008), Northwest Territories ($74,112)

and Nunavut ($75,156) (Popova et al, 2015). Concerning the cost of corrections for adult offenders with FASD, the provinces of Ontario ($49.6 million), Quebec ($26.3 million) and Alberta ($17.3 million) had the highest total costs while the provinces of Yukon ($530,074), Prince Edward island ($621,427) and Nunavut ($654,698) had the total lowest total costs (Popova et al, 2015).

However, the costs of corrections are only one type of cost in relation to FASD in the justice sector. Popova et al (2012), in a summary report detailing the methodology for estimating the economic impact of FASD, identified three cost drivers: police, courts and corrections including probation. Some of the related costs include: legal aid, costs to victims, court-ordered assessments, assessments to determine fitness to stand trial, re-offending and breaches, rehabilitation, residential facilities and costs of criminal involvement (Popova et al, 2012). Research indicates that while there is limited understanding of cost to police budgets (Popova, et al, 2015), police do consider it a factor in their work and are seeking additional training on the topic (Stewart and Glowatski, 2014). Accordingly, the costs associated with FASD in the justice system should factor in the need for additional training to prepare police but also other justice professionals to work with individuals that have FASD—witnesses, victims and offenders. The justice sector, like many other sectors, has limited resources to meet the needs of those living with FASD. Whether speaking about the need for more improved screening and diagnosis of FASD (Popova et al, 2015) or training (Stewart and Glowatski 2014), there is a need for enhanced training, screening, and alternative justice practices or diversion from incarceration (Mutch et al, 2013; Truth and Reconciliation Commission, 2015). One could argue that there is an ethical need for appropriate interventions such as FASD training (Stewart, 2015) in the justice system as we are speaking about individuals with a diagnosable disability—that are arguably disproportionately represented in the justice system.

**Secondary disabilities of FASD and their demands on the justice system**

According to Fast & Conry (2004), the neurological impairments evident in individuals with FASD such as learning disability, poor judgment, and impulsivity increase their vulnerability to criminal behaviour and victimization. Individuals with FASD experience language delays and speech deficiencies as well as poor comprehension of vocabulary (Fast & Conry, 2004).

Furthermore, individuals with FASD may not connect cause and effect, learn from past experiences, and/or have challenges experiencing empathy (Fast & Conry, 2004). In addition, individuals with FASD may confabulate, mixing up fictional and actual events, have memory impairments, and/or poor concepts of time and sequence (Fast & Conry, 2004). Conry and Fast (2000) described these neurological impairments in a mnemonic called ALARM: Adaptive functioning, Language, Attention, Reasoning, and Memory. Criminal acts are associated with impulsivity and attention deficit whereby individuals place themselves in potentially dangerous situations without an appreciation of the potential consequences; this could include a number of scenarios including stealing, breaking-and-entering, and reactive aggression (Hornick, 2008). The cognitive disabilities associated to FASD are understood to increase the risk of involvement in the justice system for persons with FASD whether as offenders, victims or witnesses. Whether as victim, witness, or offender there is a need for special consideration as individuals with FASD may be susceptible to suggestions during police and court interrogations (Hornick, 2008) which can adversely impact the justice process.

Once embroiled in the legal system, individuals with FASD may face a wide range of challenges including: comprehending legal concepts, giving a statement, communicating or receiving instructions from legal professionals including counsel, the implications of proceedings and/or entering a plea (Fast & Conry, 2004). Concurrently there is the potential for false confessions due to confabulation and confusion alongside the implication of not being able to illustrate remorse (Fast & Conry, 2000). The Yukon Department of Justice as reported by Hornick (2008) has outlined another problem for individuals with FASD in the court system, that of, inappropriate courtroom behaviour such as noises and lack of respect for the solemnity of the courtroom. Concurrently, the court itself presents challenges to individuals with FASD that might be struggling with the sensory disability that can create challenges in differentiating stimuli and/or make some stimuli decidedly distracting (fluorescent lights, chatter, etc.). Relating to sentencing and probation, individuals with FASD may be subject to conditions that are challenging to adhere to because of their disability; this challenge can result in breaches of probation (Fast & Conry, 2000). Roach & Bailey (2009) note that "memory problems and impulsivity [associated to FASD] are a recipe for breaches of conditions." And while there are innovative programs being used, including Manitoba's probation icon project that creates visual

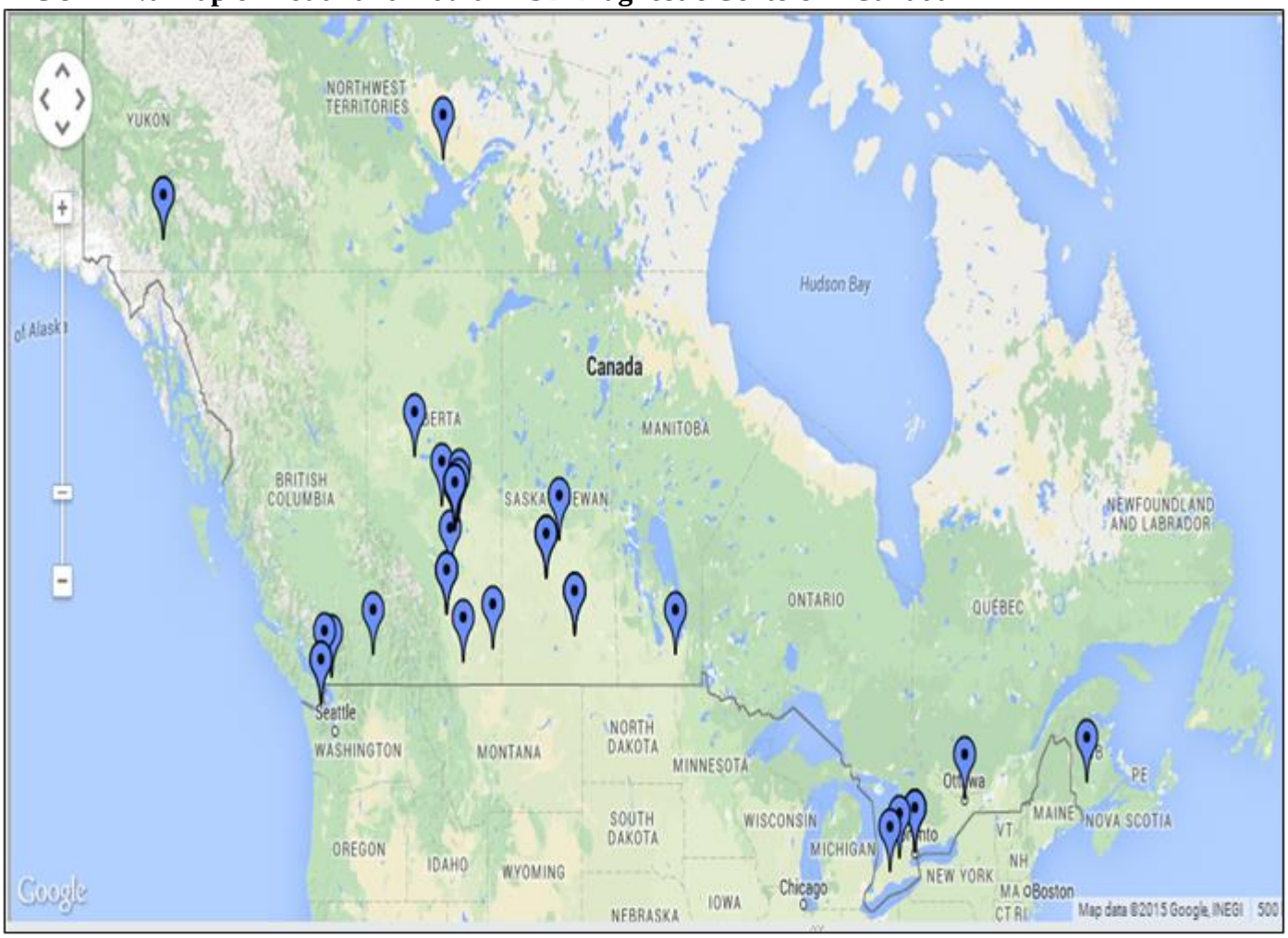
icons for standard probation conditions (Harvie et al, 2011) as a mechanism to address confusion with conditions, there remains the challenge of individuals with relatively few or small-scale offences who are racking up a long list of administrative breaches. Alternative justice programs (such as the mental health courts in Saskatchewan and the wellness court in the Yukon) create spaces for alternative and collaborative approaches to case management that might lower the potential risk for breaches. Brown (2014) note that individuals with FASD who have been incarcerated are at greater risk for recidivism without proper support structure to transition back into society (Brown, 2014). FASD-friendly justice systems requires literacy about FASD at all levels of contact.

**Screening and diagnosis of FASD as related to the justice system**

Cognitive disabilities associated with FASD are often not discovered on standardized intelligence tests (Institute of Health Economics, 2013). The result is that FASD is invisible and elusive contributing to under diagnosis. In Canada, each diagnosis can cost over $3000 and with limited resources, the availability of diagnostic services especially in remote areas and First Nations communities are affected (Institute of Health Economics, 2013). Many individuals with FASD may not have received diagnosis, treatment, and care prior to encountering the justice system. This issue places intense pressure on the criminal justice system to conduct FASD assessments for all incoming offenders which would be costly and highly unlikely given the lack of expert personnel on FASD to handle such a demand (Boland et al, 2002). Accordingly, many enter the justice system having not been diagnosed with FASD; this results in the justice system becoming the site where there is a need for identification and screening for FASD and this requires skills and resources (Boland et al, 1998). While there are some programs and pilots that are experimenting with screening tools, these projects are limited and relatively spotty. Moreover, many would argue that the justice system should not be the primary location for screening and diagnosis of disabilities. However, as Bill C-583 illustrated (see previous section), there is interest surrounding the role of the courts in facilitating assessment or diagnosis. This interest might be fueled by the overall lack of community resources to support diagnosis. Diagnosis is understood to be complex because it requires a multi-disciplinary team and consists of screening, the objective of which is to determine whether learning and behavioural problems may be linked to maternal alcohol consumption during pregnancy (Chudley et al, 2005). There is the collection of information about the individual suspected of having FASD from a multiplicity

of sources: birth records, medical and psychological records, school records, social services, family and caregivers (Chudley et al, 2005). Upon the completion of screening, there is referral to a diagnostic clinic for functional and physical assessments (Brown et al, 2010). For a myriad of reasons, there is an overall lack of diagnostic capacity in Canada. The appendix lists both adult and youth diagnostic clinics in the various provinces and territories in Canada (See Appendix II and III). The map below shows the geographical distribution of youth and adult diagnostic clinics in Canada.

**FIGURE 1.0 Map of Youth and Adult FASD Diagnostic Centers in Canada**




## Analysis of provision of adult diagnosis of FASD

The Index of Facilities (See Appendix II) that provide adult diagnosis of FASD highlights the lack of availability of adult diagnostic services throughout Canada. Alberta has the most adult diagnostic facilities for FASD, a total of 14, covering a wide geographical area of the province so

that adult diagnostic services for FASD are accessible to individuals who reside in the province. Based on the FASD 10-year plan, the province is committed to providing sufficient, affordable and timely FASD diagnostic services with a concentration on rural areas and Aboriginal communities (Government of Alberta, 2008). Therefore, it may account for the geographical spread of FASD diagnostic clinics in the province. Many of the services are delivered through FASD service networks that have been established, a total of seven networks across Alberta (Government of Alberta, 2008). Alberta is also the only province to have an in-prison adult diagnostic clinic for FASD and a mobile clinic for FASD adult diagnosis. At the time of this report, Yukon is also working to implement an adult diagnostic clinic within the corrections population. However, the province that has the second highest number of facilities for adult diagnosis of FASD is Saskatchewan, with a total of 6 facilities, of which two only cater to young adults up to the age of 24. The other provinces with adult diagnostic facilities are Ontario with three facilities (in Toronto), British Columbia and Yukon that each have one facility. The other provinces/territories are without facilities for adults with FASD.

**Analysis of youth diagnosis of FASD**

A provincial comparison of the assessment and diagnostic clinics available for diagnosis of FASD clearly shows that there is a wider geographical dispersion of FASD assessment and diagnostic clinics for youth who are suspected of having FASD as opposed to adults. Again, Alberta is the province with the highest number of assessment and diagnostic clinics/programs with a total of 9 (see appendices). Similarly, Alberta is the sole province with a program targeting youth within the criminal justice system for FASD assessment and diagnosis, the Centerpoint Young Offender Program. British Columbia has the second highest number of FASD assessment and diagnostic clinics for youth suspected with FASD, a total of five facilitates, of which the Asante Centre performs both youth and adult FASD assessments and diagnosis. Thus, there is more emphasis on children and youth FASD assessment and diagnosis in British Columbia. Ontario has the third highest number of FASD assessment and diagnostic clinics for youth suspected with FASD at a total of four facilities. Saskatchewan has three facilities while Yukon, Northwest Territories and Manitoba each has only one facility to conduct FASD assessments and diagnosis for youth (See Appendix III). For both Manitoba and Northwest Territories, this means that their only FASD assessment and diagnostic clinic/program

focuses on youth diagnosis of FASD. Although across the provinces, there are several facilities that provide both adult and youth diagnosis of FASD, the majority, however, specialize in one type of FASD assessment and diagnosis either youth or adult. Of note, several clinics/programs only provide access to services for youth up to the age of 17 while there are approximately two clinics/programs which provide access to services for youth over the age of 18, until the age of 24. The challenge of waiting lists can greatly impact the opportunity for diagnosis for many that are about to transition into adulthood. With these pressures in mind, some argue for screening tools to identify individuals in the justice system for assessment and diagnosis.

**The legal context of FASD relative to the justice sector**

A major concern about individuals who have committed criminal offences and either are suspected to have FASD or diagnosed with having FASD is access to justice within the current legal framework of the criminal justice system in Canada. Access to justice is a fundamental aspect of constitutional justice in Canada (Roach & Bailey, 2009). The Youth Criminal Justice Act and the Criminal Code of Canada are both subject to the Charter (Harvie et al, 2011). The Canadian Charter of Rights and Freedoms under section 10(b) attempts to secure access to justice by ensuring that the police inform detainees and arrestees of the right to counsel and opportunities to exercise these rights; however, relative to persons with FASD, they face difficulties in understanding and exercising this right (Roach and Bailey, 2009).

On a wider scale, criminal courts can consider FASD as a contributing or mitigating factor in determining fitness to stand trial and in sentencing. Section 672.23(1) of the Criminal Code allows the court to determine whether an accused is fit to stand trial either by the court's own motion or based on an application from the accused or prosecutor (Roach & Bailey, 2009). Specifically, section 2 of the Criminal Code renders persons with mental disorders unfit to stand trial defining mental disorder as a "disease of the mind" (Verbrugge, 2003). This particular section states that a person is unfit to stand trial if he or she is unable, on account of mental disorder, to "understand the nature or object of the proceedings, understand the possible consequences of the proceedings or communicate with counsel" (Roach & Bailey, 2009).

Several cases have held FASD as a mental disorder, rendering the accused person with FASD unfit to stand trial (Verbrugge, 2003). For example, the case from Saskatchewan, *R. v. Robb*, where the judge, Justice Whelan found that an accused man with FASD was unable to stand trial

due to mental disorder and the inability to communicate with counsel, and thus was declared unfit to stand trial (Roach & Bailey, 2009). However, it is a judicial decision made on a case-by-case basis rather than applied consistently in all FASD cases because it is held to be a decision of fact (Verbrugge, 2003). For youth with FASD, section 141 of the Youth Criminal Justice Act (YCJA) renders a person with a mental disorder "incapable of appreciating the nature and quality of criminal act" and there is judicial precedence that FASD is a mental disorder (Verbrugge, 2003). However, concerns are raised about the ethical implications of indicating individuals with FASD are unfit to stand trial. As those with FASD are living with an often misunderstood, and stigmatized, condition there is a need to balance what might be effective legal strategies with the right to privacy (to have one's conditions not be a matter of the court) and the right to self-determination—including the right to make mistakes and face consequences. FASD raises ethical challenges at each level of justice involvement.

With regards to sentencing, FASD is held to be a relevant and mitigating factor used to determine the type and nature of sentence for a youth with FASD under section 38 (2)(c) which states that the sentence must be "proportionate to the seriousness of the offence and the degree of responsibility of the young person for that offence" (Verbrugge, 2003). For adults, Bill C-583 sought to amend section 672.02 of the Criminal Code by adding that the court can order an FASD assessment for the accused to determine whether the accused has FASD for the primary purpose of making and reviewing sentences (Parliament of Canada, 2014). Furthermore, the Bill sought to amend section 718.2 of the Criminal Code such that FASD could be considered a mitigating factor on sentencing. Once again ethical issues are presented with these proposed amendments as C-583 would allow for the courts to bring FASD directly into cases which may or may not be the wishes of the defendant, concurrently, there is a concern about what it means to authorize assessments from the bench when many communities have little to no services available for adults living with FASD. There is a need to investigate how FASD is taken up in adult and youth court to not only yield better understandings of practices but also the feasibility of exporting practices to new locations and the ethical and legal implications of said practices.

**Capabilities of workforce**

One of the challenges that the justice system faces is the lack of training of front line personnel such as the police (Stewart and Glowatski, 2014), lawyers, judges and correctional officers with

regards to FASD[2]. A study conducted between June 2005 and June 2006 with criminal justice professionals in New Brunswick, particularly provincial judges and prosecutors, regarding their knowledge of FASD showed that only 40% of the judges and 26% of prosecutors reported being prepared to deal with either suspected or diagnosed FASD cases (Cox et al, 2008). Meanwhile there was the recognition of the growing relevance of FASD to their work with 61% of prosecutors and 95% of judges declaring that FASD is relevant to their legal profession (Cox et al, 2008); similarly, police officers in a Saskatchewan study indicated that FASD was a serious consideration in their work (Stewart, 2015). Judges and prosecutors highlighted the need for more available information on FASD research, diagnostic guidelines and supports (Cox et al, 2008). Roach & Bailey (2009) reported that FASD awareness and sensitivity may be localized as reference to FASD in case law is more predominantly from northern territories and Saskatchewan. This point is emphasized by Chartrand & Chilibeck (2003) such that legal professionals lack necessary training to recognize FASD with the exception of limited expertise in Yukon, Saskatchewan and British Columbia.

An inventory of FASD education and training resources relevant to justice system professionals showed that training programs and college e-learning course curricula address a wide range of tools to increase understanding of the challenges of FASD (Public Health Agency of Canada, 2011). However, the main problem identified with these training programs was a lack of human and financial resources, with insufficient funds and high staff turnover being the specific issues pinpointed (Public Health Agency of Canada, 2011). A review of the inventory lists indicates that British Columbia had the most training workshops and seminars (15), then New Brunswick (8), and in third is Ontario (6) (Public Health Agency of Canada, 2011). The provinces with the least training workshops and seminars are Manitoba (1), Alberta (1) and Nunavut (1) (Public Health Agency of Canada, 2011). While these numbers have likely fluctuated since the inventory was reported in 2011, these numbers could be seen as a reflection of an overall lack of training and training capacity. That said, there were a total of eight (8) training websites in Canada and

[2] Preliminary findings from Dr. Michelle Stewart's Social Sciences and Humanities Research Council research (includes interviews with over 100 justice professionals in SK) reflects the need for more training and resources to meet the needs of individuals with FASD when they encounter the justice system. These findings are not yet published.

four provinces which had documents or print material for training justice professionals: Alberta, British Columbia, Ontario and Saskatchewan (Public Health Agency of Canada, 2011). The Asante Centre in British Columbia has developed the FASD Guide Book for Police Officers as a resource for increasing the awareness of police officers on FASD. Concurrently there are efforts being made in various jurisdictions, including Saskatchewan and Manitoba, to undertake training in the justice sector. There is a need to investigate the current training material that is available, query how the trainings are delivered (if at all) and aggregate training materials so that, when possible, materials and practices can be shared between sectors and locations to increase overall understanding of FASD in the justice sector. The next section will discuss two main barriers for access to justice for persons with FASD within the criminal justice system in Canada: early identification and sentencing practices/alternative practices. A better understanding of these barriers is also needed.

**Early identification and diagnosis**

In the absence of assessment and diagnosis prior to a justice encounter, the preferred remediation is to conduct a full diagnostic assessment on all incoming offenders (Boland et al, 2002). However, the reality is this methodology is very expensive and requires the large availability of expert personnel (Boland et al, 2002). One alternative is to use valid screening tools that could identify high-risk offenders so that they can be sent to do a full diagnostic assessment (Boland et al, 2002). There can be the use of a preliminary screener, which is a checklist, of the known physical and behaviourial characteristics of FASD complemented by historic data on the offender's past behaviour and maternal alcohol use (Boland et al, 2002).

One of the screening tools that has been developed is the FASD Screening and Referral Tool for Youth Probation Officers by the Asante Centre in British Columbia. The tool is used as part of the referral process for an FASD diagnostic assessment, and consists of evaluation of the offender in two categories (Conry & Asante, 2010). The social or environmental factors category look at factors that increase the probability that youth might have FASD: adoption, foster care, maternal history of alcohol use, and sibling diagnosis of FASD among other factors (Conry & Asante, 2010). The personal factor category examines factors that are associated with but are not unique for FASD such as growth deficiency, developmental delay, mental health diagnosis and learning difficulties (Conry & Fast, 2010). The criteria that must be met for referral for FASD

diagnostic assessment is one social factor and at least two personal factors or no social factors and three personal factors (Conry & Fast, 2010). Advantages of this tool include inexpensiveness and the requirement of only minimal expertise for administration (Goh, 2008). Other advantages are user-friendly, self-explanatory, relevant and useful (Conry & Asante, 2010). However, disadvantages are that the tool requires access to historical data on maternal alcohol consumption which may vary by province or may not be available as well as it is yet to be widely implemented across Canada (Gideon, n.d). An additional barrier for widespread usability of this tool is it is not adapted for different languages and cultures (Goh, 2008). There is also need to further establish the validity of the tool.

The Manitoba Youth Justice FASD Program has a screening tool for youth (12 to 18) who have no previous FASD diagnosis, but confirmed prenatal alcohol exposure and are undergoing pre-sentencing (Chudley et al, 2013). The screening criteria consist of approximately ten factors such as criminal behavior and gang involvement (Chudley et al, 2013). The Manitoba Youth Justice FASD screening tool is extended to the wider justice community and can be used by lawyers and judges (Chudley et al, 2013). There is potentially the option of expanding the use of this tool and/or evaluating the overall interest in using the Manitoba or Asante tool more broadly. Whether using the Asante or Manitoba tool, the broader challenge exists: an overall lack of screening tools for adults and limited funding for screening and diagnostic services more generally.

**Sentencing/alternative practices**

Several researchers have noted the inappropriateness of incarceration in addressing the needs of offenders with FASD. One of the harshest criticisms has stemmed from Mitten (2004) who asserted that the use of incarceration can be "the most extreme form of exclusion and stigmatization for FASD individuals" because of the possibility of subjection to "negative peer influences, victimization and mental deterioration." For youth with FASD, incarceration may not be in the best interests of rehabilitation due to the increased risk that they will come in contact with anti-social persons (Verbrugge, 2003). Furthermore, incarceration of persons with FASD can increase recidivism rates once offenders re-enter the community (Brown et al , 2014). Issues have been raised whether the treating of offenders with FASD like non-effected offenders can equate to a violation of Section 15 of the Charter of Rights and Freedoms as well as other federal

and provincial human rights (Chartrand & Chilibeck, 2003). Courts may be in violation of the Charter and human rights if incarceration is the preferred sentence given over probation due to the lack of suitable probationary services and programs (Chartrand & Chilibeck, 2003).
The lack of effective FASD programs and supports in the community, coupled with increased mandatory minimum sentences, leaves judges with limited discretion and few alternatives to incarceration. For these, and other, reasons there is increased attention to the role of alternative justice practices to better meet the needs of offenders with FASD. Specialized courts have been recommended to focus on more restorative or therapeutic justice that is more suitable for offenders with FASD, such as Wellness or Mental Health Court (Cox et al, 2008). Until recently, there was only one Mental Health Court in Canada (located in Toronto) and one Wellness Centre (located in Yukon), more recently Saskatchewan has added two Mental Health Court dockets that include individuals with FASD and use the principle of case conferencing with a goal of anchoring clients into appropriate supports in the community.

Supports in the community can range from stable and/or supported housing to effective mentors that can serve as "external brains" to help clients (to remind about important tasks or appointments, etc). For those clients that find themselves on probation, Fast and Conry (2004) stated that persons with FASD require intense supervision. Public Safety Canada (2010) argued that comprehensive release planning that includes strong community supports upon release can help clients avoid re-entering the corrections system (Public Safety Canada, 2010). Similarly, Chartrand and Chilibeck (2003) indicate that the role of the Aboriginal community is vital in the development of an effective probation plan for Aboriginal clients. Jones (2010) noted that the high level of supervision that is experienced in jail can be recreated outside prison with the use of external brains—adding that judges cannot mandate team management of clients but that probation officers are in a unique position to facilitate a team approach to community supervision.

Connection to community supports and mentors can be the key to potential long-term stability for those living with FASD (Denys et al, 2009). Wyper & Pei (2015) in their work on high risk offenders, echo the importance of mentors who can serve as an "external brain" and indicate that "we know that when individuals with FASD are provided with appropriate and sufficient supports, they experience great success" (Wyper & Pei, 2015, 115). While there is research and

evidence to support the need for alternative justice programs for those living with FASD as well as community supports such as mentoring programs, there are limited resources to support such work because one of the primary challenges is to secure stable funding for such programs.

## FASD Justice Programs

An inventory of the current programs for youth and adults with FASD in the criminal justice system indicates that there are about 13 programs, a 61% increase over the eight programs in 2008[3]. The map below shows the geographical distribution of the current FASD and justice programs in Canada.

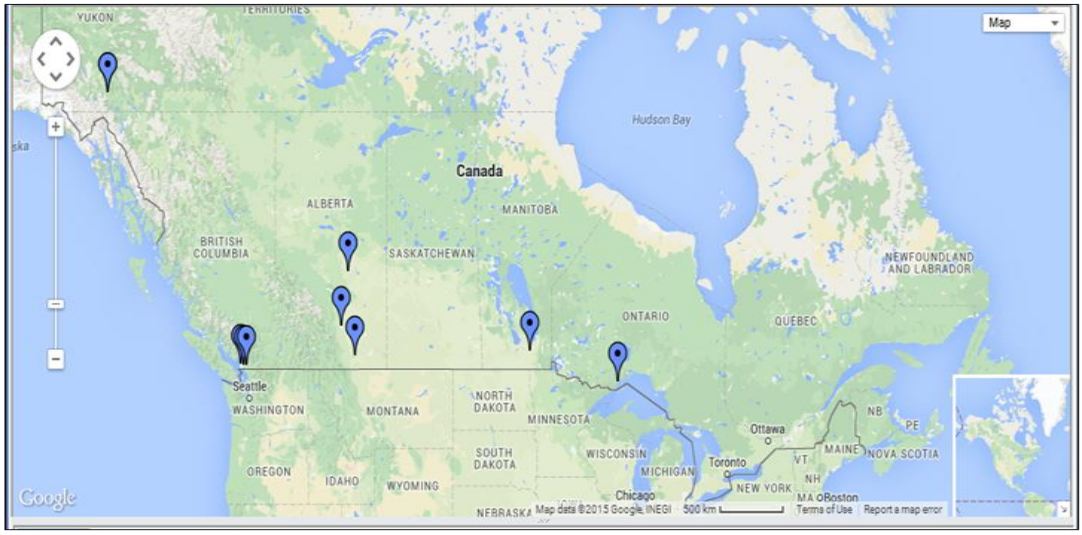



**FIGURE 1.1 Map of FASD Justice Programs in Canada**

The geographical distribution shows that FASD and justice programs are dispersed across Canada with a high concentration of programs towards the most western provinces of Alberta and British Columbia, but the non-existence of such programs in the eastern provinces. A provincial breakdown of the programs shows that Alberta has the most programs, four programs, followed by British Columbia and Manitoba with three programs each. Yukon has two programs and Ontario has one program (See Appendix IV and V). There are more programs targeted

[3] An inventory of programs for youth and adults who have FASD and are involved in the criminal justice system done by Charlotte Fraser (n.d) illustrated that as of June 2008, there were eight programs in operation, six youth programs and two for adults. Four programs had sustainable funding through provincial or federal initiatives and only one program had been formally evaluated (Charlotte Fraser, n.d). A provincial breakdown of the programs revealed that British Columbia, Manitoba and Alberta had two programs each while Yukon and Ontario had one program each (Charlotte Fraser, n.d). The support services offered in these programs consisted mainly of case management, supervision and diagnostic assessment (Charlotte Fraser, n.d).

towards youth compared to adults, with eight (8) youth programs and five (5) adult programs. There is only one program that targets males while there are no programs which only target female or Aboriginal individuals. The major services offered in these programs are: outreach services including education and employment training, diagnostic services, transition and residential housing, case management, supervision and support services. The primary features of these programs are that access to them is mainly through justice professionals such as parole and probation officers, there are limited spaces in programs, programs are highly individualized and their main source of funding stems from federal government. The main exception is in Alberta, the South Alberta FASD Network funds some of these programs. Most of the programs cater to offenders with FASD who are on probation.

## SYNOPSIS

An analysis of the broad external and internal trends existing within the justice system shows that programs relating to youth and adult offenders with FASD must be attentive to the complexities of the disorder. There are a wide range of socio-economic and socio-political factors that contribute to the prevalence of FASD in Canada. Similarly, there are a range of factors that might lead to a justice encounter for someone living with FASD. Firstly, programs should consider the broader context of an individual, including issues related to over-representation. Secondly, consideration should be given to the lack of screening and diagnosis capacity which can find many individuals living in the community without diagnosis which impacts access to services. Thirdly, in combination with diagnosis, there is a question about overall lack of appropriate community resources to best assist individuals in the community. In the absence of appropriate community supports, and in conjunction with other life challenges, some individuals encounter the justice system.

There is a need to understand and accommodate individuals who encounter the justice system as witnesses, victims *and* offenders as these individuals might experience challenges navigating the justice system. These challenges raise broader ethical questions about opportunity for better justice outcomes for those living with FASD. Justice professionals can often play a crucial role in referring individuals to programs, as such increasing their education and awareness of FASD would better aid in the preliminary identification of individuals with FASD as they go through the criminal justice system but could also play a role in better anchoring these individuals into community supports and programs. However, there are currently limited diagnostic and community supports in the area of FASD. Accordingly, there is a need to increase these supports and increase FASD-friendly practices within the criminal justice system in Canada because individuals with FASD can make up a noticeable portion of the population that is incarcerated.

There is growing recognition that FASD is a relevant factor in the justice system which requires attention at all stages of justice engagement—from frontline police encounter to alternative sentencing practices and effective supports in the community to try and facilitate stability. There are a wide-range of unique programs operating across Canada, but there is a need to capture these divergent practices so that they can not only be documented and better understood but also

disseminated and evaluated to establish a range of potential programs and strategies for implementation in a wide range of community and justice settings. Research and empirical evidence indicates that effective supports and alternative practices are the pathways to better (justice) outcomes for those living with FASD.

## APPENDIX I
## Glossary of Terms

ARND – Alcohol Related Neurodevelopmental Disorder. Refers to disorders such as attention deficits, behaviour disorders and compulsive disorders that are related to prenatal exposure of alcohol.[4]

FAS – Fetal Alcohol Syndrome. Refers to a pattern of birth defects which include growth retardation, CNS Damage and head and facial abnormalities including small head circumference, thin upper lip, smooth and wide philtrum, epicanthal folds and underdeveloped jaw that may develop in children whose mothers consumed alcohol during pregnancy.[5]

FAE – Fetal Alcohol Effects. Describes an individual who has been exposed to alcohol prenatally and has brain impairments but lacks the facial characteristics and growth delays associated with full FAS.[6]

FASD – Fetal Alcohol Spectrum Disorder. Is a continuum of conditions that captures all of the disabilities which occur due to prenatal alcohol exposure. It is a lifelong disability that can include: developmental, physical and behavioural symptoms.[7]

pFAS – Partial Fetal Alcohol Syndrome. Describes a patient who has a confirmed history of prenatal alcohol exposure but does not have all of the characteristics associated with FAS. The term has since replaced FAE. Partial does not mean that the condition is less severe than FAS.[8]

[4] http://www.faslink.org/FASbook2.pdf
[5] http://www.faslink.org/FASbook2.pdf
[6] http://www.asantecentre.org/What_is_FASD.html
[7] http://www.asantecentre.org/What_is_FASD.html
[8] Clarke, M & Giddard W. (2003). Overview of Fetal Alcohol Spectrum Disorders for Mental Health Professionals. *Canadian Child Adolescent Psychiatry Review*. 12 (3), 57-63.

**APPENDIX II**

**Summary of Research: FASD Prevalence in Correctional Facilities (Isolated Studies)**

| **Study** | **Year of publication** | **Geographical area** | **Method** | **Findings** |
|---|---|---|---|---|
| Conry et al | 1999 | Inpatient Assessment Unit in Burnaby, B.C | Assessments for FAS and FAE of youth remanded to the unit. | 3 diagnosed with full FAS out of 67 remanded youth; 64 diagnosed with having FAE out of 67 remanded youth. |
| Burd et al | 2003 | 11 provinces except Alberta and British Columbia | Corrections system asked to complete questionnaire on demographics of the population and services relating to FAS. | Of the reported total population of 147,797, 13 inmates had reported diagnosis of FAS for a prevalence rate of 0.087 per 1000 population. |
| Macpherson and Chudley | 2007 | Prairie region | Assessments of all offenders who were new admissions into the Stony Mountain Institution over an 18 month period and were 30 and under. | 9 out of 91 offenders were diagnosed with FASD or 10%. |

## APPENDIX III
## Index of Adult Assessments and Diagnostic Clinics for FASD Canada

1. **Name of Facility** – Lakeland Centre for Fetal Alcohol Spectrum Disorder
   **Location** – Calgary, Alberta
   **Description of assessment process** – Operates a mobile clinic travelling throughout the Lakeland area to provide services directly to clients in their homes.
   **Access to assessment** – Use of an in-depth application process which begins with a call to the Diagnostic Services manager. Only applicants who have been exposed prenatally to alcohol are seen by the team.
2. **Name of Facility** – Adult FASD Clinic, Glenrose Rehabilitation Hospital
   **Location** – Edmonton, Alberta
   **Description of assessment process** – Assessment services are available to adults who are experiencing symptoms resulting from prenatal exposure to alcohol. The team consists of registered nurses, social workers, psychologists, and psychometrists. The assessment can be over 3 months and includes some or all of these: interviews with family members/caregivers, examination of previous medical and educational records. Afterwards, clients receive results and a management plan.
   **Access to assessment** – Clients are referred by advocates from programs associated with the Edmonton Fetal Alcohol Network Society (EFAN) or by a medical professional. Self or family referrals are accepted on a case-by-case basis.
3. **Name of Facility** – FASD Diagnostic Clinic, MediGene Services Inc.
   **Location** – Calgary, Alberta
   **Description of assessment process** – Offers comprehensive diagnosis, assessment, recommendations and interpretation for individuals with known or suspected prenatal alcohol exposure. A diagnostic team consists of a Geneticist, a Registered Nurse, 3 Registered Psychologists, and a behaviour specialist. All stages of the evaluation are completed in the clinic except the patient is in a secure institution. Also, provides follow-up assessments and supports.
4. **Name of Facility** – Northern Association for FASD
   **Location** – High Prairie, Alberta
   **Description of assessment process** – The FASD Program has FASD Diagnostic and Assessment Clinics that offer services (including referrals) to adults.
5. **Name of Facility** – Northest Alberta FASD Network
   **Location** – Alberta
   **Description of assessment process** – FASD assessments look for growth of adult, visible facial features, and assesses brain damage and determine exposure to alcohol. Team consists of trained psychologist, occupational therapist and speech and language pathologist.
6. **Name of Facility** – Southeast Alberta FASD Network
   **Location** – Alberta
   **Description of assessment process** – Use of a Diagnostic Assessment Coordinator/Family Support Worker who leads the development of a multidisciplinary diagnostic and assessment team in the Brooks area and provides family support as follow-up services.
7. **Name of Facility** – Edmonton and Area Fetal Alcohol Network Society

**Location** – Edmonton, Alberta
**Description of assessment process** – Provides diagnostic services which include medical, cognitive and behavioural assessments by a multidisciplinary team consisting of physicians, psychologists or neuropsychologists; and other developmental and/or behavioural specialists. Assessment services include screening and functional assessments to guide planning.

8. **Name of Facility** – Prairie Central FASD Network
   **Location** – Red Deer, Alberta
   **Description of assessment process** – Diagnostic services include medical, cognitive, behaviour, communication and adaptive functioning assessments completed by a multidisciplinary team following the Canadian Clinical Guidelines for diagnosis.
9. **Name of Facility** – NWC Alberta FASD Services Network Clinic
   **Location** – Barrhead, Alberta
   **Description of assessment process** – FASD assessment and diagnostic services are based on the Canadian Medical Guidelines established for diagnosing Fetal Alcohol Spectrum Disorders and are provided by a multi-disciplinary team of professionals specifically trained in the field of FASD assessment and diagnoses.
10. **Name of Facility** – Lethbridge Family Services DaCapo Services
    **Location** – Lethbridge, Alberta
    **Description of assessment process** – The team uses the expertise of physicians, psychologists, speech/language pathologists, occupational therapists, and social workers. After comprehensive research and assessment, a four-digit code is found and the multi-disciplinary team determines if a diagnosis of an FASD is appropriate. Community referrals and intervention plans will be developed as appropriate. Also, there are follow-up services.
    **Access to assessment** – Must have confirmation of pre-natal alcohol exposure, live in southwestern Alberta.
11. **Name of Facility** – Canadian FASD Diagnostic and Training Centre Ltd.
    **Location** – Redwater, Alberta
    **Description of assessment process** – FASD diagnosis for adults done using a multi-disciplinary approach. The diagnosis includes a comprehensive medical report inclusive of neuropsychological assessment, recommendation plan and clinical findings following the Alberta Clinical Practice Guidelines and Canadian Guidelines for Diagnosis.
12. **Name of Facility** – Regional FASD Diagnostic Clinic for Adults through Bridges Family Programs
    **Location** – Southeastern Alberta
    **Description of assessment process** – The team consists of a psychologist, physician and clinic coordinator and has the capacity to provide 9 clinic assessments. It is a one year pilot project funded by the South Eastern Alberta Fetal Alcohol Network Society.
13. **Name of Facility** – 3C Research Project
    **Location** – Fort Saskatchewan, Alberta
    **Description of assessment process** – A diagnostic clinic at Fort Saskatchewan Correctional Centre which consists of Physician, Psychologist, Psychiatrist, Occupational Therapist, Nurse, caseworkers to diagnose male inmates with FASD.
    **Access to assessment** – Participation in the program is voluntary and commences during incarceration and continues upon release into the community.

14. **Name of Facility** – Dr. Monty Nelson
    **Location** – South Edmonton, Alberta
    **Description of assessment process** – Operates a private practice which conducts neuropsychological assessments of adults.
15. **Name of Facility** – Metis Settlements FASD Networks
    **Location** – Edmonton, Alberta
    **Description of assessment process** – The assessment comprises medical, cognitive, behavioural screening, and referrals to professionals who provide diagnosis. Diagnosis is done by a physician and multi-disciplinary team.
16. **Name of Facility** – The Asante Centre
    **Location** – Maple Ridge, British Columbia
    **Description of assessment process** – The assessment usually takes one and a half to two days and is based on the individual's age and previous assessments. Diagnosis involves a multi-disciplinary team for medical exam, speech-language and psychological evaluation. Once completed, there is a family conference to discuss the results, a list of tailored recommendations, summary and final report on the diagnosis. Support services are also provided such as intervention assistance.
    **Access to assessment** – Referrals made by individuals or families. Over a telephone call, information is retrieved from referee to determine type of assessment needed and appropriateness. There is a client information package sent out with the fee quotation and current and historical information to be gathered such as school, medical and birth records.
17. **Name of Facility** – St. Michael's Hospital Fetal Alcohol Spectrum Disorder Diagnostic Clinic
    **Location** – Toronto, Ontario
    **Description of assessment process** – 4 developmental testing and pre-assessments clinics, and 3 full diagnostic clinics per month. The diagnostic team consist of: program director, physician/pediatrics and family practice, clinical nurse specialist, Developmental Tester; Community Care Access.
18. **Name of Facility** – Surrey Place Centre FASD Adult Diagnostic Clinic
    **Location** – Toronto, Ontario
    **Description of assessment process** – The team offers diagnostic, educational, and advocacy services using a: Clinic Coordinator, Nurse Specialist/Physician, Speech Language Pathologist, Clinical Psychologist, Behaviour Therapist. Also offers, treatment services such as counselling, behaviour therapy, and case management.
    **Access to assessment** – Provides services to individuals 18 years of age or older who have or are suspected of having an intellectual disability
19. **Name of Facility** – Anishnawbe Health Toronto
    **Location** – Toronto, Ontario
    **Description of assessment process** – Offers FASD diagnostic and assessment services using a multi-disciplinary team consisting of a Physician, Nurse, Infant Psychologist, Child Psychologist, Support Worker, Social Worker and Traditional Team which provides assessment, diagnosis and support services to individuals and families where there has been pre-natal exposure to alcohol and/or drugs.
20. **Name of Facility** – Regina Community Clinic
    **Location** – Regina, Saskatchewan

**Description of assessment process** – Process begins with information about the client's biological family, medical history, and social history which is forwarded to the psychologist for FASD assessment process. Once the FASD assessment is completed, the physician and FASD case manager meet with the client and caregivers to discuss the findings and recommendations. This process requires consent of the client. Also provides long term support for clients.

21. **Name of Facility** – Regina Qu'Appelle Child and Youth Services
    **Location** – Regina, Saskatchewan
    **Description of assessment process** – The team conducts special assessments that provide a pediatrician with the information needed to make a diagnosis of FASD. Suggestions are also provided for treatments, adaptations, planning for care in the long term, and helpful hints for caregivers.
    **Access to assessment** – Provides assessment and diagnosis for clients up to the age of 24 who live in the five southern health regions of Saskatchewan. Referrals can be made by parents.
22. **Name of Facility** – Dr. Gerald Block
    **Location** – Royal University Hospital –Saskatoon Genetics Clinic, Saskatoon, Saskatchewan
    **Description of assessment process** – Conducts only psychological assessments in central and northern Saskatchewan.
23. **Name of Facility** – Saskatoon Genetics/Teratology Clinic
    **Location** – Royal University Hospital, Saskatoon, Saskatchewan
    **Description of assessment process** – FASD diagnostic service for adults is available on the afternoon of the first Wednesday of the month.
    **Access to assessment** – A physician's referral is required to be seen at this clinic.
24. **Name of Facility** – Child and Youth Development Clinic in Mental Health
    **Location** – Prince Albert, Saskatchewan
    **Description of assessment process** – Offers diagnostic and assessment services for young adults up to age 24.
25. **Name of Facility** – Dr. Josephine Nanson
    **Location** – Saskatchewan
    **Description of assessment process** – Operates a private practice which performs neuropsychological assessments on adults referred due to developmental disabilities.
26. **Name of Facility** – Fetal Alcohol Syndrome Society of Yukon
    **Location** – Yukon
    **Description of assessment process** – Coordinates adult FASD diagnostic services. A team from outside the Yukon travels to the territory for one week each year to conduct diagnosis.
    **Access to assessment** – Referrals can be made by calling FASSY.

## APPENDIX IV
## Index of Youth Assessments and Diagnostics Clinics for FASD Canada

1. **Name of Facility** – Alvin Buckwold Child Development Program
   **Location** – Saskatoon, Saskatchewan
   **Description of services** – The team gathers and reviews information on the child with the parents' consent before scheduling a first appointment. The parent is provided with a journal to record medical information and to be able to communicate which can be brought to every appointment. On the first assessment, the child is assessed. Written reports are used to summarize the findings of each assessment which are shared with the parents. Treatment services are also provided or referrals are made to other service providers.
   **Access to services** – Program offers assessment and diagnostic services for children from birth to 18. Need a medical referral from family doctor.
2. **Name of Facility** – Bridges Family Program Association
   **Location** – Medicine Hat, Alberta
   **Description of services** – A neurodevelopmental clinic which assesses, diagnoses and creates intervention plans for children affected by prenatal alcohol exposure. The team consists of physicians, psychologist, occupational therapist and speech language pathologist. There is also a clinic coordinator to provide consultations and information on the process to parents who are looking for assessment and diagnostic services.
   **Access to services** – Must obtain a clinic referral from a diagnostic pediatrician.
3. **Name of Facility** – Interior Health Children's Assessment Network, Complex Developmental Behavioural Conditions Clinic
   **Location** – Kelowna, British Columbia
   **Description of services** – Once the clinic believes the case is appropriate, package is sent to parents to obtain background information on the child. Parents are contacted by phone and an appointment is typically scheduled within 3-6 months for children 0-6 years and within 6-9 months for children 6-19 years. The diagnostic team consists of: child/adolescent pediatrician, psychiatrist, psychologist, speech language pathologist and occupational therapist. A family conference discusses the results and full reports are mailed to parents after six weeks including practical recommendations for interventions. Key workers are available to assist in finding services based on the recommendations.
   **Access to services** – Provides assessment and diagnosis for children and youth suspected of having FASD. Have to obtain referral from pediatrician or psychiatrist or if none is available, will take a referral from a family doctor.
4. **Name of Facility** – Renfrew Educational Services
   **Location** – Calgary, Alberta
   **Description of services** – The multidisciplinary assessment includes occupational therapist, physiotherapy, psychology, speech language pathology and assistive technology specialists. There is also provided consultations with families, parents groups and therapy groups.
5. **Name of Facility** – Fetal Alcohol Spectrum Disorder Clinic Services, Glenrose Rehabilitation Hospital
   **Location** – Alberta

**Description of services** – The child must be accompanied by a caregiver for the assessment appointment. The length of the assessment is 1.5 days. A written summary of results and recommendation are provided to caregivers on the second day of the assessment. The reports also include links to community partners for support. The team includes a clinic coordinator, development pediatrician, neuropsychologist, occupational therapist, social worker and language pathologist.
**Access to services** – Offers assessment and diagnosis for children aged 7-17 who have a history of prenatal alcohol exposure, have evidence of behaviour, learning, development or adaptive issues Requires a referral from a doctor.

6. **Name of Facility** – B.C. Ministry of children and Family Development
   **Location** – British Columbia
   **Description of services** – Conducts a forensic assessment on youth, ages 12-17, who have committed criminal offences and are in the criminal justice system in which a team of mental health professionals performs a comprehensive evaluation of the youth including family and social background. The results of the assessment are given to the Youth Justice Court in a written report.
   **Access to services** – Has to obtain a court order from a Youth Justice Court Judge.
7. **Name of Facility** – Manitoba FASD Clinic
   **Location** – Manitoba
   **Description of services** – The assessment team includes a psychologist, speech language pathologist, and occupational therapist, social worker, geneticist and developmental pediatrician. The assessment includes individual psychology, occupational therapy and speech language assessments. The final assessment requires a physical exam to measure height, weight and head circumference. The assessment also consists of screening, preparation, follow-up, debriefing and education for youth and their families. A report of the assessment is provided and a FASD educator is available to discuss results and community resources.
   **Access to services** – Referral from Manitoba Youth Centre
8. **Name of Facility** – Stanton Territorial Health Authority under the FASD Family and Community Support Program
   **Location** – Northwest Territories
   **Description of services** – The diagnostic team includes: pediatrician, psychologist, speech language pathologist, occupational therapist, audiologist, social worker, family liaison, and child development team coordinator. A Family Liaison officer provides information and ongoing support to families.
   **Access to services** – Program focuses on children up to the age of 17. Referrals from health care providers and social services workers.
9. **Name of Facility** – Regina Qu'Appelle Region Child and Youth Services
   **Location** – Regina, Saskatchewan
   **Description of services** – Focuses on children between the ages of 6 to 24 who are suspected of having FASD. Special assessments are done that would allow a pediatrician to make an FASD diagnosis. Information is provided on possible treatments, long term care and adaptations.
10. **Name of Facility** – Sunny Hill Health Centre
    **Location** – British Columbia
    **Description of services** – Assessment includes provision of resources, consultation,

information, and educational sessions for families and community service providers. The diagnostic team comprise of developmental pediatrician, case manager, psychologist, physiotherapist, speech therapist, occupational therapist and social workers.
**Access to services** – Assessment for children, ages 2-19. Referral from a pediatrician or physician.

11. **Name of Facility** – Northern Health Assessment Network
**Location** – British Columbia
**Description of services** – Upon receipt of the referral, information is collected on the child and an appointment is set up. Before the actual assessment, child should have hearing and vision test. The multi-disciplinary assessment team consists of a pediatrician, psychologist, speech language pathologist, and occupational therapist. Once the assessment is completed, a meeting with family to discuss diagnosis and recommendations. A report is also provided. A Key Worker is available to help with finding auxiliary services.
**Access to services** – Referral from a medical practitioner.
12. **Name of Facility** Mothercraft FASD Diagnostic Clinic
**Location** – Ontario
**Description of services** – Program uses a pediatrician or toxicologist who examines children and obtains a prenatal exposure history. Follow-up is provided for all children who are confirmed to have prenatal exposure. Information is provided to parents and additional referral can be made for further assessments.
13. **Name of Facility** – Waterloo Region Diagnostic Clinic
**Location** – Ontario
**Description of services** – A full assessment is provided, recommendations and assistance with referrals to relevant community programs. The team consists of a pediatrician, psychologist, occupational therapist, speech language pathologist and clinic coordinator. The assessment includes medical exam. On completion, the family receives a diagnostic letter, resource package and follows up appointment with clinic coordinator who will direct the family to community programs.
**Access to services** – Provides diagnostic services for children up to age 17. Referrals are accepted from numerous partner agencies and are processed by a clinic coordinator.
14. **Name of Facility** – FASD London Region Assessment Clinic
**Location** – London, Ontario
**Description of services** – It is a virtual clinic involving expertise from different community agencies. After referrals, a confirmation has to be attained of prenatal alcohol exposure and a package sent out to families. The completed package is reviewed by the Assessment Coordinator and a committee to determine eligibility for full assessment. The team has psychologists, developmental pediatrician, occupational therapists, and speech language pathologists, after care service.
**Access to services** – For children and youth up to age 18. Referrals are made through partner agencies.
15. **Name of Facility** – Eastern Ontario Regional Genetics Program
**Location** – Ontario
**Description of services** – Expected wait for assessment appointment is three to six weeks. The appointment typically lasts one hour and involves a physical examination and a geneticist searching for explanation for developmental delay. The geneticist requires

information from many sources including: birth record, family history, medical history, school records.
**Access to services** – Referral from a physician.

16. **Name of Facility** – FASD Diagnostic Clinic, MediGene Services Inc.
**Location** – Calgary, Alberta
**Description of services** – Offers comprehensive diagnosis, assessment, recommendations and interpretation for children and youth with known or suspected prenatal alcohol exposure. A diagnostic team consists of a geneticist, a registered nurse, 3 registered psychologists, and a behaviour specialist. All stages of the evaluation are completed in the clinic except the patient is in a secure institution. Also, provides follow-up assessments and supports.
17. **Name of Facility** – Lakeland Centre for Fetal Alcohol Spectrum Disorder
**Location** – Calgary, Alberta
**Description of services** – Operates a mobile clinic travelling throughout the Lakeland area to provide services directly to clients in their homes.
**Access to services** – Use of an in-depth application process which begins with a call to the Diagnostic Services manager. Only applicants who have been exposed prenatally to alcohol are seen by the team.
18. **Name of Facility** – Child and Youth Development Clinic in Mental Health
**Location** – Prince Albert, Saskatchewan
**Description of services** – Offers diagnostic and assessment services for young adults up to age 24.
19. **Name of Facility** – Lethbridge Family Services DaCapo Services
**Location** – Lethbridge, Alberta
**Description of services** – The team uses the expertise of physicians, psychologists, speech/language pathologists, occupational therapists, social workers. After comprehensive research and assessment, a four-digit code is found which could result in a diagnosis of an FASD. The multi-disciplinary team will determine if a diagnosis of an FASD is appropriate. Appropriate community referrals and intervention plans are developed. There are follow-up services.
**Access to services** – Must have confirmation of pre-natal alcohol exposure, live in southwestern Alberta.
20. **Name of Facility** – Asante Centre
**Location** – Maple Ridge, British Columbia
**Description of services** – The assessment involves a psychological, speech-language, medical exam and interview. Upon completion, there is a family conference where the results are shared and recommendations made.
**Access to services** – Physician referral to the Provincial Health Services Authority.
21. **Name of Facility** – Centerpoint Young Offender Program
**Location** – Edmonton, Alberta
**Description of services** – Offers screening for FASD for youth in the criminal justice system. The program provides this service for youth, ages 12-17. The team consists of psychologist, psychiatrist, psychometrist, and social worker, psychiatric nurse
**Access to services** – Referrals are done through the court system in which youth are mandated to obtain assessments.
22. **Name of Facility** – Northwest Primary Care Network

**Location** – Alberta
**Description of services** – Conducts FASD diagnosis and assessment for youth and children. Also, provides follow up support for children and families.

23. **Name of Facility** – Canadian FASD Diagnostic and Training Centre Ltd.
    **Location** – Redwater, Alberta
    **Description of services** – FASD diagnosis for children over age 7 using a multi-disciplinary approach. The diagnosis includes a comprehensive medical report inclusive of neuropsychological assessment, recommendation plan and clinical findings.
24. **Name of Facility** – Child and Development Centre Yukon
    **Location** – Yukon
    **Description of services** – Offers diagnostic and support services for children and youth. The team has a pediatrician, psychologist, diagnostic coordinator, occupational therapist and speech language pathologist. Before start of assessment, requirement for confirmation of prenatal alcohol exposure. Upon completion of assessments, written reports are provided and information shared with the family. There is also intervention and long term planning.
    **Access to services** – Referrals are through caregivers, doctors, public health nurses, social workers, educators, and other individuals who know the child and family.
25. **Name of Facility** – New Brunswick FASD Centre of Excellence
    **Location** – Moncton, New Brunswick
    **Description of services** – Offers services that include prevention, diagnostic, intervention and support to families and professionals working with individuals affected by FASD.
    **Access to services** – Offers diagnostic and assessment services for youth from birth to 18 years of age inclusively. Accepts referrals from medical doctors and family members.
26. **Name of Facility** – Labrador-Grenfell Health Region
    **Location** – Happy Valley-Goose Bay and St. Anthony, Newfoundland
    **Description of services** – Composed of an Interdisciplinary Diagnostic Team. The team, comprised of a physician/pediatrician, psychologist, speech-language pathologist and occupational therapist, is coordinated by Labrador-Grenfell Health's Regional FASD Coordinator. The regional coordinator is also responsible for intake and screening of referrals as well as collecting the required client background information for the clinic.
    **Access to services** – Individuals may make self-referrals. Referrals may also be made by a family member, friend or healthcare provider. Conducts approximately 12 assessments per year.
27. **Name of Facility** – Janeway Children's Health and Rehabilitation Centre (Genetics Department)
    **Location** – St. Johns, Newfoundland
    **Description of services** – Offers diagnostic and assessment services for youth.
    **Access to services** – Requires referral from medical doctor. Can include a multi-year wait process.
28. **Name of Facility** – Dr. Ted Rosales
    **Location** – St. Johns, Newfoundland
    **Description of services** – A retired pediatric geneticist who, in the absence of any FASD diagnostic team in Newfoundland and Labrador, continues to diagnose and follow individuals with FASD.

**Access to services** – Requires a referral from a medical doctor or pediatrician.

## APPENDIX V
## Index of Programs for Youth Offenders with FASD

1. **Program** – Youth Justice FASD Project, Asante Centre
   **Location** –Vancouver, B.C.
   **Description** – An alternative measures program to incarceration which provides intensive support and supervision in a residential setting. Service was formed by the Ministry of Children and Family Development and the Native Court Worker and Counselling Association of BC.
   **Target group** – Youth who are suspected of having FASD, and are before the court as offenders.
   **Services provided** –
   - Assessment and diagnosis including recommendations for care
   - Post family follow-up services to discuss assessment results and develop a coordinated care plan
   - Individual specific consultation services to community service providers
   - Connect resources and services suitable for youth and family based on needs and levels of ability.
   - Specialized training for justice professionals including probation officers, caregivers.
   - Experiential training for justice professionals to understand the benefits of accurate FASD assessment.
   - Research to better understand and support youth with FASD

   **Access to program** –
   - On a youth court order
   - Meet the screening criteria of the FASD Screening and Referral Tool for Youth Probation Officers (see below)
   - Be supervised and referred by a youth probation officer (YPO) in British Columbia
2. **Program** – FASD Justice Support Project for Youth
   **Location** – Edmonton, Alberta
   **Target group** – Youth with FASD (both suspected and diagnosed) involved with the criminal justice system.
   **Services provided** –
   - Develops a comprehensive case plan for each youth
   - Linking of youth to different community agencies.
3. **Program** – Youth Justice FASD Program
   **Location** – Maple Ridge, British Columbia
   **Description** – The Ministry of Children and Family Development fund the program
   **Target group** – Youth on probation
   **Services provided** –
   - Diagnostic services and specialized programming for youth on probation
4. **Program** – FASD Youth Justice Project
   **Location** – Lethbridge, Alberta
   **Description** – Aim is to influence change in the criminal justice system. Funded by the South Alberta FASD Network. Managed by a police officer – Brent Lorenz.

**Target group** – Youth with FASD in the criminal justice system.
**Services provided** –

- Case management
- Divert youth from the criminal justice system
- Recommendations to the court
- Identification of high risk youth
- Connecting youth with FASD and their families to appropriate supports

5. **Program** – The Starfish Program: FASD Addictions Services Project
   **Location** – Winnipeg, Manitoba
   **Description** – Program of the Addictions Foundation of Manitoba. This program seeks to support youth with FASD and addiction issues who are in conflict with the law get connected with healthier activities including social, educational, cultural, and recreational activities. The 3-year pilot project is funded by the federal Youth Justice Fund.
   **Target group** – Youth living with FASD who are involved in the Justice System and have problematic substance abuse. These youth may be in and out of custody and probation during the program.
   **Services provided** –
   - Individualized programming
   - Provides one-on-one counseling
   - Participation in small groups
   - Recreation and leisure activities
   - Supportive environment through providing transportation, appointment reminders, non-traditional meeting places and inclusion of support persons
   - Each participant is seen as an individual with unique strengths and challenges that are supported and nurtured

   **Access to program** –
   - Have a diagnosis under the Fetal Alcohol Spectrum Disorder umbrella
   - Are involved in Manitoba Youth Corrections
   - Have problematic substance use
   - Live in Winnipeg, Portage la Prairie or surrounding areas
6. **Program** – Kairos Community Resource Centre
   **Location** – Thunder Bay, Ontario
   **Description** – Program for reintegration and community services.
   **Target group** – Young persons aged 12-17 (male/female) at the time of offence, have been found guilty and are currently on probation, conditional /community supervision order.
   **Services provided** –
   - Outreach services
   - Individual community plans and intervention strategies
   - Crisis response
   - Structured programming and counselling
   - Education supports and employment skills
   - Substance abuse counselling, anger management.

   **Access to program** – Referrals to the program are made through the local Youth Justice Office by the probation officer.
7. **Program** – Touchstone FASD

**Location** – Winnipeg, Manitoba
**Description** – Program aims to help youth and adults with FASD by aiding them in their daily living and helping to prevent trouble with the law. Program by Initiatives for Just Communities
**Target group** – Youth and Adults with FASD.
**Services provided** –

- Provides case management
- Provides direct support
- Life skills development
- Provide housing, food and shelter
- Outreach services

**Access to program** –

- Have a diagnosis of FAS, pFAS and ARND
- Have a confirmed maternal alcohol consumption history with recent assessments
- Live in Winnipeg or within a 1 hour radius
- 16 years or older
- Have funding source

8. **Program** – FASD Youth Justice Program
**Location** – Winnipeg, Manitoba
**Description** – Programs assist youth affected with FASD who are in conflict with the law. Program funded provincially by Manitoba Justice. Doctors from the Manitoba FASD Centre provide assessment services while psychiatric assessments are provided by the Manitoba Adolescent Treatment Centre.
**Target group** – Youth with FASD who are in the pre-sentence phase.
**Services provided** –
    - Provides diagnostic assessment for individuals screened as high-risk of FASD diagnosis
    - Provides sentencing recommendations to the courts
    - Creates comprehensive case management
    - Provides ongoing training to help Manitoba Justice Staff use current and best practices when working with youth.

    **Access to program** –
    - Referrals are taken from justice system, parents/guardians and youth
    - Youth living in Winnipeg and the Pas
    - Have confirmed prenatal exposure to alcohol
    - No prior FASD diagnosis

## APPENDIX VI
## Index of Programs for Adult Offenders with FASD

1. **Program** – Yukon Community Wellness Court
   **Location** – Yukon
   **Description** – Therapeutic court that specializes in holistic and culturally appropriate approaches to working with offenders. Program is funded by the government of Yukon
   **Target group** – Adult offenders with FASD.
   **Services provided** –
   - Provides Wellness development plan
   - Provides referrals for comprehensive FASD diagnosis, neurological testing and FASSY for support services
   - Linkages to support network
   - Housing, food, clothing and medical services

   **Access to program** – Referrals from the defense counsel, RCMP, Aboriginal court workers, community groups, family, caregivers or self-referrals. A suitability assessment is conducted before acceptance into program. Program is voluntary.
2. **Program** – Fetal Alcohol Syndrome Society (FASSY) of Yukon
   **Location** – Whitehorse, Yukon
   **Description** – Program aims to prevent FASD and support individuals affected by FASD. Program is funded by the Government of Yukon, federal government and United Way.
   **Target Group –** Adults with FASD.
   **Services provided** –
   - Develop social support networks for offenders with FASD
   - Outreach services
   - Adult diagnostic services
   - Training on FASD and the justice system for justice professionals

   **Access to program** – Referrals from Yukon Community Wellness Court.
3. **Program** – Extended FASD Support Project, Calgary John Howard Society
   **Location** – Calgary, Alberta
   **Description** – Program aims to support clients through FASD assessment and provide resources through ongoing community support teams.
   **Target Group** – Men and women aged 18+ who are living with (or suspected of living with) Fetal Alcohol Spectrum Disorder and who are at risk of becoming or are already involved in the criminal justice system.
   **Services provided** –
   - FASD medical diagnosis (funding permitted)
   - Securing stable income supports, housing, a meaningful job, supports in the community and addressing legal issues

   **Access to program** – Accepts self–referrals, referrals by family members, referrals by support agencies, and referrals from the criminal justice system.
4. **Program** – FASD Justice Program and Community Outreach Initiative
   **Location** – Alberta
   **Description** – Provides services for adults affected with FASD and who are involved with the Justice system. Aims to influence change in how the justice system understands

and responds to adults affected by FASD. Program is a partnership of the South Alberta FASD Service Network

**Target Group** – Adults with FASD in the criminal justice system.

**Services provided** –

- Linking family and caregivers to appropriate resources.
- Preparation of individualized case plans and court plans.
- Provide a referral package to the justice system.
- Monitoring of home placements and daily programs.

**Access to program** – Identify high risk individuals with FASD from the system through the use of an FASD Adult Justice Coordinator who is present in the courtroom during the week. Service is free and voluntary and clients can return at any point in time.

5. **Program** – Genesis House FASD Program, Westcoast Genesis Society

   **Location** – Maria Keary Cottage, New Westminster, B.C.

   **Description** – Residential services and intervention program for adult male offenders who have been involved in the criminal justice system and have FASD aimed to assist in their reintegration into society. Project funded by Correctional Services Canada.

   **Target Group** – Adult male offenders on conditional release living with FASD from provincial and federal institutions.

   **Services provided** –

   - Pre-conditional release contact to support offenders in preparation to coming.
   - Structured and customized interventions based on the challenges faced by offenders with FASD including substance abuse programs using a Case manager.
   - A total of 15 beds are provided for adult offenders on conditional release.
   - Structured living environment including visitation hours, locked rooms, curfew, no smoking and substance abuse, limited personal belongings and monitored movements.
   - Outreach services to continue supporting offenders after leaving

   **Access to program** – Parole officer must request a screening for the New Westminster Parole District prior to release of offender. Screening based on criminal history, progress against their correctional plan, previous release/institutional history and motivation to make life changes. Conduct interviews in-person or by telephone after screening to select residents. Must be a male, 19.

## APPENDIX VII
## Summary of FASD Services in Canada

| | Adult Diagnostic and Assessment | Youth Diagnostic and Assessment | Adult Programming | Youth Programming |
|---|---|---|---|---|
| **British Columbia** | 1 | 5 | 1 | 2 |
| **Alberta** | 15 | 9 | 2 | 2 |
| **Saskatchewan** | 6 | 3 | | |
| **Manitoba** | | 1 | | 3 |
| **Ontario** | 3 | 4 | | 1 |
| **Quebec** | | | | |
| **Newfoundland and Labrador** | | 3 | | |
| **New Brunswick** | | 1 | | |
| **Nova Scotia** | | | | |
| **Prince Edward Island** | | | | |
| **Northwest Territories** | | 1 | | |
| **Yukon** | 1 | 1 | 2 | |
| **Nunavut** | | | | |

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