

F.A.S. NEWS

FETAL • ALCOHOL • SYNDROME

Fall 2002

A Publication of the Coalition on Alcohol and Pregnancy

STOP FAS Funding Increased at Nor'West & Aboriginal Centre

On July 15, 2002, Family Services and Housing Minister **Tim Sale** announced increased provincial funding of \$40,000 for the two STOP FAS sites in Winnipeg.

Nor'West Co-op Community Health Centre received an additional \$24,486 and the Aboriginal Health and Wellness Centre received an additional \$15,514.

"The STOP FAS sites have been important partners as we explore solutions to FAS issues, which is one of the core commitments of Healthy Child Manitoba," said Sale, who is also chair of the Healthy Child Committee of Cabinet.

STOP FAS is a home visiting program designed to intervene with pregnant women who have used alcohol and drugs during their pregnancies. Paraprofessional mentors work with the women for three years to help them access treatment, stay in recovery, resolve problems related to substance misuse, practice family plan-

ning and move towards a healthy lifestyle. The increased funding will allow 30 more women to benefit from the program.

Amanda Laquette, a participant with the Nor'West program and sober for the last 17 months, spoke at the press conference announcing the increased funding on July 15. In a quote appearing in the *Winnipeg Free Press*, Laquette noted that she is in a "healthy environment" now and her daughter, Justine, appears to be healthy as well.

The STOP FAS program was initially launched in 1998 at the two Winnipeg sites and in January, 2001, was expanded to Thompson and The Pas. Total funding for the four STOP FAS sites for this fiscal year ending March 31, 2003, is \$704,400.

An evaluation of the program's effectiveness in helping women access treatment and maintain sobriety, showed that 80% of the women in the

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With Child – Without Alcohol



The Manitoba Liquor Control Commission (MLCC) launched the "With Child-Without Alcohol" FAS awareness campaign on March 14, 2002.

This social marketing program combats the myth that moderate drinking during pregnancy will not affect the unborn child, focussing on the fact that current medical knowledge cannot determine a safe level of consumption for all women.

Carmen Neufeld, chair of the MLCC Board of Commissioners, noted the need for greater public awareness about alcohol and pregnancy is underscored by the National Longitudinal Survey of Children and Youth and the

(cont'd on page 3)

Adults Living With FAS: "Think Tank"

The Coalition on Alcohol and Pregnancy (CAP) presented a "think tank" around adults living with FAS on March 7-8, 2002, at the Victoria Inn in Winnipeg.

The session's purpose was to plan together around the issue and develop an action plan for new services that begin to address transition from school to community, housing, employment, re-entry from a corrections facility, alternatives to incarceration, support to caregivers, and eligibility for services.

Participants represented a broad cross section including families, justice, health, family services, education, and community agencies among others.

Discussion centred on the following questions and resulted in a number of recommended solutions:

(1) Restrictive criteria and eligibility for services—How to get Health, Family Services, Education and Justice systems to respond to need?

Samples of solutions include creating a new provincial umbrella organization with responsibility for FAS and with adequate funding, and a mandatory team approach that also involves parents and self-advocates.

(2) Re-entry to community from jail—How to link planning, support, resources and services?

(cont'd on page 3)

Celebrating Accomplishments November 21, 2002

Members of the Coalition on Alcohol and Pregnancy (CAP) are invited to attend the annual "Celebrating Accomplishments" at the Viscount Gort on November 21.

CAP has 160 member groups scattered throughout Manitoba that have joined together to:

- Share current and relevant information around FAS.
- Enhance co-ordination and prevent duplication of services.
- Network and problem-solve.
- Identify gaps in services.
- Coordinate and publicize activities.
- Encourage innovative ideas and creativity.
- Provide a support system and a venue for partnerships.
- Encourage people to remain interested in the issue of FAS.
- Provide a place to celebrate successes.

To register, call ACL-Manitoba at 786-1607.

Manitoba to Host 2003 Prairie Northern Pacific Conference

The Prairie Northern Pacific FAS Partnership is a collaboration of the Governments of Manitoba, Saskatchewan, Alberta, British Columbia, Northwest Territories, Yukon and Nunavut. The partnership is designed to maximize the use of existing expertise and resources in the development of joint strategies and initiatives to address Fetal Alcohol Syndrome. Manitoba is currently the lead jurisdiction.

Each year the Partnership hosts two main activities: a symposium and a conference. The annual conference promotes the broad dissemination of information, training, research and best practice in the field of FAS. Provinces and territories contribute annually to support these events; a portion of this funding supports travel subsidies for families to attend.

Manitoba will host the annual conference during its tenure as lead jurisdiction. The conference is tentatively scheduled for Fall 2003 in Winnipeg. Details to be announced.

For information, contact **Michelle Dubik** at Healthy Child Manitoba at 945-2215.

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STOP FAS program have either completed, or are currently enrolled in an alcohol or drug treatment program and 44% have remained sober for a period of six months or more during their enrolment.

These statistics are based on an evaluation, completed in February 2002, of all clients in the program at the two Winnipeg sites, including those who had completed their three years, those who were close to completing the program, and new enrollees.

The broadest goal of the program is to decrease the number of future births affected by prenatal alcohol use. This goal may be realized by either abstaining from alcohol during pregnancy or for those women who continue to struggle with alcohol use, using reliable birth control. As of February, 2002, 66% of the women enrolled in STOP FAS were either abstinent from alcohol/drugs or using reliable birth control.

Another goal of STOP FAS is to help mothers stay connected with their children. Without the intervention of this program, most of the children born when the women enrolled in STOP FAS would have been identified for apprehension at birth. As of February, 2002, 60% of these children were living with a biological family member; half of those are living with their mother.

"Considering that new clients were included in the evaluation along with the women who had completed or were soon to complete the three year

program, you would think it would skew the data somewhat," notes **Cathe Umlah**, program manager at Nor'West. "But interestingly enough, the outcomes still look very good."

She suspects this is due to the intensive work that takes place in the first two years.

"If there's going to be movement, you'll typically see it in that timeframe although sometimes there are late bloomers that don't show any positive outcomes until the third year."

The increased funding means both Nor'West and the Aboriginal Health and Wellness Centre have the capacity to enroll more women. This is in addition to the spaces opening up as a result of women completing the initial three year program.

Debbie Cielen at the Aboriginal Health and Wellness Centre notes that the expansion will provide an opportunity to women in the community who have heard a bit about the program from other women who have disclosed.

"Hearing stories from the ladies of their own truth about how this program has helped them is really a message in itself. It opens the doors for other women to come ahead and know they can be supported through this."

For more information on STOPFAS, contact Michelle Dubik at 945-2215, Cathe Umlah at Nor'West at 632-8162, or Debbie Cielen at the Aboriginal Centre at 925-3750.

The Pas Mentor Program

The Pas Mentor Program, one of the two northern STOP FAS sites, runs in partnership with the NOR-MAN Regional Health Authority and includes co-ordinator **Joanne Wyman** along with mentors **Kathy Ducharme** and **Karra Armstrong**.

The program began operating in October, 2001, after the three travelled to Winnipeg for a week's orientation at Nor'West Community Health Centre and the Aboriginal Health and Wellness Centre.

"We did a bit of training in the classroom to get to know the program and the paperwork and protocol," explains Armstrong. "Then we job shadowed the Winnipeg mentors."

To get the word out, they have made mini-presentations on the program and criteria at local agencies. This resulted in referrals with 18 of the 30 spaces filled to date. Now some of the clients are referring friends.

For more information on The Pas mentoring program, call 627-1418.

Grassroots Mentoring Program

In Thompson, the STOP FAS site is called the "Grassroots Mentoring Program" and is run in partnership with the Burntwood Regional Health Authority.

Program co-ordinator **Sandy Prince** noted that the community is starting to become aware of them and the 30 available spaces are starting to fill in. Eleven women had registered in the program as of July.

The Grassroots Program also has two mentor positions that include a visit to the Winnipeg STOP FAS sites for a week of orientation and job shadowing.

Prince says they are working on getting the word out to the community through presentations at local agencies, pamphlets, posters and a spot on the local access cable channel.

For more information on the Grassroots Mentoring Program, call 778-1517.

Special Needs Program Launched

A new program has been created with the involvement of the Departments of Family Services and Housing, Health, and Justice to serve the needs of individuals who do not meet criteria for existing programs, and who are at high risk to themselves and/or pose a significant public risk.

The three departments had been working together for the past number of years to provide resources for this unique population. This collaborative effort was conducted through the mechanism of the Special Needs Committee.

The Special Needs Program office is located on the 2nd floor, 189 Evanson Street. **Ken MacKenzie** is the Program Manager.

MacKenzie explains that the program evolved out of three streams. The first was the development of interdepartmental protocol concerning adults with a mental disorder/disability who are involved with the Criminal Justice System. This protocol serves as the framework for the Special Needs Program service delivery unit.

The second stream was the ad hoc Special Needs Committee in Winnipeg, which was trying to fill a gap for individuals who do not meet eligibility for the community living program or community mental health, are involved with the justice system and are in obvious need of support.

The third element, and the most significant leading to the creation of the Special Needs Program, was advocacy by front line workers, managers, community groups, and individuals and families to fill the vacuum for people who have been excluded due to eligibility requirements and who clearly need support.

The Special Needs Program is province-wide and is administered by Family Services and Housing. The annual budget is \$1.1 million per year and provides for a program manager and two case managers.

When the program became operational last October, there were 26 individual cases on file.

With their unique ability to advocate

The primary focus of the Special Needs Program is geared towards risk and risk management.

within the three systems involved to find the best solution for the needs of an individual, they have also been able to find appropriate supports for an-

other six or seven cases within one of the three departments.

The primary focus of the Special Needs Program is geared towards risk and risk management.

Many of the individuals taken into the program are involved in sex crimes or arson and require the sort of multi-system approach that the Special Needs Program can deliver.

"All of our clients have some sort of mental disorder or disability, whether it's a personality disorder, borderline intelligence, FAS or other," says MacKenzie.

At this point, referrals are accepted only from the three departments involved.

"One of the realities of the program framework is that we can't be all things to everyone," says MacKenzie. "Our purpose is to tie together the abilities and resources of the three departments and do what is most appropriate for those individuals."

For more information, contact Ken MacKenzie at 945-4514.

COALITION ON ALCOHOL AND PREGNANCY (CAP)

CAP represents over 160 organizations interested in FAS/FAE issues in Manitoba. Six focus areas include: Family Support, Education (including early years), Service Co-ordination/Development, Justice, Research, Communication and Information Dissemination. Special task forces are formed around specific issues. CAP's members represent a diverse cross-section of individuals, groups and communities throughout Manitoba. We bring together the needs of parents (including birth, adoptive and foster) and professionals.

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CAP receives funding support from Healthy Child Manitoba.

With Child cont'd from Page 1...

National Population Health Survey, which revealed that between 17 to 25% of women surveyed drank at some point during their pregnancy. Further, only 5% of those women stopped drinking when they realized they were pregnant.

with child without alcohol

A key component of the program is an information kit. It includes myths and facts about alcohol and pregnancy as well as a listing of various provincial resources for women and families.

The "With Child-Without Alcohol" kit also promotes a toll free telephone number, operated by the Interagency on Fetal Alcohol Syndrome and funded by Health Canada and Healthy Child Manitoba.

Members of the public can receive a kit and other support from FAS Information Manitoba by calling the toll free line at 1-866-877-0050.

Launch of the kit was supported by television and radio advertising featuring a testimonial from a mother who drank while she was pregnant, and some myths/truths about alcohol and pregnancy featuring a pregnant woman and her partner. Transit shelter posters and newspaper advertising were also used during the six-week campaign period.

Diana Soroko, Communications Manager for MLCC, notes that advertising continued in targeted publications throughout the summer. Television ads will resume in the fall and will feature a testimonial from Dr. Sally Longstaffe, a respected Winnipeg pediatrician.

For more information, contact Diana Soroko at the Manitoba Liquor Control Commission at 474-5631.

Pregnant Addicted Women Strategy Update

The Pregnant Addicted Woman Strategy Development Committee has been tasked with looking at how to act on the recommendations resulting from "A Study of the Service Needs of Pregnant Addicted Women in Manitoba" by Caroline Tait and commissioned by Manitoba Health through the Prairie Women's Health centre of Excellence. A status report on the activities of the committee follows.

Directory of services and resources

A "Service Inventory Development Committee" has been created to guide the development and distribution of a comprehensive directory/database of services and resources currently available to women at risk of having a baby affected by substance misuse, and women who are pregnant and addicted in Manitoba. This project will have several phases.

In Phase 1 (2002-03), a basic contact list of services and resources will be compiled. This will be done by contacting front line service providers likely to deal with the target group and asking them, through a survey ("Manitoba Survey of Services for Pregnant Addicted Women and Women 'At Risk' of Having Babies Affected by Substance Use"), to indicate who they refer their clients to and what kinds of gaps there are in the system. This information will help the Committee and service providers know who to reach out to for networking and training purposes, it will assist service providers with referral activities, and it will help the Committee to more effectively address the Tait recommendations.

Adult Think Tank cont'd from page 1...

Ideas for solutions include developing a procedural policy for multiple points within Justice to identify and screen persons with FAS/E characteristics, and forming a coalition of community stakeholders to lobby and advocate for a strategic plan around FAS.

(3) Transition from school to community life—How to link planning, support, resources and services?

Suggested solutions include integrated case management that is accountable, consistent protocol for FAS youth to transition to community from school, expanded services to support adults with FASD, and development of a provincial network with representatives from each school division to address FAS education issues.

(4) How to create housing and employment for 250 people over the next 5 years?

Recommendations include developing a range of creative, quality, affordable housing that meets differing individual needs, such as crisis housing, supportive housing, granny suites, interim housing, etc., and educating the community, service providers, employers and agencies around FAS and how to support specific individuals.

(5) How to create alternatives to jail when charged or convicted of a crime?

Possible solutions include developing a non-profit agency mandated to provide a range of direct services, developing a model such as ISSP (intensive supervision and support) for use with adult offenders, and exploring alternative existing models that have had success, such as sentencing circles and restorative justice.

(6) How to create support to families as caregivers of adults with FAS?

Some of the recommended solutions include stable funding for the Fetal Alcohol Family Association of Manitoba, a united co-ordinated body, such as Healthy Child Manitoba, to organize support, easier access to diagnosis for early teens and adults, and development of an appropriate continuum of services by Healthy Child Manitoba for all families with children turning 18 years old.

For more information, contact ACL-Manitoba at 786-1607.

Fetal Alcohol Syndrome Information Manitoba

TOLL FREE

1-866-877-0050

FAS Information Line

Fetal Alcohol Syndrome (FAS) Information Manitoba, a joint initiative by Health Canada and Healthy Child Manitoba, is a toll free line that provides information to Manitobans regarding alcohol-related disabilities.

The information line is housed with the Interagency FAS Program, an organization that provides support services to families caring for children age birth to six years who have been prenatally exposed to alcohol.

The goals of the toll free line are to:

- Provide information on substance use during pregnancy.
- Provide information and strategies to families who are parenting children and/or supporting individuals who have been prenatally exposed to alcohol.
- Offer an avenue for accessing community support services.

Information will be provided in a confidential and non-judgmental manner. Relevant material is mailed out following telephone contact.

The information line is staffed Monday to Friday during regular business hours. People calling after hours or on weekends are encouraged to leave a message as calls will be returned.

The toll free number is also promoted in the FAS information kit produced by the Manitoba

Liquor Control Commission entitled "With Child-Without Alcohol: What you should know about alcohol and pregnancy."

The Interagency FAS Program is distributing the MLCC information kit to agencies around the province. Close to 3,000 kits have gone out since the launch of the program.



Interagency Looking for Space

The Interagency FAS Program has outgrown its current home and is looking for approximately 3,000 square feet of space. If anyone can offer or knows of appropriate space, please contact Deborah Kacki at 582-8658.

The ideal situation, says Kacki, would be a partnership in the same space with other agencies that are also involved with the issue of FAS. Her vision is a space that is welcoming for families where they could access a number of resources and transition smoothly from diagnosis to family services to support services.

FASD Training for Police Officers

Funding provided by the Healthy Child Committee of Cabinet has allowed the RCMP to conduct Fetal Alcohol Spectrum Disorders (FASD) training, and print a pamphlet, guidebook and train-the-trainer manual.

About \$75,000 was provided to the RCMP pilot training program. It is designed to improve policing services to individuals with FAS and to prepare training participants to play a role in education and prevention.

With the funding from Healthy Child, the goal is to train up to 100 officers as trainers, including approximately 85 from Manitoba. As part of the Prairie Northern FAS Partnership, three officers from each of Saskatchewan, Alberta and BC have already been trained as well as two from each of the Territories.

Constable Annette Laporte initiated the program in partnership with **Terralyn McKee**, Executive Director of The Pas Family Resource Centre.

Laporte notes that the first train-the-trainers session took place in May in Winnipeg. Twenty-four RCMP and police officers were trained and will now be responsible to train another 25-40 members each.

Participants at the May session also included one Brandon police officer and one Dakota Ojibway officer who will be

responsible to train their colleagues. A City of Winnipeg police officer took part and several more Winnipeg officers are yet to become trainers.

The train-the-trainers course takes three days and includes an extensive manual. The presentation that trained officers provide to their colleagues is five hours in length and includes a guidebook.

"There is a mandated networking component of the training that enables community support," explains Laporte.

"This means that after an officer is trained in the five-hour course, he has to go back to his community and fill out a form that lists contacts for social services, education, health, justice and other sectors before he gets his certificate of completion."

With this information in hand and connections already formed, the officer will then have the networking contacts already in place when he encounters a client with FASD.

"Since police are the front line workers, they will encounter these individuals before many other services," notes Laporte. "We want to get the supports in place right away and hopefully prevent this person from ending up in jail."

For more information, contact **Annette Laporte** at 983-2285.



Corrections Expands FAS Training

In conjunction with the announcement of funding for the RCMP pilot training program, funding from the Healthy Child Committee of Cabinet to expand the training program in Manitoba Justice corrections was announced on May 22.

This informational program will help corrections staff better understand the challenges in working offenders with all types of Fetal Alcohol Spectrum Disorders (FASD).

The program, developed by Corrections staff, explores the scope of the problems faced by incarcerated offenders and in the community following release.

Staff are given practical suggestions of ways to work with both the offender's strengths and limitations. The goal of the training is to highlight the best ways to work with FASD offenders and give them an opportunity to learn valuable life skills while in jail to help keep them from re-offending upon release.

Staff at the Manitoba Youth Centre have already been trained and train-the-trainer sessions have taken place at Agassiz.

This fall, half-day training will be provided to community and corrections staff in Winnipeg. A rural piece will follow once this is completed.

Participants will be given a copy of the audiotape "**What Corrections Needs to Know About Fetal Alcohol Spectrum Disorders (FASD)**."

This 30-minute tape is primarily for correctional officers although it also contains information for community

staff, i.e. probation officers and intensive support and supervision workers with youth.

The tape was developed by **Dawn Ridd** (Child Health and FAS Consultant, Manitoba Health), **Trevor Markesteijn** (Correctional Psychologist and Assistant Superintendent-Programs, Headingly Correctional Centre), **Carol Robson** (Co-ordinator of Staff Development Training; FAS Co-ordinator, Manitoba Justice) and **Jocelyn Bjorklund** (Program Co-ordinator, Manitoba Youth Centre, FASD Divisional Trainer).

FASD training that is already being provided to new correctional officers as part of their basic training will also be re-worked to include a community staff element.

"The theme of the training is not to ask people to try harder, but to try differently," explains Bjorklund.

Many FASD offenders breach probation, she adds, because they forget appointments. A probation officer could help by using basic strategies, such as having someone call the offender in the morning or making sure the offender has it marked on a calendar.

"Such simple things could make a huge difference to the successful management of their cases."

Another aspect of the divisional training includes the designation of an FASD "point person" in each of the community offices who will receive additional resources, such as the audiotape, as they become available.

For more information, contact **Jocelyn Bjorklund** at 475-2010.

FAS Awareness Grades 5-8 Curriculum Available for Purchase

The FAS awareness curriculum for Grades 5-8 developed by **Deb Thordarson**, **Daisy Monias** and **Lia Braun**, and published by the Frontier School Division is available for purchase for \$25.

The curriculum has been mandated for all teachers in the Frontier School Division. It is intended for use with all students and contains plenty of fun activities, says Deb Thordarson.

"Some people think it's an Aboriginal curriculum, but it's for everyone," she explains. "It has an Aboriginal flavour because it was developed for students in Frontier School Division, but it's applicable to all students everywhere."

As teachers, Thordarson and Monias knew they had to make it as teacher friendly as possible to keep it from sitting on a shelf. Thordarson believes they accomplished that.

"It opens up with outcomes for each grade level, has lesson plans in a very

easy to follow manner, resources the teachers will need and a step-by-step plan," says Thordarson. "At the back are a copy of appendices and overheads. Everything they need is there."

Every grade level has a final project. For example, at Grade 5 level they make a poster and in Grade 6 they



make up a booklet of "Frequently Asked Questions" on FAS. One of the projects in Grade 7 is to analyze messages in the media and in Grade 8 the students make a brochure.

Each grade has 4-8 lessons which can take anywhere from 13-15 periods depending on how the teacher delivers them. Every lesson in the curriculum document has been field tested in classrooms.

The artwork on the curriculum cover was designed by a student in Norway House and was also used on a poster.

This year two of the stories featured in the curriculum have been published in picture book format for use on their own in the classroom. They can be purchased separately.

For more information, contact **Deb Thordarson** in Winnipeg at 477-9645. To order a copy of the curriculum, contact **Lia Braun** in Area 5, Norway House, Frontier School Division, at 359-6711.

Neuronet

Neuronet is a newly-formed coalition focussed on addressing the different needs of individuals with neurological disorders. The coalition seeks to improve the lives of people with neurological disorders, their families and their friends through support, education, advocacy and research.

Their energy will be directed towards the following initiatives:

- Increasing the knowledge base of those providing support to individuals with neurological disorders.
- Increasing both public and professional awareness of how these disorders are identified and treated.
- Providing an avenue for advocating for change in how the needs of individuals with these disorders are handled in the education and health care system.

For more information, contact **Val Surbey** at 694-3530.

Winnipeg Children's Hospital-CADEC Trains Ontario Diagnostic Teams

In a move to train multi-disciplinary diagnostic teams from Ontario, the Clinic for Alcohol and Drug Exposed Children (CADEC) at Children's Hospital was contracted to prepare and conduct week-long training sessions for five teams. The first, from St. Michael's Hospital in Toronto, travelled to Winnipeg this past spring. The remaining four teams will visit throughout the fall and winter.

The project is a joint effort of the Aboriginal Management Committee working through Ka:nen Our Children Our Future in Thunder Bay. (Ka:nen is the organizing unit on behalf of the Aboriginal Management Committee with funding provided by Health Canada.)

Brian Philcox of FASworld Canada led the committee responsible to find the five Ontario teams and choose the training centre, and also participated in the training as the community liaison representative on the St. Michael's Hospital team.

He explains that communities were selected based on their ability to build multi-disciplinary teams, including members such as a family physician, geneticist, neonatal nurse, social worker, occupational therapist, speech and language therapist, and a community liaison worker. The selection committee approached communities that have existing resources and which serve a substantive off-reserve Aboriginal community. The goal was to create 3-6 teams with approximately six members per team.

Notably, the project provides funding for the training only. It will be up to each team to determine how it will create the resources to do intake, co-ordination and follow-up.

The first five communities selected included Ottawa, Sudbury, Thunder Bay, and two teams from Toronto. Since that time, Thunder Bay has had to withdraw due to lack of resources and will be replaced by another team.

Brenda Stade, clinical nurse specialist and PhD candidate in the field of FAS, and Dr. Michael Sgro, pediatrician, are the two lead members on the team from St. Michael's Hospital in Toronto, which completed the training this spring.

"The training was excellent and very comprehensive," says Stade. "The multi-disciplinary approach was extremely valuable to watch. We really got a lot out of it, but it was exhausting, particularly the emotional impact of the children."

Philcox agrees that CADEC's team approach to diagnosis is absolutely critical. "This should not be left in the hands of an individual doctor or any other trained specialist, it should be a team effort. Diagnosis is not a simple thing."

He also found the training curriculum to be well designed and comprehensive. Also, because they were the first team, they had the opportunity to make recommendations and suggestions on how the program could be modified to work even more effectively for the next four teams to be trained.

In addition to the medical component of observing an assessment, the Toronto team visited David Livingstone School and met with a community panel to discuss their perspective.

"This was an important part of the week. For some of the team members who have not been so closely involved with individuals affected by FAS, it was quite revealing to meet the families, to meet the children and be in a context where they watched the behaviours," says Philcox. "This hands-on approach was very helpful, especially for the doctors to see these children in a different context."

Stade notes that St. Michael's hopes to get their own program up and running in September. The Winnipeg training session provided them with concrete tools and ideas to use.

"We're already trying to implement some aspects of CADEC's program to serve the children, adolescents and adults in Ontario," she adds.

CADEC was chosen to create the training after Philcox and the selection committee identified the only existing training facility available as Dr. Sterling Clarren's program out of the University of Washington in Seattle, which was full until the fall of 2002.

"We needed to get moving before then so we pressed hard to develop the program in Winnipeg. This has turned out to be a great coup for Canadians that we now have this training facility in place," says Philcox.

Mary Cox-Millar, co-ordinator for CADEC, notes it was a good process for them to pull together this information and knowledge into one piece. "We have now developed an extensive training manual combined with a hands-on approach that includes observing a televideo assessment as well as an in-person assessment and highlights the importance of linking with the community."

For more information, contact Mary Cox-Millar at 787-1822.

Functional MRI Testing

A research study being conducted through CADEC and the National Research Council's Institute for Biomedical Research will use Magnetic Resonance Imaging (MRI) to help understand how the brain works in people who have been diagnosed with FAS or alcohol-related conditions.

"We are looking at trying to correlate some of the brain patterns and areas in the brain that are active during certain activities, such as doing certain calculations or solving puzzles, and comparing that with controls" explains Dr. Ab Chudley. "We are also looking at auditory memory."

The study will evaluate whether there are certain patterns that could be considered more indicative of alcohol-affected children and adults when compared with controls. It will also consider whether this form of testing could be used to verify the effectiveness of medication by looking at attention and other aspects before and after treatment, and determining how that changes brain function.

"There is potential both as an adjunct to diagnosis and in terms of finding out how different medications controlling mood and behaviour differ between FAS affected individuals and unaffected individuals," adds Dr. Chudley. "However, we can't make any claims as it could turn out to be no more useful than what we're already doing."

Call for Study Participants

Two groups of people who have been diagnosed with FAS or alcohol-related conditions are needed to volunteer for this research study: adults who are 18 years of age or older and children between 6 and 12 years of age.

To find out more, contact Barbara at 984-6975 or Valerie at 984-2433 at the Institute for Biomedicine.

New Community Liaison Worker: Dorothy Schwab

Recognizing the need for follow-up with families and connecting with the community, the Clinic for Alcohol and Drug Exposed Children (CADEC) has added a Community Liaison Worker to their team. Dorothy Schwab will fill the half-time role in a purchase of service agreement between CADEC and the Interagency FAS Program.

"We decided as a team and from feedback we'd received that we needed to expand to have a liaison position with the community and for the families," says program co-ordinator Mary Cox-Millar.

"This means that after diagnosis, we can help families both understand the implications of the diagnosis and help them link with resources or do some consultation depending on what the family needs. We're looking at it as trying to link the diagnosis with meaningful change for families. The team is thrilled that Dorothy is coming in."



Schwab's official start date was mid-June. One of the first steps was to speak with Diane Malbin of FASCETS (Fetal Alcohol Syndrome Consultation, Education and Training Services) about her educational model that takes the circle of support around a child—from caregivers to school personnel, relatives and other people in the community—and teaches them about what FAS is, how it can manifest itself in terms of behaviour in the child, and what strategies can help.

Schwab is starting by offering information sessions in the fall for newly diagnosed individuals and parents, and their support networks. Two sessions are planned for October 22 and November 19, and will be held at Mount Carmel Clinic.

"Because the position is only half-time, I won't be able to spend all the time individually with each family. We'll start with the group approach and then if there are people who need individual counselling, I'll work with them," explains Schwab.

Schwab will maintain her office space at the Interagency FAS Program based in the Lord Selkirk Housing Unit. She expects to either visit families in their homes or they will come to see her in the Interagency office.

"The hospital is a very clinical setting and a lot of people are resistant or hesitant to come to a hospital for follow-up services. This is less threatening for individuals to come here instead. It's very community-based."

For more information, contact Dorothy Schwab at 787-1836.

TRAINING

Alcohol Related Birth Defects

The Addictions Foundation of Manitoba (AFM) is offering a two-day course entitled "Alcohol Related Birth Defects." It is intended for professional caregivers, such as physicians, nurses, clinicians and child-care workers.

The course covers:

- Effects of alcohol use during pregnancy
- Diagnostic criteria for FAS/E
- Behaviours of a child with FAS/E
- Help for families raising children with FAS/E

Dates: November 25-26

Fee: \$115.00

Time: 9:00 a.m. - 4:00 p.m.

Location: 2nd Floor, 1031 Portage Avenue, Winnipeg

To register, call 944-6260.

FAS Outreach – Metis Communities

The Pas Family Resource Centre is working on an FAS Outreach Program for use within 23 Metis communities in the NOR-MAN region.

Terralyn McKee, Executive Director, says that the project will consist of three parts when it is complete:

- (1) Local FAS committees/representatives within each participating Metis community.
- (2) Train-the-trainer program for FAS awareness and education including a community presentation manual, FAS resource and service manual, Baby Think it Over/FAS doll kits, and FAS resource information materials.
- (3) Regional Interagency FAS Networks

For more information, contact Terralyn McKee at 623-4841 or e-mail tpfr@mb.sympatico.ca



The Canadian Health Network is a national, bilingual, Internet-based health information service. FAS/FAE information can be found under the topic area of Substance Use/Addictions.

NEW FAS/FAE RESOURCES

A MOTHER'S CHOICE

"A Mother's Choice" is a half-hour video documentary from an award-winning team about FAS/FAE presented in the words of Aboriginal mothers.

The video focuses on an FAS support group whose members provide strong prevention messages about drinking while pregnant. The video is designed to impact Aboriginal men and women who are thinking about having a child, but may be dealing with addiction problems.



Includes a discussion guide on the back cover. Cost is \$175.20 CDN (incl. GST) per video.

This video is available for loan from the Fetal Alcohol Family Association of Manitoba at 786-1847. Or to order, contact: Gryphon Productions Ltd., 0.9, Box 93009, 5331 Headland Dr., West Vancouver, BC, V7W 3C0. Tel: (604) 921-7627 / Fax: (604) 921-7626 / E-mail: gryphon@telus.net

ADULTS LIVING WITH FAS/E

This book, written by Deborah Rutman, Corey LaBerge and Donna Wheway, is the result of a research project undertaken to help address the dearth of research and information available about adults living with FAS/E. It was compiled from interviews of almost 100 people who freely shared their experiences, concerns and hopes for the future. Their poignant stories explore issues involving parenting, independence, employment, justice, education and mental health.

A copy costs \$35.00 (includes shipping). To order, contact: FAS/E Support Network of BC, 13279-72nd Ave, Surrey, BC, V3W 2N5. Tel: (604) 507-6675 / Fax: (604) 507-6685 / E-mail: info@fetalalcohol.com



ALCOHOL & THE BRAIN

National Health Video has just produced "Alcohol & The Brain," an 18-minute tape that summarizes all the hot, new research on how alcohol affects various parts of the brain, both immediately and long-term. It also discusses the latest theories on how alcohol causes addiction and some of the implications for treatment.

Cost is \$89 US + shipping & handling. To order, contact National Health Video, 11312 Santa Monica Bl. #5, Los Angeles, Ca. 90025. Tel: 1-800-543-6803 or (310) 268-2809 / Fax: (310) 477-8198 / E-mail: healthvid@aol.com.

Canadian Paediatric Society: Position Statement on FAS

Paediatrics & Child Health 2002; 7(3): 161-74 Reference No. II02-01

Reprints of the position statement are available from Canadian Paediatric Society, 100-2204 Walkley Road, Ottawa, ON K1G 4G8. Tel: (613) 526-9397 / Fax: (613) 526-3332. Or find it online at: www.cps.ca/english/statements/II/ii02-01.htm

Addictions Foundation of Manitoba: New FAS Resources

The William Potoroka Memorial Library at AFM (1031 Portage Ave, Tel: 944-6233) contains a large collection of FAS/FAE materials that are available at no charge to anyone anywhere in the province. Recent additions to the library include:

FETAL ALCOHOL SYNDROME/EFFECTS [video, 57 min.]

Worth the Trip: Children Affected by Fetal Alcohol

This video is for caregivers of children affected by Fetal Alcohol—parents, teachers, and others who face untold challenges of their own as they discover new ideas and practical strategies to help their children and themselves.

FETAL ALCOHOL SYNDROME—FAMILY RELATIONSHIPS

Adults living with FAS/E: Experiences and Support Issues in British Columbia.

Author: Deborah Rutman. (See full reference in immediate left column.)

FETAL ALCOHOL SYNDROME—STUDY AND TEACHING [kit, video]

Students like me: Teaching Children with Fetal Alcohol Syndrome (2000)

This video assists professionals in working effectively with children affected by FAS. It shows how to: identify children with FAS in the classroom, modify the classroom environment to provide structure and predictability, adjust teaching methods, plan transitions/unstructured time, and communicate clearly.

PREGNANT WOMEN—DRUG USE—GOVERNMENT POLICY—CANADA

Substance Use and Pregnancy: Conceiving Women in the Policy-making Process (2000)

Author: Deborah Rutman. Published by the Status of Women Canada.

MOTHERISK
ALCOHOL AND
SUBSTANCE USE
IN PREGNANCY
HELPLINE

1-877-FAS-INFO
1 (877) FAS-INFO
Toll-free 1-877-327-4636

CONFERENCES

FAS and other drug-related effects: Doing What Works

This conference will bring together expert knowledge and "best practices" to most effectively deal with the issues of FAS/E. The pre-conference workshops will focus on individual subject areas and intensive work conducted by invited experts on specific areas of FAS/E. The main conference will further these themes. A continuing focus will be on hearing invited panels comprised of birth moms, young people living with FAS/E, and the newly emerging voices of dads.

Sponsored by Interprofessional Continuing Education, The University of British Columbia, in cooperation with The FAS Support Network of BC and Sunny Hill Health Centre for Children.

Pre-Conference Workshops:
Thursday, Feb. 20, 2003

Main Conference:
Fri-Sat, Feb 21 & 22, 2003

The Coast Plaza Hotel and Suites
Vancouver, BC

For more information, contact:

Interprofessional Continuing Education
Tel: (604) 822-4965
E-mail: interprof@cehs.ubc.ca
www.interprofessional.ubc.ca

Effective Strategies: Aboriginal Education Conferences & Workshops FAS/FAE Workshop

Kathy Jones of West Region Child & Family Services will facilitate this two-day workshop on "What Works with Students with FAS/FAE."

Speakers include Kathy Jones of West Region Child and Family Services, representatives from the Norway House Community Round Table on FAS, Diane Malbin of FASCETS (Fetal Alcohol Syndrome Consultation, Education and Training Services, Portland Oregon), Paula Cook of Winnipeg School Division #1, and Allan Mountford of the Durham Fetal Alcohol Syndrome Task Force.

Effective Strategies: Aboriginal Education Conferences and Workshops

FAS/FAE Workshop: What Works with Students with FAS/FAE

October 10-11, 2002

Sheraton Winnipeg

For more information, contact:

R.S. Phillips & Associates
Native Education Consultants
Tel: (204) 896-3449

E-mail: nativeed@aol.com
517 Bower Blvd, Winnipeg, R3P 0L7

Health Canada FAS/FAE Strategic Project Fund: Grants Awarded

In February, 2001, the Population and Public Health Branch called for submissions to Health Canada's FAS/FAE Strategic Project Fund. Its purpose is to fund projects that are national in scope and fall within the priority areas of: co-ordination and collaboration; supporting parents, families and communities affected by FAS/FAE; and FAS training for front line workers in community-based projects.

In March, 2002, funding was approved for the following projects, described briefly below. It is anticipated that in 2003 the Strategic Project Fund will announce another solicitation.

Red River College Applied Studies in FAS/E

Red River College in Winnipeg plans to partner with other colleges across Canada to offer the "Applied Studies in Fetal Alcohol Syndrome/Effects" Certificate Program jointly. Within that plan, they hope that other organizations that have developed training may wish to have their training materials assessed for credit into the program.

Health Canada FAS Workshop: Strategies for Working with Children

On March 26, Health Canada presented a video teleconference workshop on "Fetal Alcohol Syndrome: Strategies for Working with Children in Early Childhood Programs."

The workshop was coordinated by the Saskatchewan Institute on Prevention of Handicaps in collaboration with Telehealth Saskatchewan and sponsored by Health Canada Population and Public Health Branch, Manitoba and Saskatchewan Region.

Through video conferencing, the workshop was delivered to approximately 500 people at 20 sites in the two provinces. Participating communities in Manitoba included Winnipeg, Thompson, Brandon, The Pas, Flin Flon and Swan River.

Topics covered included: the impact of prenatal alcohol exposure on the child, family and community; behaviour challenges; strategies for developing communication skills; and community action and response: Prince Albert Grand Council Initiative and Saskatchewan FAS/E Network.

The Telehealth session was attended by staff from community-based projects funded by Canada Prenatal Nutrition Program (CPNP), Aboriginal Head Start, Community Action Program for Children (CAPC), other community-based organizations, Health District and Health Authority staff, and Health Canada employees.

"One of the nice things about video conferencing is that you're able to bring all these people together for the day and they don't have to travel," notes **Adele Crocker**, Team Leader, Children's Health Section in Regina.

An introductory video teleconference session on FAS took place late last year and also included Manitoba plus a few sites in Alberta.

For more information, contact **Lynn Foley** at 983-8028.

Support from Health Canada will be used to develop 16 course outlines into stand-alone modules that can be offered through a joint certificate with other colleges across Canada. This 14 month project received \$89,600 in funding.

For more information, contact **Norma Kerr** at RRC at (204) 632-2145.

Canadian Institute of Child Health FASEout: FAS/FAE Outreach Project

FASEout is a 36 month project designed to take current evidence on best practices relating to FAS and FAE off the bookshelves and into use across Canada. Through collaboration between national non-governmental organizations and grassroots agencies, this project will compare the policies and practices of these organizations and agencies to sets of recommended best practices (different organizations will select different best practices to implement).

Ten pilot sites will be selected to implement the best practices to their current policies and procedures. A broad-based National Advisory Committee will be established to guide decisions in determining the multiple sets of FAS/FAE Best Practices for the pilot sites, to support the implementation process, to provide scientific expertise and to oversee the evaluation process. The project received \$296,930 in funding.

For more information, contact **Andrea Podruski**, Project Manager, in Ottawa at (613) 230-8838, ext. 228, or e-mail: apodruski@cich.ca.

PEERS: Prostitutes Empowerment Education & Resource Society

In this 36 month project, which received \$299,884, PEERS will lead a national initiative to address the urgent need to develop co-ordinated, relevant and focussed strategies to prevent FAS and support improved health for women.

The project will create a national advisory group that includes health experts, sex trade workers and agencies that work with sex trade workers to develop strategies that address the issue of FAS/E. The project proposes to identify common concerns and develop workshops and resource materials to address the complex issues facing sex trade workers who use substance, who wish or don't wish to be mothers, and who face many health and violence related concerns.

For more information, contact **Barbara Smith** in Victoria at (250) 388-5328, e-mail: admin@peers.bc.ca or visit their web site at www.peers.bc.ca.

VON Canada Eastern Region Parenting Guidelines for Families of Children with FAS/E

The purpose of this 36 month project is to develop best practice guidelines for parenting approaches for families caring for children with FAS/E. The personal experiences of parents and front line workers as well as currently available research and resources will direct the development of these guidelines.

Once these parenting approaches are identified, focus groups will be designed and conducted across Canada. The purpose of the focus groups will be to elicit the experiences of parents and front line workers in caring for children with FAS/E. The involvement of key stakeholders throughout the project is vital to the development of these best practice guidelines. The project received \$300,000 in funding.

For more information, contact **Heidi Greek-Hilchie** in Sackville, Nova Scotia, at (902) 865-3350.

Breaking the Cycle & Canadian Centre on Substance Abuse

Breaking the Cycle, in partnership with the Canadian Centre on Substance Abuse (CCSA), are collaborating to develop and implement the project "Promoting effective FAS-related practices in Community Action Program for Children (CAPC) and Canada Prenatal Nutrition Program (CPNP) projects through targeted knowledge and skills transfer."

In this 24 month project, which received \$95,000, Breaking the Cycle and CCSA will build on its prior initiatives to enhance FAS-related practices and capacity among CAPC and CPNP projects through Internet technology and "live" workshops.

For more information, contact **Margaret Leslie**, Manager, Early Intervention Services, Mothercraft, Program Manager, Breaking the Cycle, in Toronto at (416) 364-7373 or e-mail: mleslie@mothercraft.org.

FAS/E Support Network of B.C.: "A Manual for Community Caring"

The mandate of the Support Network is to aid in and advocate for the development of home, school and community-based supports which will meet the needs of affected individuals, their families and professionals working with them. The Network also educates, trains and supports front line workers, birth, foster, adoptive and First Nations parents directly involved with FAS/FAE individuals.

In June, 1999, funding in the amount of \$175,230 was announced for Phase I of "A Manual for Community Caring" to strengthen working partnerships, identify current training materials and more clearly define the training needs on FAS/FAE in communities across Canada.

In August, 2000, funding in the amount of \$1.1 million was announced for Phase II of "A Manual for Community Caring" to develop a comprehensive FAS/FAE training manual and a nucleus of trainers across the country. The Network will work closely with the provinces, territories and Aboriginal groups throughout the project.

For more information, contact the FAS/E Support Network of B.C. at (604) 507-6675 or info@fetalalcohol.com.

NIICHO National Training Session

This project of the National Indian and Inuit Community Health Representatives Organization (NIICHO) in Quebec will develop and deliver a train-the-trainer model in both languages to CHRS and other front line workers. Funding of \$97,600 was granted.

For more information, contact **Margaret Horn** at (450) 632-0892.

Canadian Centre on Substance Abuse

In this 36 month project, the CCSA will create and maintain a National Database of FAS and Substance Use During Pregnancy Resources on the CCSA web site. The project received \$120,360 in funding.

For information, contact **Karen Palmer** at (613) 235-4048.

SAFERA, La Boite a Outils

This is a 36 month project that will partner with francophone CAPC/CPNP to design an interactive internet site, a francophone video for parents and caregivers, and a collection of accessible resources.

For information, contact **Louise Morin** at (418) 882-2488.

Reclaiming Our Voices 4

The West Region Child & Family Services proudly presents "Reclaiming Our Voices 4" on October 16-18 in Russell. The fourth annual conference will feature **Susan Doctor** and **Deborah Westenberger**.

Reclaiming Our Voices 4 is a three day journey of self-discovery and learning. Through workshops, teachings and small group activities, participants learn the important role of women in our communities and find the support they need to begin to talk about feelings.

This year is particularly special with **Deborah Westenberger** participating. She is a traditional woman who does storystick teaching.

It is a teaching that was gifted to **Stella Bone** of West Region Child & Family Services by Westenberger four years ago. It has become an integral part of the annual Reclaiming Our Voices conference and is now being used throughout the province.

"We've been using storystick teaching for four years now with lots of women. It's been very successful in terms of helping them make connections between their childhoods and various important experiences in their lives and how it's affecting their lives now," explains **Kathy Jones**, West Region. "It helps them begin the process of knowing the areas they need to heal in."

Jones expects Westenberger has much more to tell them about storystick teaching. She notes that the timing is important as this is their fourth year—the elder year.

"It's the year we're hoping to begin the process of developing better community leaders and to begin the next cycle."

While this four-year cycle has been about renewing faith and healing, as communities start to see women taking on that role themselves, the next cycle will be about building strength.

A number of ongoing activities have evolved from the conferences. For example, a sweat lodge and camp in Waywayseecappo left behind after last year's event has been used by women over the past year to build strength. Also, healing circles are continuing in three communities.

The amount of Aboriginal teachings is being increased at the 2002 conference in response to women asking for more teachings connected to their culture and pertaining to women and women's role in the community.

Jones notes that this is being offset by increased opportunities for women to use different kinds of

healing, such as a prayer circle and healing circle along with the traditional teachings.

At the conference, they will also talk about the experiences of women who have lost their cultural roots as a result of being adopted or raised outside of their community. Speakers will talk about the process of 'coming home' after a long absence from their family and community.

The conference registration fee is \$400 but, due to a generous grant from the Healthy Child Manitoba Initiative and Northern and Aboriginal Affairs Manitoba, the fee will be reduced to \$100 for community women who want to attend this event.

Please contact Kathy Jones at 985-4061 to learn more about the registration subsidy.



Fetal Alcohol Family Association

The Fetal Alcohol Family Association of Manitoba has a new way of reaching people and a new charitable number to help with fundraising.

www.fafam.ca

A new web site provides another means of communication for the Association to reach people. It also serves as an outlet to sell related resources and materials.

"We get orders from all over North America," notes **Leilani Buschau**, Executive Director.

Last fall brought exciting news when the Family Association became a registered charity. This allows individuals to make donations and receive a tax receipt. Plus, the Family Association can now apply for funding without having to go through another organization.

To make a donation, mail your cheque and contact information, including your full name, mailing address and telephone number, to the Fetal Alcohol Association of Manitoba at 210-500 Portage Ave, Winnipeg, R3C 3X1.

Care for the Caregiver

A new parent support group, through the "Care for the Caregivers" project, will begin in Winnipeg on Wednesday, September 11th at the Family Community Centre.

The project is funded by The Winnipeg Foundation and delivered in partnership with the Interagency FAS Program.

The first group will be a closed group running for 12 weeks after which the support group will continue in twelve blocks until the end of May 2003 as an open group. Child care and transportation will be provided and a light snack will be served each week. There is no cost to participants.



New information series

A new information series for parents, the fifth offered since April 2001, starts on September 10, 2002.

The "Parenting Children and Teens Prenatally Exposed to Alcohol/Drugs" series consists of eight workshops designed to increase understanding of FASD and to give insight into parenting children and teens who were prenatally exposed to alcohol.

Workshops will be held at Wolsley Family Place on Tuesday mornings, from 9:00 a.m. to 11:30 a.m.

2nd Annual Family Picnic

The Fetal Alcohol Family Association held its second annual "Family Picnic" on June 15 at Kildonan Park. Approximately 60 people came out to enjoy a day of games, food and fun for the whole family.



Jan Lutke, Executive Director of the FAS/E Support Network of BC, spoke at the Fetal Alcohol Family Association's Annual General Meeting held April 25, 2002

Circle of Friends

The Family Association continues to produce "Circle of Friends," its monthly newsletter.

"As a former northern Manitoban, I know how welcome I would have found these newsletters when I was looking for support and information," says **Deb Thordarson**, FAFAM President. "Feedback from our readers has been very positive."

For more information or to register for workshops or groups, contact Leilani Buschau at 786-1847 or e-mail fafam@mb.sympatico.ca.

MYS Adds FAS/FAE Specialist – Verla Boyd

Verla Boyd joined the MacDonald Youth Services (MYS) in mid-January 2002 as their FAS/FAE Specialist. One of her roles is presenting workshops on FAS/FAE awareness to MYS staff, clients and the public.

"I started with increasing awareness within our organization because we have so many programs and some of the clients are affected by prenatal exposure to alcohol," says Boyd.

To date, she has presented a FAS 101-Managing Behaviours workshop to MacDonald Youth Services', Alternative Parent Home Program, Management Team and Foster Parent Program, and to Community Respite Services. Community awareness activities have included providing input to RRC's FAS/E Specialized Worker Certificate, the National FAS/E Project Advisory Committee and networking with other organizations.

For the past six months, Boyd has mentored a young man affected by FAS as part of an internship program offered through Next Generation Network. In turn, he assisted with her program by doing sharing circles from his perspective, talking about living in a variety of foster homes, his experience in school and the break-up of his family.

For information on upcoming workshops, contact Verla Boyd at 949-6506.

"Circle of Friends"

Study of Parenting Rewards & Challenges

Jason Brown, an Assistant Professor of Family Studies at the University of Manitoba, is interested in learning from birth, foster and adoptive parents of children under 18 years of age who have a fetal alcohol diagnosis.

The interview is on the telephone at a time that is convenient to the parents and takes about 10 minutes to complete. It is confidential and no record will be kept of the name or telephone number of parents who participate in the study.

For more information or to arrange an interview, call 489-0305 in Winnipeg or toll free outside Winnipeg at 1-866-483-8345.

2002 Yukon Prairie Northern Conference: A Lifetime of Solutions

The theme of the 2002 conference, held in Whitehorse, was "integrated services throughout a lifetime" and participants looked at how best to integrate services to persons with FAS throughout their lifespan, building on a continuum of supports for individuals and their families.

A variety of service providers, families and individuals affected by FAS and governmental representatives from Manitoba attended the Yukon conference held May 8-10.



Manitoban Bev Symonds spoke on the Birth Mothers panel on May 9, 2002

Here are a few samples of feedback from conference attendees on the best session they attended.

"The best session I attended was an optional family session facilitated by Jan Lutke. Jan discussed the needs of adults with FASD in depth and in doing so also gave some wonderful strategies and food for thought. The session was extremely informative and specific."

— **Leilani Buschau**, Fetal Alcohol Family Association of Manitoba

"The Plenary 1: Birth Moms and Plenary 2: Affected Youth presentations were an excellent teaching experience for the audience as a whole. Overall, most individuals in the audience tried very hard to understand what it must be like to live with the symptoms as well as carry the stigma of shame as a birth mom or individual affected."

— **Debbie Gielen**, STOP FAS, Aboriginal Health and Wellness Centre

"I was fascinated by the knowledge about prenatal neurodevelopment Dr. Sterling Clarren shared with us. Information about various brain studies and methods of diagnostic tests were especially enlightening."

— **Paula Cook**, DE/LAC Program, Lord Nelson School

"I found the conference to be very meaningful, insightful and relevant. I have personally been involved with Fetal Alcohol individuals and programs for 20 years and recall the painstaking process of gathering information about FAS, mostly from American sources in the beginning. It pleases me to see the progress that has been made since that time, but I am also aware of the huge amount of work that is yet to be done in the area. I believe the best part of the conference were the opportunities to meet, discuss and share information with other conference participants."

— **Bob Draward**, Director, Winnipeg River Community Resource Centre

BC Joins FAS Partnership

British Columbia has joined the partnership of four provinces and three territories working together to prevent Fetal Alcohol Syndrome (FAS) and to raise public awareness of the impact of FAS and related disorders.

The addition of BC to the Prairie Northern Pacific FAS Partnership was made at a formal meeting of provincial ministers held last fall in Edmonton, Alberta, Manitoba and Saskatchewan formed the original partnership in 1998. Other members include Nunavut, Northwest Territories and Yukon.

"What I learned from the conference was more in-depth about FAS rather than FAE which I have. I will use all this information when I get together in a support group in Winnipeg for FAS/FAE. The best session I attended was Options for Independence Society. It's an alternative housing model for persons living with FAS/FAE. Why? Because I wish I had had a place to live when I moved out and I could learn things with help and have a safe place to live."

— **Bev Symonds**, Winnipeg

"Valuing Diversity: Staff Speak Out was a panel of staff who provided a caring and nurturing environment for very difficult young men. I think they got their message across that you never give up on young people. Sex, Drugs and The Tough Kids Program showed that sometimes you need to step outside the box and be creative in teaching strategies. Traditional methods may not work with the FASD population."

— **Charlotte Sloan**, Special Education Consultant, Winnipeg School Division No. 1

"If I had to choose I guess I would say the session Providing FAS Awareness and Education: Guiding Principles and Resources was the best. It is a project that we could start within our own community and this session provided us with some insight on how to go about starting a program like this."

— **Colleen Arnold**, Flin Flon Indian Metis Friendship Association

"I learned the most, I believe, from the first session that I attended by keynote speaker Dr. Sterling Clarren. He did an excellent job of summarizing the issues relevant to FAS children. For example, I was unaware that only 10% of birth mothers of FAS children actually raise those children. This speaks to an issue of which I now have an increased awareness—the needs of adoptive and foster families of FAS children."

— **Michelle Warren**, Child Guidance Clinic, Winnipeg

"The most important thing I learned at the conference is that Manitoba has many good programs and initiatives going, but we seem to operate independent of each other. I met some very interesting and informative individuals from Manitoba, many of whom will be a resource for us in the future."

— **Doris Draward**, MacDonald Youth Services, Alternative Parent Home

"The best session we attended was Dr. Sandra Clarren's evening session for educators. Both of us attended and will be using the information in the training we do. Also, the West Coast Genesis Society's community residential and re-integration program for adult male offenders and the development of the FASS Community C.A.R.E. model in Big Cove First Nations presented by Dr. Lori Vitale-Cox. The latter was an example of the impact that the concern and the determination of one individual can have on the health of a community."

— **Carol Robson**, Manitoba Justice, and **Jocelyn Bjorklund**, Manitoba Youth Centre

"I was most inspired by the Community Justice Project to support youth with FAS who are in trouble with the law because of the low recidivism rate and the new types of networks with old systems that were working well in a new area. I was also impressed by the relatively minimal budget compared to systems savings."

— **Terralyn McKee**, The Pas Family Resource Centre

"It was very moving to hear the stories of the birth moms and the FAS youth. It is amazing to hear all that they have been through. The success stories are so motivating to hear."

— **Laura Machan**, Co-ordinator, Swan River FAS/E Committee and Teacher, Swan Valley School Division

What should Manitoba do in the field of FAS?

Ideas from conference attendees...

- Provide supported living and employment for adults with FASD throughout Manitoba
- Extend support services at Interagency FAS Program to include children over seven years of age and adults
- Offer no-cost diagnosis to adults
- Youth/adult/family mentors
- Options for independent living
- Cultural/traditional "sensory" programs: drumming, singing, dancing, ceremonies
- Undergraduate students in Education should take at least 6 credit hours in special education & do a short practicum
- Secure long-term funding for the Fetal Alcohol Family Association of Manitoba, similar to other organizations that provide services for clients with medical and/or disability issues
- Get housing where only FAS/FAE people live and can get the help to live and learn about the world safely
- Support groups for people with FAS/FAE to get together to have fun and learn about their difficulties
- Advocate to have FASD recognized as a mental health issue and implement a multi-disciplinary approach
- Advocate to have the present criteria for adults to access supports be changed from IQ to some form of adaptive functioning testing
- Put more research, planning and funding into adult services for individuals with FASD
- Provide aftercare resources for diagnosed individuals whether coming from the justice system or in communities
- Supported living and employment for FAS/FAE individuals older than 18
- Supports for people who parent FAS/FAE children
- Make FAS awareness and education mandatory for all service agencies
- Ensure funding for an FAS co-ordinator for each community
- Educate decision makers who establish the criteria for special education funding
- Work towards more rural diagnostic clinics
- Work with Legal Aid to train the lawyers to recognize potential FASD clients and to advocate for assessments on these clients
- Manitoba should continue the initiative to train and update training for all Justice staff
- Bring Winnipeg City Police on side
- Use the restorative justice model to support vulnerable persons

INTERNATIONAL FAS DAY

September 9th marks "International FAS Awareness Day," held each year since the inaugural day in 1999. **Bonnie Buxton**, co-ordinator of FASworld Canada and co-founder of International FAS Awareness Day, provides brief highlights below on just a few of the planned activities across Canada and around the world.

Saskatchewan: The biggest FAS Day news in Canada is Private Members Bill 203, an act to recognize FAS Awareness Day in Saskatchewan. It was introduced by Ms. **June Druade**, MLA, and passed third reading with all members voting in support of the bill. Now, September 9 of each year is designated as FAS Awareness Day in Saskatchewan.

Quebec: For the first time, FAS Awareness Day is being observed in Quebec with a number of bilingual displays in the Guy Favreau complex in Montreal.

Ontario: Bells will be ringing at 9:09 all over southern Ontario. In Haldimand-Norfolk, volunteers will be distributing FAS knots in local banks. **Laura Spero** in London reports that they will begin 09/09 with a Sunrise ceremony and prayers being said by an Ojibway elder. After breakfast, they will have the Ringing of the Bells outside St. Pete's Basilica, where all three churches in London will be pealing their bells. In Thunder Bay, **Margie Fulton** of the parent support group FASIN (Fetal Alcohol Support/Information Network) notes the cooperation between four new programs doing FAS work plus parents and other community volunteers. Some of the activities include a month long media campaign, 10-20 churches of various denominations ringing steeple bells at 9:09, a bell choir, minute of silence and distribution of flyers and knots. Each FAS program will host a barbeque in their area of the city around noon.

Yukon: Dawson City is on board for the first time. Both churches will ring their bells at 9:09 a.m. and this will be followed by a community pancake breakfast.

New Brunswick: A group of nurses in Miramichi organized a workshop with various speakers. FAS Knots, made by clients at Addictions Services, will be distributed along with Snicker bars, which have little tags attached that read, "Don't Snicker at FAS".

United States: Events will be held by the National Organization on Fetal Alcohol Syndrome (NOFAS) in Washington, D.C., Tucson, Minneapolis, San Jose, Las Vegas and other cities. In Tucson, some of the activities include the traditional Bell Concordance, a drummer, a reading of "Hi, My Name is Rosie" and an open house at the FAS Centre. In Northwest Alaska, there will be a radio broadcast, bells rung in each village, and a parent conference, also to be broadcast on the radio. In Emporia, Kansas, a ribbon cutting ceremony will celebrate the opening of the first FAS Clinic. This is a direct result of FAS parent **Dayna Brown** and her work in FAS awareness on the first FAS Day in 1999, in which **Governor Graves** and his wife Linda, who are adoptive parents, became interested in the issue of FAS. Governor Graves later announced the development of five FAS diagnostic clinics.

Europe: Volunteers will be holding events in Poland and for the first time, in Luxembourg. A one-day symposium will be held in Berlin on September 9 under the patronage of **Herbert Huppe**, MP, who is the government's spokesperson on addiction.

South Africa: **Peter and Vivien Lourens** report that the Department of Health Metropole Region are assisting for the first time to arrange media coverage and events. The Lourens were the first to involve a carillon (giant bells) in 1999, leading many others to also do so. This occurs at the War Memorial Carillon in Cape Town, which rang out when Nelson Mandela was released from prison.

New Zealand: The Fetal Alcohol NZ Trust (FANZ) has arranged for television coverage and in Christchurch, a presentation will be included in a parenting week.

Giant FAS Knot: This year, many communities will attempt to tie the Giant FAS Knot, which is made with lots of volunteers and a long rope. Last year, volunteers in Sioux Lookout, Ontario, and Victoria, B.C., tried it. The Sioux Lookout folks apparently got tangled up hilariously, and chopped it into smaller pieces, tying knots to a nearby tree. The Victoria group succeeded beautifully. Buxton, husband Brian Philcox and others will try it this year in Toronto at a brunch being held at their home on September 8.

30th Anniversary-2003: Next year marks the 30th anniversary of the Lancet article that first defined Fetal Alcohol Syndrome. Many volunteers plan to make the entire month of September, 2003, an awareness month to look at what we now know and what needs to be done.

For information on International FAS Day, visit www.fasworld.com.

FAS Day in Manitoba

Two examples of Manitoba activities include those of the local FAS/FAE committees in Flin Flon/Creighton and Swan River.

Flin Flon/Creighton: **Colleen Arnold** reports that youth volunteers made over 700 FAS Knots to be distributed to school staff who will then explain them to students. Various churches and the school will ring their bells at 9:09 a.m. on September 9 and displays will be set up at the Youth Centre, Friendship Centre and Hapnot Collegiate. Also, there will be an announcement on the radio.

Swan River: **Laura Machan** reports that their committee put together education kits for the school division to distribute to teachers. "It's a little booklet that teachers can photocopy that includes word searches and other simple things that will be easy for them to do with their students," explains Machan.

"Fire Setting and You"

When Paula Cook learned that Marc Proulx, Fire Education Safety Officer with Winnipeg Fire Paramedic Service, wanted to meet with one of her students in the DE/LAC program at Lord Nelson School, she asked to sit in. Proulx meets with juvenile fire setters to determine if they are problem fire setters. He wanted to meet with Cook's student as the youth had set a fire at his previous school.

During the interview, the student responded politely and agreed with everything he was told, but Cook knew that most, if not all, of the information had gone over his head. Afterward, she and Proulx spoke privately about the need for resources and tools for kids with ADHD and FASD who fire set.

That was three years ago. This fall, the Fire Commissioner's Office will distribute a book titled "Fire Setting And You" that was co-created by Proulx and Cook with the assistance of the students in her classroom.

"The kids came up with things that we just did not realize," notes Cook. For example, one student told them he set fires, but not because he wanted to. If he didn't set the fires, his friends would beat up his grandma and then he would have no one to live with.

"After learning that, we included the intimidation factor. We also included positive pictures of the kids when they were role playing about what to do if they're asked to fire set and how to make a plan if they find themselves in certain situations."

The book is written at a Grade IV reading level and is intended for children and youth with ADHD, FASD and other neurological impairments where there is impulsivity, hyperactivity and low social skills in which a youth would do anything for friends.

For more information, contact Paula Cook at Lord Nelson School at 586-1908.

Solvent Exposure Study Results

Mona Singal, a B.Sc. student in the Faculty of Medicine at University of Manitoba, conducted a study on solvent exposure in partnership with the Clinic for Alcohol and Drug Exposed Children (CADEC). Her supervisors were Dr. Chitra Prasad, Dr. A.N. Prasad, Dr. Terry Benoit, Dr. Ana Hanlon-Deerman and Dr. V. Kamaya-Miyakawa. Funding was provided by the Children's Hospital Research Foundation.

The study looked at whether solvent exposed children can be identified by a distinct neurobehavioural profile. Singal notes that if a distinction can be made, aid can be tailored to solvent exposed children at an early age.

Study subjects were preschool aged children identified through CADEC's database. A neurological examination of each child was conducted by investigators who were not informed of the child's exposure history. Some of the items assessed included gross and fine movement, reflexes and tone, co-ordination and gait, balance, and cranial nerves.

Parents were then interviewed regarding their perception of the child's functioning in daily life in four areas: communication skills, daily living skills, motor skills, and socialization skills.

Over the course of one year, 26 children were assessed and grouped into two groups: alcohol plus other exposures (Group 1) and solvent only (Group 2).

Of note in the CADEC database was the finding that half of Group 1 had received alcohol-related diagnoses including FAS, atypical FAS, alcohol-related birth defects and alcohol-related neurodevelopmental delay. This compares to only 25% with a similar diagnosis in Group 2.

Singal proposes that in solvent exposed children, perhaps fewer receive a diagnosis because many have an absence of alcohol exposure, which is one of the four diagnostic criteria.

This is important, she notes, because funding programs and potential adoptive parents are familiar with the alcohol-related diagnoses and often can be informed what to expect with these children. This is not the case with solvent exposed children.

Key findings

The patterns of behavioural deficit were similar across both groups, especially in the areas of communication and socialization. This is important because studies have shown that alcohol affected children with low communication and socialization skills are more likely to develop secondary disabilities. This means they are more likely to go on to be frustrated in school, isolated in society and potentially enter the justice system.

The study results show that solvent affected children are comparably low in these areas, suggesting that they may also develop secondary disabilities.

Secondly, the neurological deficits induced by solvent exposure are milder in comparison to the alcohol plus group. Alcohol exposure seems to be a major determinant of severity of motor deficits, including fine and gross motor skills, co-ordination and gait.

Singal concludes that solvent exposed children need the same assistance as alcohol exposed children, given that they exhibit similar patterns of neurobehavioural deficits as compared to unaffected children.

The results support the clinical impression of CADEC staff that there were similar problems with solvent exposed children. The implications for the Clinic is that they may have to be more careful in screening out children who are reported to be prenatally exposed to solvents only.

One of the cautions of the study is the difficulty in proving a child had no prenatal exposure to alcohol as the exposure history is self-reported.