

Submission to BC Select Standing Committee on Health 2001

The Prince George Fetal Alcohol Syndrome (FAS) Community Network supports the following recommendations for improving the BC Health Care System. Some of these recommendations are included in greater depth in Paul Pallan's (Children's Commissioner of BC) report "[Fetal Alcohol Syndrome: A Call for Action in B.C.](#)" (February 2001).

Prevention

- Maintain support for Pregnancy Outreach Programs and Building Blocks Home Visiting Programs.
- Pregnant women are ensured priority of access to women centred health care (Vancouver/Richmond Health Board, June 2001).
- Develop public education campaigns aimed at ensuring that all British Columbians understand what FAS is and how to prevent it.
- Support Aboriginal communities in identifying the underlying causes of FAS and developing their own solutions.
- The province and the federal government must continue their efforts to address related factors that compromise an individual's health and contribute to the occurrence of FAS - namely, poverty, violence, tobacco use, drug use, poor nutrition and lack of prenatal care.
- The BC Liquor Licensee and other jurisdictions display information about responsible consumption of alcohol. (Example: warning labels on alcoholic beverages).
- Emphasis should be placed on mental health interventions, violence interventions and prevention programs with young women during the 8 - 18 year age range as well as continued funding for prevention programs that address healthy self-image and preconception health.

FAS Training for Professionals

- Post-secondary institutions, school boards, relevant ministries (Health, MCFD, Attorney General, Education) unions and regulating bodies must ensure that FAS training is provided for a wide range of professionals (doctors, nurses, social workers, teachers, lawyers, judges) at the undergraduate, pre-service and in-service levels to ensure that they understand FAS and are accurately informed of the best ways to support those affected.

Better Coordination and Use of Resources

- Include all professionals and service providers in collaborating with FAS and related addiction issues particularly those service providers currently working in and concerned with prenatal and reproductive care and maternal and child health, addiction counsellors and with other health care professionals.
- Need to improve the coordination of services between different ministries and departments.
- Improved co-ordination of services for FASD through a unified and common data information system to track/ register every birth in B.C. for improved services to children. (This initiative would have to consider the issue of informed consent).
- We require equal Northern representation at the BC FAS Consultation Group level. This

- would require financial support for representatives active in FAS initiatives from each of the health regions to cover travel expenses for the two meetings annually.
- A model coordinating FAS services similar to the Alberta government, which provides for regional co-ordinating committees whose tasks, are to organize and undertake activities within the regions. These committees have a paid regional co-ordinator who assists in identifying community needs and in resource development, public education and the above mentioned activities.
 - Government to support existing agencies to change their mandates when applicable to be more fully inclusive of other disabilities to ensure that services can be accessed. (Example: Gateway Behavioural Support Services, mandate could be extended to provide support for FASD affected individuals). This would reduce costs in that separate agencies whose aim is ultimately the same would not need to be created.

Research and Evaluation

- Recommend research and documentation to demonstrate the incidence and cost of FAS mandatory reporting under the Health surveillance public health program, doctors, hospitals, etc.)
- Need for research dollars to examine Northern BC incidence rates of Fetal Alcohol Spectrum Disorder (FASD).

Diagnosis and Support

- Provide appropriate services to meet the needs of children and youth and their families with an FASD diagnosis regardless of their IQ scores. (Example: school support and respite care) The use of Adaptive Functioning levels should be considered as a measure of the child's ability and the services required.
- Support and maintain the development of Tele-health services throughout the province particularly the north based upon the CHIPP pilot project in the Northern Interior Health Region. This project will demonstrate the need and effectiveness of Tele- health services in the remote and isolated Northern Region.
- Currently the government is funding some physician sessional contracts provincially for FAS diagnosis (Asante Centre and the North Peace Liard Health Region). We understand there are limitations related to the physician's sessional contracts and other processes and therefore recommend a review.
- We recommend that skilled help be provided for all parents (adoptive, foster and biological) which focuses on the particular challenges of caring for FASD affected children or youth. Continual support for the family and the child serves to protect from many of the secondary disabilities of FASD. (Example: Safe Baby Programs, Respite Care, Training for Caregivers and Support Workers)
- Services, supports and facilities for FASD offenders are inadequate and the legal system that addresses them is adversarial and ineffective for the needs of this specialized population. Training, workshops and alternative justice measures need to be explored which could prevent recidivism.

The preceding views are those of the individuals who have come forward to create this submission and do not necessarily represent the view of the agencies they act on behalf of however we have endeavoured to ensure a diversity of voices from our Northern Networks engaged in work for the individuals and families of those affected with FASD.

Recommendations submitted by the Prince George FAS Community Network FAS Diagnosis and Lifespan Support Committee Members

Dr. Marie Hay	Trinity Medical Centre
Carole Oosthuizen	Child Development Centre
Carole Usher	Community Living Services
Anita Endean	Northern Interior Health Unit
Rhonda Viray-Cailler	Northern Interior Health Unit
Laurie Storch	FAS Family Centre Parent
Deborah Pawar	Intersect Mental Health Services
Marlene Thio-Watts	Northern Family Health Society
Chris Leischner	Northern Family Health Society