

GOVERNMENT OF YUKON

Yukon FASD Prevention Gap Analysis: Yukon Service Inventory and Perspectives

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1. Introduction

The Government of Yukon is seeking to develop a Fetal Alcohol Spectrum Disorder (FASD) prevention service model for Yukon. While this model can and should be supported by best evidence gathered in research and best practice gathered from other jurisdictions, it is imperative that the model is founded on a strong local perspective. To understand the current Yukon service delivery context, data was gathered from programs and services across the territory including federal, territorial, First Nations and non-governmental services. Further, key stakeholders with knowledge and experience in FASD prevention and education were contacted and interviewed both individually and in focus group settings to deepen understanding about service gaps and promising practices. This *Summary of Service Inventory* report includes a review of supporting documents, an overview of methodology and a thematic analysis of services, gaps and promising practices that will inform development of a FASD prevention service model for Yukon.

2. Supporting Documents

Prior to this current project there have been a number of studies conducted and reports written that can both inform and support the need for an integrated model of FASD prevention services for Yukon. Relevant information from the following four documents is summarized for this report: 1) 2005 Yukon Addictions Survey, 2) 2011 Health and Health Related Behaviours Among Young People in Yukon, 3) 2012 Summary Report from Second Yukon Aboriginal Women's Summit, and 4) Improving Treatment and Support for Yukon Girls and Women with Substance Use Problems and Addictions.

While the most recent *Yukon Addictions Survey* (YADS) was conducted in 2005 it can provide some insight into the alcohol related behaviours in the territory. The YADS found that seventy-nine percent of general population Yukoners over the age of fifteen reported use of alcohol in the past 12 months while 10 percent of the population reported heavy frequent alcohol use (Yukon Bureau of Statistics, 2005). The survey also reported that on average Yukoners consumed 3.8 drinks per occasion and 6.7 drinking occasions per month (Yukon Bureau of Statistics, 2005). In contrast, the Canadian Centre on Substance Abuse Low Risk Alcohol Drinking guidelines suggest no more than two drinks per occasion for women and no more than three drinks per occasion for men (CCSA, 2013).

Health and Health-Related Behaviours Among Young People in Yukon (Freeman, Saab, King & Gropp, 2011) provides specific information about the alcohol use and sexual activity patterns among young people in the territory. In 2009, the Health Behaviour in School-aged Children Survey was conducted by the Yukon Bureau of Statistics and analyzed by researchers at Queen's University. Students in grades six through 10 in 13 rural Yukon and fifteen Whitehorse schools participated in the survey. In total 1439 questionnaires were completed and sent for analysis. Results from the survey showed that 34% of rural males and 23% percent of urban males in grades nine and 10 reported having had five or more drinks on

one occasion more than once a month. The percentage for females in the same age category was 24% for rural and 18.5% for urban. The reported alcohol consumption in the last month for rural students between grades six and eight was 21% for females and almost 13% for males. This number rises to 50% for both rural males and females in grades nine and 10. One of the most significant findings for FASD prevention services may be the almost 17% of rural females who report their age of first drink to be 11 years of age or less.

When considering FASD prevention it is important to consider sexual health behaviours in partnership with alcohol consumption. The *Health and Health Related Behaviours among Young People in Yukon* identified that 33% of rural females and 38% of rural males in grades nine and 10 reported having had sexual intercourse (Freeman, Saab, King & Gropp, 2011). In comparison, the urban females and urban males reported 23% and 34% respectively when asked about sexual intercourse. With respect to birth control almost 29% of rural females and 17% of rural males report no method of birth control during their last occasion of sexual intercourse. For urban youth 29.5% of females and 22% of males report no use of birth control during their last occasion of sexual intercourse.

Other areas of analysis from the *Health and Health Related Behaviours among Young People in Yukon* survey that may be relevant in considering the broader social determinants of health and their intersection with FASD prevention included information about experiences with violence connected to bullying and mental health. The results showed that “more than half the students across grade, gender, and locality report being bullied in the past couple of months, with the problem especially prevalent for Grades 6 to 8 girls” (Freeman, Saab, King & Gropp, 2011, p. 80). With respect to mental health, the survey results showed “girls are more prone to experience psychosomatic symptoms, such as backaches and headaches; they are also more likely to feel dissatisfied with whom they are, and to wish they were someone else. For example, between 30 and 40 percent of rural girls in Grades 9 and 10 report feeling helpless and wishing they were someone else” (Freeman, Saab, King & Gropp, 2011, p. 93).

Another report that can provide context and support to an integrated model of FASD prevention services is the *Summary Report from the Second Yukon Aboriginal Women’s Summit* held in October of 2012. This report put forward 12 recommendations as priorities for Yukon communities. The following recommendations are salient and relevant to FASD prevention:

- Building on the strength and skills of women particularly who face violence through life skills workshops;
- Creating healthy families through community workshops on healthy relationships, violence prevention and drug and alcohol addiction;
- Healing our communities through building a permanent traditional healing, treatment and after care centre with land-based camps; and,
- Understanding ourselves and each other by addressing high rates of mental health issues for young, rural Aboriginal girls (Yukon Women’s Directorate, 2012).

Finally, *Improving Treatment and Support for Yukon Girls and Women with Substance Use Problems and Addictions* was a document prepared by Nancy Poole and Gaye Hansen for an interdepartmental working group that included the Women's Directorate, Justice, Health and Social Services and Bureau of Statistics. While this document was limited by its focus on information gathered from territorial government staff it does provide some information relevant to this current project.

One hundred and fifteen (115) e-survey respondents were asked to identify the top three challenges facing women and girls with substance abuse problems. Sixty-one percent (61%) identified help for co-existing violence and trauma issues, 50% identified accessing addiction treatment services and 13% identified getting information to prevent FASD. Respondents were also asked about existing promising practices. Responses to this questionnaire seem to echo responses heard in the current project data collection. Relevant responses included: 1) approaches to collaboration and case management practices, and 2) approaches to integrating work on substance use and coexisting issues such as violence and mental health. Further, the number one area identified by respondents to the e-survey for improvement in policy and practice was interagency collaboration. This need for collaboration was similarly highlighted as a gap by professionals in the current Yukon FASD service inventory.

Together, these four documents help to provide understanding of the current risk behaviours for Yukon youth and adults as related to FASD prevention. Furthermore, the gaps and promising practices identified in the documents give further support to the messages being heard from service providers and key informants to this current project.

3. Historical Yukon FASD Prevention Initiatives

While the intention of this service inventory is to gather information about current programs, it is valuable to provide a brief history of Yukon FASD prevention services and initiatives to better inform the development of any future service model. In the process of contacting programs and services, the project was supplied with historical resources that give context to current FASD prevention services in the territory. Two organizations, the Fetal Alcohol Syndrome Society Yukon (FASSY) and Yukon Government Alcohol and Drug Services (ADS) Prevention Unit, have been working towards FASD prevention for over two decades.

Over the years, FASD prevention work at FASSY has included: 1) delivery of workshops to allied professionals, caregivers and community members, 2) provision of prevention materials to families and service providers, and 3) offering support to women with an FASD who are considering pregnancy, are pregnant or parenting.

Historical documents (working frameworks, meeting summaries, strategic documents) provided by Yukon Government Alcohol and Drug Services (ADS) Prevention Unit identify that an action plan for the prevention of FAS/FAE was developed in 1990 as a response to growing concern about the issue in the territory. In 1995 the *Alcohol and Drug Strategy Implementation Plan* included an FAS/FAE prevention

plan. Finally, in 1997, as a result of an internal literature review project, an FAS prevention planning model was adopted as a framework for the ADS Prevention Unit.

Since 1997, the ADS Prevention Unit has used that FASD prevention planning model to direct annual targets and projects. In the sixteen years since the inception of this FASD prevention planning model, ADS initiatives have included:

1. Primary prevention public awareness advertising campaigns including “This is Our Baby”, “Go Ahead and Ask for Support”, “The Word is Out” and “Wouldn’t it be Great if it was this Easy”;
2. Workshops for professionals who work with expectant mothers and fathers;
3. Support to Yukon communities in planning FASD prevention activities and education about FASD prevention;
4. Prenatal FASD prevention/education kits delivered to all Health Centers and Canadian Prenatal Nutrition Programs (CPNP) in Yukon;
5. Provision of FASD prevention materials to key stakeholders upon request, including Mother Risk pamphlets, “Is this Safe for My Baby” and Canada’s Low Risk Drinking Guidelines; and,
6. Delivery of Pregnancy Related Issues Management of Addictions (PRIMA) training to all interested physicians (2009 and February 2014).

Other historical materials supplied by the ADS Prevention Unit highlight that services for FASD, and specifically FASD prevention, have been a topic of collaborative discussions in the territory for many years. For example, in 1997 the FAS Working Group was formed. Documents identify that the first task of the group was to identify existing FAS/FAE related services and gaps in services in the Yukon. At that time the group also identified a number of short-term goals to work towards. These included: 1) training for doctors and other health professionals, 2) increasing support for high risk women and 3) increasing support/education for professionals enabling them to provide effective intervention and treatment for high risk women.

In November of 1999 the same FAS Working Group developed a *Gaps and Services Related to FAS* document. This document identified current FASD prevention services, services for individuals with an FASD and perceived service gaps. What seems significant to consider is that key informants to this current project also highlight many of the gaps identified in 1999. The gaps identified in 1999 include: 1) standardized FAS prevention curriculum in school, 2) adequate conception planning for high risk women that is targeted for them and respectful, 3) standardized FAS prevention protocol for linking all caregivers, 4) consistently available women-centred addiction treatment programs, and 5) community awareness to promote a non-judgmental attitude to women who are pregnant and struggling with substance abuse problems. In light of promising practices it is also relevant to highlight that many of the important preconception, prenatal and postnatal programs available in 1999 continue to exist in the Yukon. These include Canada’s Prenatal Nutrition Program, women’s centred services at the Victoria Faulkner Women’s Centre, Healthy Families programs at Kwanlin Dun First Nations and Yukon

Government, prenatal classes and postnatal support at Whitehorse Health Centre and workshops through FASSY.

4. Service Inventory Methodology

The objectives for this service inventory are:

1. To collect current FASD prevention service information from Federal government, Yukon government, non-government organizations and First Nations governments and organizations;
2. To examine the gaps in FASD prevention services across the territory; and,
3. To inform service delivery model development for FASD prevention services in Yukon.

Data Collection

This component of the project consisted of two parts:

1. Collection of current FASD prevention service information:
 - a. Structured questionnaire
 - b. Information gathering by phone
 - c. Information gathered through internet sources
2. Semi-structured interviews with key informants across the territory:
 - a. Individuals
 - b. Informal focus groups

Questionnaires and interview guides were developed in October 2013 (Copies in Appendix A). Information gathering, both in terms of program information and semi-structured interviews, was conducted using a snowball sampling procedure throughout the month of November and early December 2013. Programs and individuals were identified through professional networks, by email, internet and telephone.

Collection of Current FASD Prevention Service Information

Initially, questionnaires were the primary method for obtaining current prevention service information from across Yukon. Due to time constraints of both the project and the professionals working in these agencies, two additional data collection methods were added. Phone calls to service providers provided similar information to the original questionnaire, and the researcher maintained detailed notes for each phone conversation. Secondly, internet searches yielded some basic information about programs or positions within agencies that could not be contacted directly. Data collection occurred simultaneously with data analysis during the months of November and December 2013.

Semi-Structured Interviews with Key Informants across the Territory

A semi-structured interview process was used to collect knowledge about perceived gaps and promising practices in FASD prevention services across Yukon. Participants were contacted based on experience and current work in fields related to women's health, education and prevention. This would be considered a convenience sample and interviews were not randomized; thus, some perspectives or programs may have been missed. All semi-structured interviews were audio-recorded and participants were given opportunity to check transcription for accuracy. Six interviews with a total of eight participants were conducted. Informant demographic information for this sample is included in Appendix B.

A second approach to gathering information about gaps and promising perspectives arose as a result of the snowball sampling procedure used in data collection. Two meetings with groups of service providers from multiple Yukon communities provided opportunity to participate in two informal focus groups. These focus groups were not recorded but perspectives were recorded through note taking. Responses from these focus groups are included in Appendix C.

Data Analysis

Qualitative research methods were used to analyze the interview data through coding and theme development. All semi-structured interviews were audio-recorded, and then transcribed by the researcher. Interview participants were given opportunity to check transcriptions for accuracy. Interview transcripts were analyzed for common themes related to gaps and promising practices. Themes required at least two interview participants to identify the gap or promising practice. Verbatim responses categorized into themes can be found in Appendix D. Information gathered during two informal focus groups were coded using the established themes. Responses from focus group participants can be found in Appendix C. Finally, responses from service providers about perceived gaps and promising practices were also organized using established themes. Responses from service providers can be found in Appendix E.

Program and service information collected through discussions with service providers across Yukon and through Internet research was analysed and compiled into tables. The purposes of the analysis were: 1) to identify landscape of current FASD prevention services across to Yukon, 2) to identify levels of FASD prevention currently offered across Yukon and 3) to identify populations currently served by FASD prevention programs. The service inventory is organized into two tables, one by agency and one by community, can be found in Appendix E.

FASD prevention initiatives have been categorized in different ways depending on the model or framework being applied. For the purposes of this service inventory services are categorized using universal, selective and indicated categories. These categories are drawn from a framework adapted by the Institute of Medicine Committee to Study Fetal Alcohol Syndrome in 1996. The framework describes that:

Universal prevention is directed at all members of a population or a particular group, regardless of risk, and can include efforts such as supporting abstinence from alcohol use during pregnancy, raising awareness about FASDs, and implementing other broad-based alcohol policy and environmental strategies (e.g., reducing alcohol availability and increasing alcohol taxes). Selective prevention is directed at populations who might be at greater risk for a particular outcome because they are members of a group found to be at greater risk than the general population. For example, these interventions would be targeted to women of childbearing age who drink alcohol. Indicated prevention targets the highest risk individuals (e.g., those who can be identified as high-risk drinkers, abusers, and/or dependent on alcohol).¹

5. Findings

Summary

Through interviews with key informants, informal focus groups and information provided by practitioners across Yukon a picture emerged of the current landscape of FASD prevention services in the territory, as well as gaps in current programs or services. Additionally, each of groups suggested promising practices that could begin to fill some of the identified gaps. Common themes emerged among informants, focus groups participants and practitioners as they identified programs, gaps and promising practices. The findings of this service inventory, as described below, will inform a FASD prevention service delivery model for Yukon. Included in the findings are specific quotes from service providers across the Yukon. These quotes are referenced as “Yukon Professional” and include perspectives provided from the education, justice and health sectors in non-governmental organizations, federal, territorial and First Nations governments.

Gaps

During semi-structured interviews participants were asked to describe current gaps in FASD prevention services that they identified as a result of their extensive work in the field. Responses from six interviews that included eight professionals were analyzed into nine distinct themes. Two informal focus groups and phone conversations with Yukon service providers discussing programs in their communities echoed the identified themes. The identified gaps are:

1. Preconception messages for youth;
2. Prevention services for individuals with FASD;
3. Reproductive health and birth control;

¹ National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect. (2009). Reducing Alcohol Exposed Pregnancies. Accessed on February 19, 2014 at: <http://www.cdc.gov/ncbddd/fasd/documents/redalcohpreg.pdf>. p.6

4. Pre and postnatal support for women at higher risk;
5. Ongoing primary prevention messages;
6. Knowledge/awareness and coordination/collaboration of prevention services;
7. Prevention and support information for medical professionals;
8. Ongoing training for community and professionals; and,
9. Role of men.

Verbatim participant responses can be found in Appendix D. Information from informal focus groups and service providers can be found in Appendix C.

Preconception Messages for Youth

There was a perception from multiple informants and service providers across Yukon that preconception messages for youth continued to be a gap in FASD prevention. Service providers suggested that information given to youth needed to be ongoing, consistent and truthful. They also noted that information being given to youth in schools was not “hitting stuff on the head”, particularly for young females from middle class socioeconomic backgrounds. One Yukon professional identified that some youth continue to be at high risk due to the circumstances of their life situation stating:

Five or six local teenagers came, which was fantastic, and every single one of them had alcohol in their home or alcohol issues that they were dealing with. Not themselves... So they're impacted or their mom's home drunk and they have to take care of their little brother or they have no dad or, or, or. And it's all trauma.²

A further need to integrate sexual health education with alcohol education was identified as another gap for this population. One Yukon professional cited the recent *Health and Health Related Behaviours among Young People in Yukon* (2011) report stating:

We have the health behaviours of school-aged children. We have like 25% to 30% of our youth are having sex by grade 9/10 and they are not using condoms or birth control. And those who are think withdrawal's birth control. So there's huge gaps. And those are all, if it wasn't for alcohol everyone would be a virgin...We know that our youth binge drink.³

Other suggestions included starting earlier with messages about alcohol and sexual health as well as adapting curriculum to ensure it meets the needs of individuals with FASD or other cognitive impairments. To this end one informant stated, “If you don't have a way of teaching kids who are

² Anonymous Yukon professional. Personal communication, November 2013.

³ Anonymous Yukon professional. Personal communication, November 2013.

cognitively impaired or have an FASD then that's not going to be helpful for them. And that message may have to be repeated many, many, many times".⁴

Prevention Services for Individuals with FASD

Key informants discussed the significant gap in awareness and prevention services for individuals with an FASD. Informants identified that this population needs to have services adapted to meet their differing cognitive abilities and to recognize the ongoing nature of the intervention needs. Two sub themes that emerged were a) need for specialized treatment services and b) support for reproductive health.

One informant described:

Then you have people who are referred to [ADS in patient treatment] who are FAS affected and they can't take them in that program but then who is working with them? Who's supporting them? There's not FASSY workers out in community. Of course communities need respite. They need options and there isn't any.

Another informant noted:

When you're ready, you're ready. And you need to have some sort of support for the person before and of course all the support afterwards. It's a whole continuum. You can't just plunk somebody into a treatment centre, especially somebody with FASD. And expect them to go home and just maintain their sobriety. And there should be some specialized programs. And they really should be looking more at harm reduction I think. Because it looks like, from the little I've read, that or people with disabilities or chronic, chronic alcoholics that works the best. There's not the judgment.

Overall, there was recognition that the current alcohol treatment model was not effective for individuals with FASD and there exists a need for increased intensive support for women with an FASD during pregnancy.

Informants also identified that prevention for individuals that already have an FASD means ongoing support for reproductive health throughout their childbearing years. They stated that this is a current gap in understanding and that reproductive health needs to be included as part of an integrated case management approach to working with individuals with FASD. One informant identified that reproductive health is a "hidden issue. Nobody wanted to talk about sexuality".⁵ Informants described that recent training has brought the issue of reproductive health forward and some changes have been made in practice approaches within agencies as a result.

⁴ Anonymous Yukon professional. Personal communication, November 2013.

⁵ Anonymous Yukon professional. Personal communication, November 2013.

With [recent guest] presentation she did bring it to the fore in the idea of prevention that folks who have FASD are at risk for having other children with FASD. So she brought it to the head that one of the things that we need to be concerned about when we are case managing or case planning for folks is their reproductive health which is something that I think a lot of the case managers didn't think of as a specific prevention issue within outreach work.⁶

Despite recent training, informants stated more training for professionals across disciplines is needed to ensure understanding of the individual needs and best practice approaches. “We had heard that people don't know how to work with women with FASD, in particular, around issues of reproductive health”.⁷

Reproductive Health and Birth Control

Informants, focus group participants and service providers identified reproductive health services to women in Yukon as a significant gap in FASD prevention. Generally, one informant described:

We need to have some reproductive health strategies that are kind and you know have a harm reduction approach...we need to have a way of educating women around their reproductive system, their choices and their rights as well.⁸

Specifically, the need for greater and easier access to birth control and pregnancy tests was identified. In describing the gap in current birth control access one informant stated:

I asked them about birth control in the communities and is it easy to access and stuff....Basically they say there's so many barriers to accessing birth control and one of them is plain old financial....The IUD's are \$400 the ones that work well and don't have side effects and they're not covered...So who's going to go get a \$400 IUD? You can get \$60 copper ones but they have more complications for some people. And the pill is \$40 bucks a month I think...And you have to find a doctor. Like there are a lot of barriers in the communities to accessing the birth control.⁹

A focus group participant identified similar challenges to accessing pregnancy tests in smaller Yukon communities. The participant shared that maintaining anonymity while accessing pregnancy tests is a challenge in many small communities. The lack of anonymity means that some women will not access tests early in a pregnancy and thus the risk for alcohol use prior to detection increases. Multiple informants also recognized early detection of pregnancy as a gap in FASD prevention. One informant stated:

When you talk about gaps the first thing that sort of pops into my head is about helping women to detect pregnancy early. Because one of the times where we've seen women most concerned about substance use is when they've used before they knew that they were pregnant. And that's across the

⁶ Anonymous Yukon professional. Personal communication, November 2013.

⁷ Anonymous Yukon professional. Personal communication, November 2013.

⁸ Anonymous Yukon professional. Personal communication, November 2013.

⁹ Anonymous Yukon professional. Personal communication, November 2013.

board high risk or what we considered a lower risk pregnancy necessarily; young women in particular who maybe weren't planning a pregnancy.¹⁰

Increasing access to free pregnancy tests was identified as one way to fill the gap of early detection as described by another informant.

I think better access to pregnancy tests would be helpful as well... 'cause if you go to Shoppers to buy a pregnancy test you're looking at anywhere from 15 dollars up. 15 dollars to 25/30 dollars per test. Right. Nobody can afford that. You know. So there are certain points of access for them. Your doctor's office. Different health centres, community health centres and stuff. And I think some of the argument around why not to just make them more widely out there is this whole thing about follow up. I know when I worked at a health centre we weren't allowed to just hand out a pregnancy test and for someone to say hey my cousin needs a pregnancy test. And we'd say no actually your cousin needs to come here because then if it is a positive test we want to be able to talk with them and offer services and find out what they want to do. And that's a great argument and it's really valid but are we holding back unnecessarily because they could also go to the store and buy it and there's not follow up then. I think there's some validity to having more of a conversation about better access to tests...easier points of access to testing again plays along with that earlier detection.¹¹

Pre and Postnatal Support for Women at Higher Risk

Programs and supports for women at higher risk of using alcohol while pregnant were seen as another gap in services. While Canadian Prenatal Nutrition Programs (CPNP) were identified as excellent and stable support for many women across Yukon communities there continued to be a perception by informants and service providers that women at higher risk need additional or increased access to outreach services, safe places and ongoing support both pre and postnatal. Specifically, the need for healthy social support was identified as a gap for women at higher risk.

It can be an isolating event then if you're out partying a lot and then find out you're pregnant. I think that could be sometimes play into why some women maybe try and you know just ignore it a while because they know they're going to have to make changes and if they can just ignore it for a bit and continue on with what they actually want to be doing which is hanging out with their friends and continuing maybe to drink or to party and be out and about.¹²

More broadly the need to provide basic support for women at higher risk as a foundation for FASD prevention was identified.

There's no homeless shelter [for women]. What does that tell a woman? How is she going to stop if she's so worthless she doesn't even deserve a place to sleep that's safe and warm? So there are some enormous gaps. And then you couple that with some mental illness. And trauma. You have to

¹⁰ Anonymous Yukon professional. Personal communication, November 2013.

¹¹ Anonymous Yukon professional. Personal communication, November 2013.

¹² Anonymous Yukon professional. Personal communication, November 2013.

address the trauma...So if you are not supporting women with the basic needs of life. That to me is an FASD prevention strategy. You know, to have the basics. Food, shelter, safety.¹³

Harm reduction approaches, building supportive relationships with women and outreach programs were mentioned as strategies to fill this gap.

Ongoing Primary Prevention Messages

While not as widely discussed there was a perception from some informants and service providers that ongoing primary prevention messages to the general population was a gap in FASD prevention. Service providers stated that one workshop was not enough. In smaller communities service providers identified that staff capacity and turnover necessitated ongoing, consistent messages about FASD prevention. One informant identified “that [the] conversation still needs to be had. It’s not like people kind of go oh ok we’ve got it ok good...basic knowledge we did already talk about this but people are in different spaces. They’re ready you know it’s kind of like who’s ready for the information now, who isn’t”.¹⁴ Another informant identified the need to increase messages about social drinking and FASD for middle class populations stating:

Because they were socially drinking when they got pregnant. Are we out there doing any campaigns?...We need to promote the concept that if you are out at the bar drinking you might have a FAS baby...because people don’t get it. They don’t get the impacts and the social drinking and all that stuff. Anyway there’s a real lack of understanding in health in my opinion. Now probably not in nurses in the communities, or anything I’m not so sure about that.¹⁵

Focus group participants highlighted the need for consistent messages about FASD prevention due to the growing cultural diversity of the Yukon. Awareness and understanding of FASD is limited in many countries and Yukon service providers identified working with of differing cultures women who had received a variety of different messages about alcohol use during pregnancy. Finally, participants cited the need to decrease stigma about FASD. Specifically, they described reducing stigma in rural and isolated northern communities and increasing awareness that FASD crosses all socio-economic backgrounds.

Knowledge/Awareness and Coordination/Collaboration of Prevention Services

This was a significant gap identified by the majority of key informants, members of focus groups and service professionals across Yukon communities. There was a perception by many respondents that there are services across the Yukon working towards FASD prevention or supporting women’s health during pregnancy but there is a lack of knowledge and coordination of these services. One informant simply stated, “siloeing has just gotten worse” and another suggested, “I think that one of the problems is

¹³ Anonymous Yukon professional. Personal communication, November 2013.

¹⁴ Anonymous Yukon professional. Personal communication, November 2013.

¹⁵ Anonymous Yukon professional. Personal communication, November 2013.

all of these programs working in isolation”.¹⁶ Elaborating on these comments another informant described, “all of these pockets of good things going on but they’re not they don’t necessarily work together...I just think that everybody’s really trying hard and doing good work but you can only do so much alone”.¹⁷ Focus group participants described services as fragmented and lacking integration or communication. A service provider stated that good work goes on in stovepipes, but lacks linkages and networking leadership among agencies, services providers and communities. Finally, another service provider identified that a more integrated approach to both services and funding is required to fill this gap.

A lack of collaboration among professionals and across programs or agencies was identified as another significant gap. “I think with the [recent guest] program that we just did has brought that collaboration issue to the forefront and how difficult it is to make it happen here and that we need to be working on that specifically...it’s an issue that is community based”.¹⁸ A service provider identified the lack of integrated case management approaches as a gap in FASD prevention for women at higher risk for alcohol use during pregnancy.

An informant summed up this coordination and collaboration gap as follows:

There hasn’t been the political will or the funding for the long haul. Because of course anything involved in prevention takes a long time. Social change takes a long time. So if you’re trying to de-stigmatize women for instance. While there was a campaign to support women who were pregnant and to support women not drinking, partner or friends. Those kinds of changes are huge and it takes a lot of time and the long-term commitment for funding and support behind them. So I’ve seen various little campaigns come and go over a couple of year life span kind of thing you know. So some sort of long-term strategy would be much more useful I think. And I think trying to really involve people from rural communities is crucial. And Aboriginal women’s organizations for instance. And First Nations Governments. You know everybody just has to start working together on this. Everybody’s keen to jump on the issue and point fingers at whose causing the problems but people aren’t exactly, while some are jumping on board to try and prevent FASD, but there’s an awful lot of criminalization and stigmatization still going on and that’s not solving the problem at all, it just drives it under ground and drives it deeper. What I’ve seen is this little campaign here and another little campaign there. Let’s do this, this year and then another government comes in or a different management.¹⁹

One further gap that was indirectly identified as a result of the service inventory was a lack of identification by service providers of their role in FASD prevention. For example, one family-serving agency in Whitehorse, in response to the questionnaire, stated that they did “not see any programming

¹⁶ Anonymous Yukon professional. Personal communication, November 2013.

¹⁷ Anonymous Yukon professional. Personal communication, November 2013.

¹⁸ Anonymous Yukon professional. Personal communication, November 2013.

¹⁹ Anonymous Yukon professional. Personal communication, November 2013.

that would pertain to the study”.²⁰ Additional women’s serving agencies and individual counsellors also did not identify their role in FASD prevention. This seemed to suggest a gap in understanding about the broad reaching nature of FASD prevention and the need to increase understanding among service providers and agencies about their roles in FASD prevention.

Prevention and Support Information for Medical Professionals

One population of professionals that was specifically identified by key informants, focus group participants and service providers was medical professionals. Informants identified a perceived gap in medical professionals’ knowledge of how to talk to or work with individuals around the issue of alcohol use during pregnancy. A service provider wondered about the amount of specific training medical professionals receive in this area. A number of service providers across the territory identified that medical professionals still suggest that one or two drinks during pregnancy is safe. “Even at the last [training] we did people were telling us that they’re getting told that it’s ok [to drink during pregnancy]. And that’s from doctors locally here”. One informant did provide some context to the situation stating:

I think it is concerning for subsequent pregnancies right. Well the last time the doctor said I didn’t need to worry about it so maybe this time I won’t need to either. We know that motherhood already is guilt laden. So I think most physicians are fairly conscious of that and they don’t want to put on top of what already can be a stressful situation for many women guilt also. So I think it’s a fine line between not condoning something, but also not creating an unhealthy mental health issue for somebody. Like saying to a woman who’s been drinking, your baby is probably damaged. I mean it could definitely interrupt prenatal care. Who’s going to go back to a physician who talks to you that way? So I think the physicians are trying to weigh out maintaining a relationship with their client and ensuring a healthy pregnancy from that point on. So I don’t know if it may be something that’s better addressed after the baby’s born. To come back around to it. But then that means maintaining a connection and whether it’s a conversation that could happen at the 6 week check in. You know around birth control. Often that’s a good time when doctors address birth control with new parents. You know in order to space your pregnancies the way you want them what are you going to do. And then in order to make sure your next pregnancy whenever or if you’re ready to have another pregnancy is healthy how are you going to address the drinking or the addiction.

Even considering this context the general perception from service provider and informant comments suggested the need for targeted and ongoing training for medical professionals to fill this gap in knowledge and approach.

Ongoing Training for Communities and Professionals

While training for medical professionals was specifically identified, informants more broadly suggested that there was a gap in knowledge for service providers in general. This gap included the need to increase ongoing training to professionals across the territory. Participants suggested training must

²⁰ Anonymous Yukon professional. Personal communication, November 2013.

respond to the continued stigma surrounding FASD. “Well I mean first of all we have to stop thinking of FASD as a First Nations disease or a women’s disease. I mean ‘cause the Yukon has a drinking problem...”. Informants recognized FASD prevention training also needed to be ongoing due to regular changes in program and agency staff.

Role of Men

While only discussed in one key informant interview this gap is included because it was identified by focus group participants and service providers across the territory. The need to include men in primary prevention messages and target their support role during pregnancy was identified as a current gap in services. One informant stated:

Get men involved. You know. Really get the men involved. It’s not all to do with the women. You can’t just keep demonizing women who drink or use when they’re pregnant. Somebody is giving them those drugs. Somebody is doing it with them. Somebody’s supporting that lifestyle. I know for a lot of women partners feel threatened when they stop. So you gotta do something with the whole family or the group that they’re hanging around with.

A focus group participant added “I don’t hear the word Dad in FASD messaging”. Another service provider questioned male engagement in the issue of FASD prevention and suggested that it was stigmatized as a women’s issue. This professional wondered how to bring men into the realm of support and harm reduction.

Strategies for Improvement

While all informants, focus group participants and service providers identified gaps in FASD prevention services they also identified some potential strategies for improvement. These were suggestions about what might work to fill the gaps that they had identified. Many of the solutions are practical and possible. Five themes identified as a result of the responses are:

1. Integrated information delivery;
2. Increased coordination/collaboration of services;
3. Ongoing training and primary prevention messaging;
4. Strength based pre and postnatal support for women; and,
5. Strategies for supporting reproductive health, birth control and early detection of pregnancy.

Verbatim participant responses for each of the themes can be found in Appendix D. Information from informal focus groups can be found in Appendix C, and responses from service providers can be found in Appendix E.

Integrated Information Delivery

Informants recognized that FASD prevention means greater understanding of the complexity of the situations experienced by women who use alcohol during pregnancy. They suggested that there needed to be more integration in messages provided during preconception discussions with youth.

I think we need to integrate our messages more. And do cross-workshops and maybe more in grade 8 and up like when they are actually considering drinking and having sex. Not so much in elementary school. Because really it comes down to the decision-making point to and then why are they drinking so much is a whole other question.²¹

Furthermore, there was a suggestion that providing universal prevention messages across the Yukon should be integrated into broader alcohol and health messaging to reduce the stigmatization of FASD. One informant suggested:

Low risk drinking guidelines. How women metabolize alcohol differently than men and what are the outcomes of those things are. That's FASD prevention. So it's totally different from what it used to be...I think it's much more effective because people aren't expecting it necessarily in the venues that we are delivering it in.²²

Increased Coordination/Collaboration of Services

This was a primary area focus for informants, focus group participants and service providers. Ideas included 1) the development of a Yukon wide FASD plan or strategy; 2) development of a network for services and professionals; 3) increased case management approaches; and, 4) a focus point/position for coordination of services across the territory. One specific suggestion was the development of an FASD position for the Alcohol and Drug Service prevention team.

It would be very, very helpful to have a position [on ADS prevention team] to do this work [FASD prevention coordination] or to at least spearhead it for us...it is really difficult to stay current all the time...Even to have someone that just focuses on just pulling all that together and disseminating that information ...Really as a position in that you don't have to do the work. You're here to spread the news...To get other people excited about the work. And to validate the work you are doing.²³

Another service provider indicated that there were efforts underway within Yukon Government Health and Social Services to support development of an integrated case management approach to working with individuals with FASD. This new model of practice would include implementation of a new information sharing agreement between departments and external agencies. While still in early stages of development, this could possibly be a promising practice that would address some of the identified gaps.

²¹ Anonymous Yukon professional. Personal communication, November 2013.

²² Anonymous Yukon professional. Personal communication, November 2013.

²³ Anonymous Yukon professional. Personal communication, November 2013.

The need for better coordination between services was also identified. Specifically, one informant suggested that “the strong tie between families with children in care or with receiving support services and addiction and there’s not a great strong connection between the two agencies. If that connection can be strengthened then that might also again play out into FASD prevention”.²⁴

To increase coordination and integration of services, one informant suggested the development and implementation of a territorial service network:

*The ideal would be that there’s a body that can possibly be face to face on a semi annual or annual basis. So if there is a community-based FASD strategy that this group maybe it all becomes one thing. The key players and the interested parties come together on a semi annual/annual basis to review this is the plan, how are we doing, where we are. What needs to be changed? There are benchmarks and we just see what progress are we making say on reducing the incidents of FASD in the territory.*²⁵

In addition to the face-to-face contact websites hosted by FASSY and/or Yukon Government, Alcohol and Drug Services could help to maintain the network and integration of information throughout the year.

Informants also identified the need to develop and implement a community-based FASD prevention strategy that could assist in coordinating programs and services across the territory. Most informants suggested that the Yukon Government could lead the strategy development but it must have true community support and involvement to be implemented:

*If there was true community participation. If that is actually possible then it would be best to reside with ADS. Because they’ve got the expertise. They’ve got... deeper pockets. They’re a part of government. They’ve got a history. They’ve got knowledge. So it would make sense but it would have to have real community involvement. Not just a pretend community advisory committee or something like that has no real say or decision making capability or power.*²⁶

Service providers and informants indicated that a territorial strategy would help to coordinate both services and evaluation, suggesting that a need exists to be more definitive in evaluation of any strategy developed.

Whatever the model is that there’s common agreement as to the levels or the stages or whatever that everybody has bought into and that’s could be the starting point of the discussion as to what needs be done and who’s going to do it...let’s take a look at postpartum supports. What are there out there for postpartum supports right now and are they FASD friendly. And what’s happening with prenatal supports. Who’s doing what? Who’s making ready access for at risk? Detox says they’ll take in at risk women into treatment much more. But we know that quite possibly an at risk women with

²⁴ Anonymous Yukon professional. Personal communication, November 2013.

²⁵ Anonymous Yukon professional. Personal communication, November 2013.

²⁶ Anonymous Yukon professional. Personal communication, November 2013.

an FASD the type of treatment being provided isn't not probably effective for them. So what are we doing for that population group to try and mitigate? To prevent? I think there has to be agreement as to what are the components of this prevention work and then go from there in terms of who's doing what and what are those gaps.²⁷

Ongoing Training and Primary Prevention Messaging

Informants suggested service providers across Yukon needed further training in harm reduction methods and in providing non-judgmental support to women, parents and families, both pre and postnatal. One informant stated:

The other part of the professional stuff is then is getting it out there the education out there for people to know how to talk to women. About asking their drinking was during pregnancy because a lot of people will say while I didn't drink from when I knew I was pregnant. And then people stop talking to them. They forget to say while what were you doing before you knew you were pregnant...Or blaming them say while you knew when you found out you were pregnant you were 5 months so of course you were drinking before that we all know that. But they're doing this blame thing. Getting that learning cycle out there about how do we help women stop drinking without feeling bad and be positive about it.

Another informant highlighted the need for annual professional training, stating, "It would be great to do them every single year and have them a little bit longer 'cause there wasn't enough time. The whole area of 'how do you work with women and their partners who are addicted or have FASD'". Finally, an informant suggested having

"FASD core competency [training offered by NISJ] as a mandatory requirement of anyone working with people whether it be in community services, or family and children's services, health but if you're working front line with people that there's some understanding of FASD in their training".²⁸

Recent and upcoming trainings

As ideas arose for training needs, informants also identified recent or upcoming trainings that are addressing some of the identified gaps. These included:

1. Case Management for Individuals with FASD. Trainer Donna Debolt (2013). Training offered in partnership between FASSY, Yukon College and Yukon Government.
 - a. Twelve day training included thirty-one professionals from across Yukon Government, First Nations and non-governmental organizations. Focus of training was on developing new approaches to case management for individuals with FASD. Issues of reproductive health were the focus of a full day training co-sponsored with Yukon Status of Women Council.

²⁷ Anonymous Yukon professional. Personal communication, November 2013.

²⁸ Anonymous Yukon professional. Personal communication, November 2013.

2. Pregnancy Related Issues in the Management of Addictions (February 2014). Training to be offered by ADS Prevention Unit.
 - a. The purpose of this training is to increase the knowledge of nurses, community health nurses, community wellness workers, prenatal support workers, and addiction workers in Yukon about problematic substance use in pregnancy.
3. Making Connections Facilitators' Training (February 2014). Training offered in partnership between Yukon Government ADS and Justice Victim Services.
 - a. Making Connections is a 16-week low barrier support group for women with experiences of abuse, substance use and/or mental health concerns. The support group offers a safe, non-judgmental space to explore and learn about the dynamics of abuse and how abuse may be connected with experiences of substance use and mental health. The group is the low barrier, harm reduction, strength based model that does not require abstinence to participate.

Strength Based Pre and Postnatal Support for Women

Strength based approaches to working with women are well supported by research and literature. Informants recognized the benefits of Canadian Prenatal Nutrition Programs for Yukon communities. Some informants suggested there is a need to create additional caring spaces for women and families.

Part of the FASD legacy, I guess, is created partly because mothers are often treated with more respect and are cared for in the subtlest of ways even by people you don't know when you are pregnant and then once they have their child and then they take the child away because it has FASD then they want another baby right. What if we just cared for people? What if we just created a caring community all the time and maybe we could avoid the first child with FASD or like you say multiple children and somehow keep the children in the home with those parents help them become the people they want to be.²⁹

Service providers in some Yukon communities identified current strength based approaches that are working in their communities. One Yukon community service provider stated that when women are pregnant there is a community wide effort to support the women. The provider stated, "I don't care. If they are pregnant they're getting a blanket".³⁰ Service providers in another community identified that many of the programs offered in that community use strength based approaches to working with women. These included CPNP and the health centre.

²⁹ Anonymous Yukon professional. Personal communication, November 2013.

³⁰ Anonymous Yukon professional. Personal communication, November 2013.

Strategies for Supporting Reproductive Health, Birth Control and Early Detection of Pregnancy

Strategies identified by informants included increasing subsidies for birth control and increasing access to free pregnancy tests in public places. One service provider suggested that pregnancy tests should be free and as widely available as condoms. One informant described, “At a recent conference we [discovered] some jurisdictions have sponsored pregnancy tests in bar washroom. A dispenser. So they were a dollar or two dollars”. This idea sparked other services providers to consider ways to make pregnancy tests free or accessible to women within the mandate of their programs.

Current Yukon FASD Prevention Programs and Initiatives

In gathering service information about current Yukon programs the net was cast intentionally wide to include all programs or initiatives that could fit into a broad conceptualization of FASD prevention. In the initial data collection phase the goal was to contact service providers directly rather than seek program information from written or Internet sources. This process increased the time and complexity for the data collection phase because making contact with busy service providers and professionals was challenging. Service providers were given the choice to discuss their programs over the phone or complete a questionnaire. Questionnaire response was limited and gathering service information by phone became the preferred data collection method. Due to the time limitations of the project a secondary data collection process was implemented to fill in service information gaps from programs or agencies that had not responded to telephone or email messages. The secondary data collection included Internet searching for program information. While this did help to inform the final report the time constraints of the project did prove to be a limitation for gathering detailed information about every service or agency across the territory. The service scan did suggest that services under the wide umbrella of FASD prevention exist in all Yukon communities but there is an unequal distribution and a need to better coordinate awareness of and networking between services. A summary of Yukon FASD prevention services can be found in Appendix E. Some of the FASD prevention services from across Yukon are highlighted to provide a landscape of services across communities and levels of prevention including universal, selective and indicated.

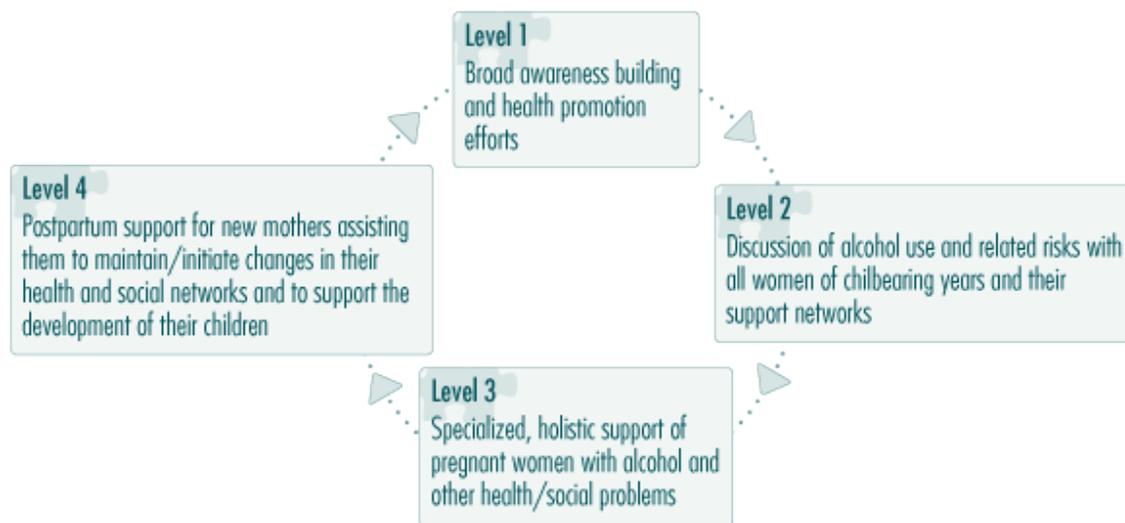
The FASD prevention services revealed three programs that directly identify FASD prevention for Yukon within their overall mandate: the Fetal Alcohol Syndrome Society Yukon (FASSY), the Yukon Government Alcohol and Drug Services (ADS) Prevention Unit, and the Child Development Centre (CDC). There are a variety of other programs that offer services within a broader conceptualization of FASD prevention across Yukon communities. Additionally, there are agencies that provide education about FASD and support policies related to FASD prevention. A number of these programs and services are highlighted below.

Direct Service Provision

Fetal Alcohol Syndrome Society (FASSY)

FASSY is the primary not-for-profit agency tasked with providing both FASD prevention initiatives and support services for individuals with FASD. In a recent attempt to conceptualize and organize their approach to FASD prevention, FASSY used the Public Health Agency of Canada 2008 Four-Part Model of Prevention to understand “where we fit in an FASD prevention model so that we are not duplicating and we really understand what it is we do”.³¹

Figure 1: The Public Health Agency of Canada’s Four Part-Model of Prevention (2008)³²



Source: Public Health Agency of Canada. (2008). *Fetal Alcohol Spectrum Disorder (FASD) Prevention: Canadian Perspectives*.

In using this model, FASSY identifies that the agency “interacts at each level of the model in one of two ways:

1. As a direct service provider i.e. delivery of information sessions to the general public, involvement in broad campaigns etc.; and,
2. As an indirect service provider i.e. educating professionals and others involved in delivering prevention initiatives about the unique nature of FASD and how to adapt messages and services to women and girls with FASD so they are more effective”.³³

³¹ McCann. Personal communication, November 2013

³² Public Health Agency of Canada. (2008). *Fetal Alcohol Spectrum Disorder (FASD) Prevention: Canadian Perspectives*. Accessed on November 20, 2013 at: <http://www.phac-aspc.gc.ca/publicat/fasd-fw-etcaf-ca/index-eng.php>

³³ Jones. Personal communication, December 2013.

To address FASD prevention, FASSY has one designated prevention position. This position is responsible for education and awareness at a broad community level. Additional outreach positions support individuals with FASD who may be considering pregnancy, pregnant or parenting.

Specific FASSY prevention and education projects currently include:

1. Partnership with the Northern Institute of Social Justice to develop and deliver “Core Competency” courses in FASD. These courses are designed to provide professionals with information about FASD prevention and intervention (universal, selective and indicated);
2. Consultation and support to professionals across Yukon communities to create greater understanding of how to adapt messages and approaches to working with women and girls with FASD (selected and indicated);
3. Public awareness campaigns related to FASD day in September (universal);
4. Case management training to increase understanding of FASD and collaborative case management practices. This can be directly connected to prevention by supporting individuals with FASD in the area of reproductive health (indicated);
5. Provision of information materials in print and via website (Over 700 unique visitors to FASSY website in October) (universal);
6. A collaborative project (currently in the planning stages) with Yukon College Student Council to make 2014/2015 college year a “FASSY-nating” year (universal); and,
7. Development of a presentation to grade 10 students across the Yukon that would address primary prevention and preconception messages (universal).

Alcohol and Drug Services

The Yukon Government Alcohol and Drug Services (ADS) Prevention Unit includes FASD prevention as part of their overall mandate. The ADS Prevention Unit “has developed a range of initiatives related to the prevention of Fetal Alcohol Spectrum Disorder (FASD) in the Yukon”.³⁴ The Prevention Unit undertakes initiatives at universal, selective and indicated levels of prevention. Furthermore, the FASD prevention planning model adopted by the Unit includes interventions that target both the environment (community, social, cultural and personal context) in which the drug use occurs and the host (person who is using the drug).

Current initiatives include:

1. Ongoing in-service and training on substance abuse-related topics to allied professionals and service providers in communities and schools (universal, selective and indicated);
2. Provision of resources to communities and service providers (universal and selective);

³⁴ Government of Yukon. (n.d.). Fetal Alcohol Spectrum Disorder Prevention. Accessed on November 21, 2013 at http://www.hss.gov.yk.ca/fasd_prevention.php

3. Dissemination of the National Low Risk Drinking Guidelines and *Women and Alcohol Booklets* to all Yukon Health Centres, Whitehorse General Hospital, clinics, women's centres, Yukon College and other places where women gather (universal);
4. Offering Pregnancy Related Issues in the Management of Addictions training (PRIMA). First offering in 2009 and second offering slated for February 2014 (universal and indicated);
5. Re-introduction of T-ACE and TWEAK screening tools that encourage discussions around harms associated with alcohol use during pregnancy (selective); and,
6. Offered Making Connections Facilitators Training in January 2014 in partnership with Yukon Government Justice Victim Services (selective and indicated).

Yukon Government Alcohol and Drug Services Treatment provides a twenty-four hour detoxification facility with priority access for pregnant women. Further, ADS offers outpatient counselling for youth and adults and a gender specific residential treatment program. Current limitations of the residential treatment program are identified as: 1) limited access due to bimonthly gender intake and 2) limited ability to provide treatment programs adapted to meet the needs of women with FASD.

Child Development Centre

The third organization that carries out direct FASD prevention efforts is the Child Development Centre Yukon and specifically the Child and Youth FASD Diagnostic and Support Teams. The diagnostic coordinator identifies that "Our primary role is to offer assessment, diagnosis and support to children with confirmed pre-natal alcohol exposure and their families. We are also involved in staff and community education regarding FASD".³⁵ Program outcomes are identified as: 1) information dissemination to increase awareness of FASD and FASD prevention approaches, 2) opportunities for discussion and education for individuals in the childbearing years and FASD and FASD prevention, 3) addresses awareness about FASD to Yukon youth, 4) strengthens professional knowledge and 5) providing diagnostic services and follow up support.

There are a number of other programs and services across Yukon that work towards FASD prevention through direct service provision to women and families or through education and policy development.

Canadian Prenatal Nutrition Programs

The Canadian Prenatal Nutrition Program (CPNP) plays an important role in prenatal and postnatal support for many women in the Yukon. The Public Health Agency of Canada (2013) identifies that the Canadian Prenatal Nutrition Program "aims to improve the health of mothers and infants, reduce the incidence of unhealthy birth weights, and promote and support breastfeeding by building partnerships and strengthening community supports for pregnant women".³⁶ CPNP targets women who face

³⁵ B. MacKenzie. Personal communication, December 2013

³⁶ Public Health Agency of Canada. (2013). *About CPNP*. Accessed on March 17, 2014 at: <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/cpnp-pcnp/about-apropos-eng.php>

challenges including poverty, teen pregnancy, substance abuse and family violence. Further “CPNP also increases the availability of culturally sensitive prenatal support for Aboriginal women and recent immigrants”.³⁷ Program components include prenatal vitamins, food and food coupons, food preparation training and education on prenatal health, infant care and child development.³⁸

Currently CPNP exists in multiple communities across the territory and in multiple locations in Whitehorse. Many CPN programs are hosted or supported by the local First Nations governments within Yukon communities. Key informants highlighted the benefits of CPNP during data collection. One participant stated:

It's great that it's at Kwanlin Dun Health Centre but I think its fantastic that it's at the Women's centre and that it's at Skookum Jim's Friendship Centre. Also I think the Francophone association gets CPNP funding to run programming. And then the individual communities. They have trouble getting staff to run their programs but the funding is available to provide a bit of money for healthy groceries and then also that teaching and social component. So I think that model that the CPNP has is fantastic. You don't need a nurse. It's good to have nursing support for your program or you can pull in supports from professionals.³⁹

Another participant identified:

To me [CPNP] it's a really great program that is open to women who are going to become pregnant or are pregnant. And helps them learn how, learn about infant development, prenatal development, nutrition and all of the roles that it plays. How to shop. How to buy food that is healthy and less expensive. Less processed. And building a community of people so which for me I think is as important as anything is to have some supports, some social supports. And I do know that many of those, usually moms, keep connected after their birth...Keep connected with each other so that when things are hard or they don't know what to do or they just need a break or go for a walk with somebody you know that there's another person around that has their insights and the same kind of common experience from that previous twelve months or so or more. But unfortunately the CPNP program [only] goes to twelve months.⁴⁰

Gaps or limitations of CPNP identified by service providers and key informants included:

1. Capacity in some Yukon communities to seek and maintain program funding and consistent staff to deliver the program;
2. The program cut-off at twelve months postpartum. Exceptions to this were noted when there was additional support and funding from a First Nations Government; and,

³⁷ Ibid.

³⁸ Ibid.

³⁹ Anonymous Yukon professional. Personal communication, November 2013.

⁴⁰ Anonymous Yukon professional. Personal communication, November 2013.

3. Training and knowledge of CPNP coordinators about how to approach the subject of alcohol use during pregnancy.

Medical and Health Centres

Community Health Centres exist in all Yukon communities. Service providers working in the health centres identify that their role in FASD prevention is primarily in prenatal health support during pregnancy. The majority of the service providers indicated that they work one on one as needed with women during pregnancy and postnatal period. Some health centres indicated that they provide print materials and information packages that include FASD prevention information. Nursing staff in the smaller Yukon communities indicated that the numbers of pregnancies at any one time are limited thus necessitating this individual approach to prenatal support. The exception is the Whitehorse Health Centre, which provides more comprehensive services including prenatal classes, postnatal groups, one on one postnatal care and in-hospital post-delivery education.

Kwanlin Dun Health Centre in Whitehorse is operated by the Kwanlin Dun First Nations and provides reproductive health information and support, pregnancy testing, emergency contraception, Healthy Babies, Healthy Generations programs, and well-baby clinics. The health centre also provides nursing support to the Outreach Van in Whitehorse.

In Whitehorse there are multiple doctor and medical clinics including the SAGE Maternity located at the Whitehorse Medical Clinic. Additionally, the Whitehorse General Hospital operates the maternity unit for the territory. There are small hospitals in Watson Lake and Dawson City.

Counselling and Support Positions

Across Yukon communities there are multiple positions funded by First Nations Governments that provide pre and postnatal support for women and families. Support services can include individual or family counselling and healthy lifestyle education including information on the impact of alcohol use during pregnancy. These positions would be considered to provide selective and/or indicated prevention services.

Many Rivers Counselling and Support Services, as well as private counsellors across the territory, offer additional options for individuals needing pre and postnatal counselling support for issues of alcohol use, stress, violence and/or trauma. While not a direct objective of these services, FASD prevention may be a result of the services provided by these counsellors and agencies.

Women's Serving Organizations

Across the territory there are three women's emergency shelters. These are 1) Yukon Women's Transition Home Society in Whitehorse, 2) Dawson Shelter Society and 3) Help and Hope for Families in Watson Lake. Each of these organizations provides emergency shelter for women experiencing violence or abuse. Service providers within these organizations indicated that they work with women who report

using alcohol during pregnancy and provide education, referral and non-judgmental support. Furthermore, in both Dawson City and Watson Lake these organizations support other programs that work with women pre and postnatally. These include a women's support group and CPNP in Dawson City, and an infant massage group for new mothers in Watson Lake.

In Whitehorse, the Victoria Faulkner Women's Centre hosts a variety of programs that can provide support pre and postnatal care for women. These include a Healthy Moms, Healthy Babies group, a summer mom and kids program and suite for rural pregnant moms to use prior to the birth of their child.

Family Serving or Family Support Programs

Across Yukon there are a number of First Nations that have positions or programs dedicated to building healthy families or supporting parenting skill development. These include a parent capacity program through the Selkirk First Nation in Pelly Crossing, a family health promotion position and a health promotion position with the Champagne and Aishihik First Nation, and traditional parenting classes at White River First Nation and through Skookum Jim's Friendship Centre in Whitehorse.

The Teen Parent Centre in Whitehorse provides an environment where young people who are pregnant or parenting can continue their education while receiving pre and postnatal education and support. This program offers selective and indicated prevention.

Finally, the Healthy Families Program offered by Yukon Government for Whitehorse residents is jointly delivered with Public Health and is an intensive home-based family support program. It assists new parents to access supports, and seeks to enhance family functioning through building healthy relationships and teaching problem solving. The program works with families prenatally up to the age of five.

Education

Yukon College provides different access points for individuals seeking training in FASD and FASD prevention. The Northern Institute of Social Justice (NISJ) offers, in partnership with FASSY, 'Core Competency' training targeted towards those working with individuals with FASD across a range of services. Partners for Children offers an '*Introduction to FASD*' workshop that is directed at parents, caregivers and childcare providers. The workshop includes an overview of working with children who have an FASD, addresses the causes of FASD, and discusses the reasons that women consume alcohol during pregnancy. The Early Childhood Development Program offers a full credit course for individuals enrolled in early childhood or educational assistant training. This course is focused on interventions but does address the causes of FASD and thus indirectly provides information on prevention.

One of the significant gaps identified by key informants was the lack of preconception messages directed towards youth. While there seems to be a need to address this gap in a more integrated way, one possible solution is the current development of SHARE: Sexual Health and Relationship Education.

This curriculum is currently being developed through a partnership between the Yukon Government Health Promotion Unit and the Yukon Government Education Department. The program targets grades four through seven with themes in each grade that include: 1) myself, 2) friendships and relationships, 3) body science and 4) media. This curriculum may provide an opportunity for an integrated approach to information dissemination about the intersections of sexual health, relationships, alcohol use and FASD prevention. A review of this curriculum to ensure inclusion of FASD prevention information may be valuable prior to launch. Additionally, Bringing Youth Towards Equality (BYTE) currently offers healthy relationship and safe partying workshops to youth across the territory. This may be another venue for increasing preconception messaging for youth.

Justice

Across the Yukon Government Department of Justice there is recognition of complexity that FASD brings to the justice system. Policy analysts and service providers across offender and victim services identify access to justice as a significant issue for individuals with FASD. While there is a diversity of programs directed towards working with individuals with FASD in the justice system, service providers were less likely to identify specific FASD prevention programs. Prevention, through a justice lens, was identified as preventing re-offending rather than preventing alcohol use during pregnancy. Service providers did identify the lack of specific FASD prevention education or programming as a possible gap in overall territorial justice services. Further, service providers identified the lack of training on non-judgemental approaches for working with women who may be using alcohol while pregnant as another gap for justice services.

Promising practices from justice that can inform an FASD prevention service delivery model in the Yukon are the diversity of collaborative approaches currently being used to assist individuals with FASD in the Yukon justice system. These include the Prolific Offender Management program operated through Community Supervision, the Integrated Offender management program at Whitehorse Correctional Centre, and the Community Wellness Court with its link to the Justice Wellness Centre. All of these programs attempt to incorporate a collaborative approach to working with individuals with FASD, building skills and support to prevent re-offending. Collaboration includes working with other agencies such as FASSY, and Alcohol and Drug Services. Furthermore, attempts are being made to enhance staff training on case planning and building partnerships with other services to provide individual support for people transitioning out of the justice system.

A final link to FASD within the Yukon justice system is the FASD Prevalence in Corrections study currently underway. This study is “seeking to identify the prevalence of FASD and other neurocognitive disorders, mental health, and substance abuse problems among the Yukon adult correctional population. Information gathered over the course of this study will be used to help inform service delivery both in correctional facilities and in the community” (Yukon Government Department of Justice, 2014).

Policy

Yukon Liquor Corporation identifies that they provide “broad-based social responsibility initiative designed to create awareness about social drinking practices”. The policies of the Liquor Corporation are designed to support universal prevention including alcohol warning labels and distribution of low risk drinking guidelines in partnership with Alcohol and Drug Services. The Yukon Government Women’s Directorate’s recent strategic plan highlighted the goal of increasing quality and access of women’s reproductive and health services. The plan recognized that many complexities intersect with reproductive health including FASD. Outcome measures include an increased number of options for women to manage their reproductive health.

The other policy related to FASD prevention is the alcohol prohibition in effect in the communities of Old Crow and Pelly Crossing.

Limitations and Summary

The most significant limitation of this service inventory was time. Connecting with busy professionals across the territory meant multiple phone and email messages prior to finding time to gather service information. In some cases multiple messages were left with no eventual response. This included territorial and First Nations governments as well as non-governmental service providers. To fill in some gaps the Internet was used to supplement service provider data. There was a need to end data collection in order to complete the report and move to the next phases of the project. This may mean that some smaller programs or services are left out of this service inventory. Even with this limitation, the service inventory provided includes a wide range of services that would be included at all levels of prevention.

This report provides an overview and analysis of the Yukon FASD prevention services across all levels of prevention including universal, selective and indicated. In completing this scan it is apparent that gaps exist in some areas of prevention in some communities as well as in integration and coordination of these services. Key informants and service providers identified a number of gaps and promising practice suggestions that were analysed and synthesized into a summary of themes which is included with this report. It is the intention of this report and summary to support development of the larger gap analysis and future service delivery model for Yukon documents.

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Appendix A: Data Collection Templates

Key Informants FASD Prevention In the Yukon

Semi-Structured Interview Questions

1. What current programs are you aware of in the Yukon that relate to FASD prevention?
 - a. Follow-up question: Are these universal or selective prevention initiatives?
2. What do you believe are the strengths of current programs targeting FASD education and prevention in the Yukon? What is working well?
3. What do you believe are the current gaps in FASD education and prevention in the Yukon?
4. What are some of the ways that you believe that these gaps could be addressed? Are you aware of programs or models in other jurisdictions that you would recommend for the Yukon?
 - a. Follow-up question: What barriers exist to implementing these strategies or approaches you have identified?
5. What do you believe would be a key component of an effective service model for FASD prevention in the Yukon?
6. Do you have any additional comments? Are there any other things the research team should consider?

FASD Prevention Project/Program Description

Note: Please use a separate sheet for each unique program within your organization that relates to FASD prevention.

FASD Prevention Program/Project Title:	
Respondent/ Organization:	
Brief Program Description: Including, when possible, target population, program goals/objectives, types of services offered and number of staff.	
Outcomes Measured:	<p><input type="checkbox"/> 1: Information dissemination to increase public awareness of FASD and FASD prevention approaches. May include posters campaigns, pamphlets, social marketing strategies or advertisements.</p> <p><input type="checkbox"/> 2: Increase support (health and/or social) to general population of pregnant women. May include outreach services, drop in, individual counselling, prenatal nutrition support, group programs (educational or recreational), parenting skills or other.</p> <p><input type="checkbox"/> 3: Increase support (health and/or social) to pregnant women who are drinking alcohol or at risk of drinking while pregnant. May include outreach services, individual counselling, drop in, prenatal nutrition support, group programs (educational or recreational), parenting skills, advocacy or other.</p> <p><input type="checkbox"/> 4: Provide opportunity for discussion and education to individuals (males and females) in childbearing years about FASD and FASD prevention through workshops, individual counselling, structured groups or informal groups.</p> <p><input type="checkbox"/> 5: Increase post-partum support for women who have made or tried to make significant lifestyle changes during pregnancy.</p> <p><input type="checkbox"/> 6: Strengthen professionals knowledge, skills and practices in education and awareness of FASD.</p> <p><input type="checkbox"/> 7: Address awareness and education about FASD among Yukon youth.</p> <p><input type="checkbox"/> 8: Address awareness and education about FASD among Yukon First Nations.</p> <p><input type="checkbox"/> 9: Other. Please specify if possible.</p>

Appendix B: Informant Demographic Information

Key Informant Participants

N = 8	
Organization	
Government	3
Non-Government	4
Other	1
Communities Served Direct	
Whitehorse	8
Communities Served Outreach	
Other Yukon Communities	7
Gender	
Female	7
Male	1

Informal Focus Group Participants

N = 16	
Communities	
Whitehorse	10
Watson Lake	2
Dawson City	2
Haines Junction	1
Carmacks	1
Gender	
Female	15
Male	1

Appendix C: Informal Focus Group Feedback

Service Gaps Informal Focus Groups Feedback

Theme	Participant Responses
Preconception Messages for Youth	<p>No information given in high schools. Need for consistent information that is solid and truthful. Pregnancies as early as grade nine in community indicate need for information earlier. Message must be given more than once and on an ongoing basis.</p>
Reproduction Health and Birth Control	<p>Need for anonymity in small communities around early detection (pregnancy tests). Need for increased messaging about early detection. Some extra funding within program used to purchase pregnancy tests to make available for participants. Where are all of the places that we could get early detection messages to women?</p>
Prenatal and Postnatal Support for Women at Higher Risk	<p>Need outreach services for women. Where are postpartum supports for women who have had children removed at birth. Women may not discuss alcohol use during pregnancy due to fear of having children taken away. Need spaces to build supportive relationships with women. Facebook identified as positive tool for helping women to increase social support pre and postnatal. Need for harm reduction messaging. Challenge for service providers to be non-judgmental. What is the impact on the developing fetus as a result of the stress experienced by women who have drunk alcohol prior to knowing they were pregnant?</p>
Ongoing Primary Prevention Messages	<p>Lack of knowledge of prevalence numbers can make it more difficult to convey primary prevention messages. Offered triple shot drink while visibly pregnant. Individual did not understand issue – seen as no big deal. Need to reduce stigma of FASD especially in northern and isolated small communities. FASD crosses all socio-economic backgrounds. Need more information about what is safe particularly for middle class and post secondary educated women. What messages are given in different countries and cultures about how much alcohol is safe to drink during pregnancy? This may not be a consistent message.</p>
Knowledge/Awareness and Coordination/Collaboration of Services	<p>Services so fragmented, no communication, resources separate and sometimes overlapping. Lack of integration of services.</p>
Training for Medical Professionals	<p>My doctor told me I could drink as much wine as I wanted. How much training does medical staff get?</p>
Ongoing Awareness Building and Training	<p>Need for more training for professionals to be able to provide non-judgemental support to women, parents and families pre and postnatal. Need more training for all professionals across multiple disciplines about how to start conversations with women about alcohol use during pregnancy while understanding feelings of guilt and shame that may arise. Need to educate professionals on ‘what is FASD prevention’ and who could be included.</p>
Role of Men	<p>Don’t hear the word Dad in FASD messaging. Need to increase resources to families.</p>

Appendix D: Thematic Analysis Key Informant Transcripts

Thematic Analysis Service Gaps

Theme	Participant Responses
Preconception Messages for Youth	<p>“Where I think we are probably struggling more...right now is the preconception messages for younger youth, for the teens...we don’t have the capacity.”</p>
	<p>“At the “Be the Change” workshop on the weekend in Haines Junction. And five or six local teenagers came, which was fantastic, and every single one of them had alcohol in their home or alcohol issues that they were dealing with. Not themselves. I don’t know like they crossed the line kind of thing in the exercise. So they’re impacted or they’re mom’s home drunk and they have to take care of they’re little brother or they have no dad or, or, or. And it’s all trauma.”</p>
	<p>“For young people it’s very common that you know they are out drinking and they yah they’ll have sex and not necessarily because they’re drinking not going take the precautions that they might. So that’s one age group. But I know that it’s not only with young people that it’s a concern. It happens for women at any age. It also comes back to teaching about safe drinking at any point in time. And I know that there’s new low risk drinking guidelines and stuff that have come out which also help to reduce the risk because if you’re already following the low risk drinking guidelines there’s less likely, hopefully.”</p>
	<p>“The fear of talking about it to kids are too young. You know that fear that comes of talking about number one pregnancies. Sexual activities. Drinking and the combination of such. We can’t talk about it until they’re 14 or 15 and by then we have pregnancies that are affected you know....How soon do you start talking about it is a big question out there...I know some of the curriculum from the states and I think some from BC they start in kindergarten talking about the influences of alcohol in lives and then progress through it.”</p>
	<p>“If you don’t have a way of teaching kids who are cognitively impaired or have an FASD then that’s not going to be helpful for them. And that message may have to be repeated many, many, many times.”</p>
	<p>“We have the health behaviours of school aged children. We have like 25% to 30% of our youth are having sex by grade 9/10 and they are not using condoms or birth control. And those who are think withdrawal’s birth control. So there’s huge gaps. And those are all, if it wasn’t for alcohol everyone would be a virgin...We know that our youth binge drink.”</p>
	<p>“Or send them to high school in town when their prime reproductive years as young teen women who come in traumatized...like birth control I don’t think is talked enough about. You know you’re just postponing pregnancy. Right? I know you want to have a baby but lets just postpone for a little while until things are together for you. Like those conversations it’s surprising with some of the younger women that I’ve talked to how that sort of is like we don’t even think about it. You know pregnancy is not always planned, especially when you’re bingeing you know for four or five days. That’s that pre-contemplative phase that I spoke to...”</p>
Prevention Services for Individuals with FASD	<p>“Then you have people who are referred to [ADS in patient treatment] who are FAS affected and they can’t take them in that program but then who is working with them? Who’s supporting them? There’s not FASSY workers out in community. Of course communities need respite. They need options and there isn’t any.”</p>
	<p>“Work with youth workers here because there’s a huge number of FASD kids, youth in care and young adults and nobody’s doing sex ed with them. So they are at high risk of being abused and being offenders. And so we need more support for those people and for the workers to understand what they’re up against when they have people who have no consequences in they’re brains and that kind of thing.”</p>
	<p>“With [recent guest] presentation she did bring it to the fore in the idea of prevention that folks who have FASD are at risk for having other children with FASD. So she brought it to the head that one of the things that we need to be concerned about when we are case managing or case planning for folks is their reproductive health which is something that I think a lot of the case managers didn’t think of as a specific prevention issue within outreach work.”</p>
	<p>“Hidden issue. Nobody wanted to talk about sexuality.”</p>
Prevention for Services for Individuals with FASD (cont’d)	<p>“Not pushing permanent reproductive health. Just to make that clear. She [recent guest speaker] wanted to make that clear with folks. That it is just let’s delay it until you’re ready. Or let’s delay it until you decide different things.”</p>
	<p>“The point is getting them on reliable birth control...But for women just make sure that they are taken care of. Because they’re going to forget and the pill isn’t a good thing. And get the concept of short term memory front and centre for most folks because most folks have that difficulty.”</p>
	<p>“We had heard that people don’t know how to work with women with FASD, in particular, around issues of reproductive health.”</p>
<p>“So sexual reproductive health or sexual health education in schools is great but if you don’t have a way of teaching that to people with FASD or their parents as well then it’s not going to do much good.”</p>	

Theme	Participant Responses
	<p>“When you’re ready, you’re ready. And you need to have some sort of support for the person before and of course all the support afterwards. It’s a whole continuum. You can’t just plunk somebody into a treatment centre, especially somebody with FASD. And expect them to home and just maintain their sobriety. And there should be some specialized programs. And they really should be looking more at harm reduction I think. Because it looks like, from the little I’ve read, that or people with disabilities or chronic, chronic alcoholics that works the best. There’ not the judgment.”</p>
<p>Reproductive Health and Birth Control</p>	<p>“I found out that birth control is free to all Yukon women if they choose to go there but there is so much mystique around that.”</p> <p>“Access to birth control might make a huge difference...At least then they wouldn’t be getting pregnant. If we had proper use of IUD’s for young women. If we protected girls and young women in that way. Like five-year protection they don’t have to think about it. Free IUD’s might go a long way to reduce FASD.”</p> <p>“I asked them about birth control in the communities and is it easy to access and stuff....Basically they say there’s so many barriers to accessing birth control and one of them is plain old financial....The IUD’s are \$400 the ones that work well and don’t have side effects and they’re not covered...So who’s going to go get a \$400 IUD? You can get \$60 copper ones but they have more complications for some people. And the pill is \$40 bucks a month I think...And you have to find a doctor. Like there’s a lot of barriers in the communities to accessing the birth control.”</p> <p>“When you talk about gaps the first thing that sort of pops into my head is about helping women to detect pregnancy early. Because one of the times where we’ve seen women most concerned about substance use is when they’ve used before they knew that they were pregnant. And that’s across the board high risk or what we considered a lower risk pregnancy necessarily. Young women in particular who maybe weren’t planning a pregnancy. And then you know were out with their friends. They’re partying, whatever. And then three, four months in all of a sudden, especially if they aren’t really paying close attention to their bodies and all of a sudden they realize oh I’m pregnant and I’ve had these occasions of drinking. And it may only be a couple weekends of binge drinking or whatever but it’s very concerning for them. And then you know and a lot of times their physicians I think really in an effort to try and make them feel better say well you know the risk is low or they say lots of things cause at that point in time really what are you going to say? But just trying to help women just to recognize early on so that they can stop.”</p> <p>“I think better access to pregnancy tests would be helpful as well...cause if you go to Shoppers to buy a pregnancy test you’re looking at anywhere from 15 dollars up. 15 dollars to 25/30 dollars per test. Right. Nobody can afford that. You know. So there’s certain points of access for them. Your doctor’s office. Different health centres, community health centres and stuff. And I think some of the argument around why not to just make them more widely out there is this whole thing about follow up. I know when I worked at a health centre we weren’t allowed to just hand out a pregnancy test and for someone to say hey my cousin needs a pregnancy test. And we’d say no actually your cousin needs to come here because then if it is a positive test we want to be able to talk with them and offer services and find out what they want to do. And that’s a great argument and its really valid but are we holding back unnecessarily because they could also go to the store and buy it and there’s not follow up then. I think there’s some validity to having more of a conversation about better access to tests...easier points of access to testing again plays along with that earlier detection.”</p> <p>“If there’s a way to get that message forward a bit more that ‘if you may become pregnant’ then and encouraging women to access prenatal care really quickly. Because sometimes there’s a bit of denial to right, if I ignore this it will go away.”</p> <p>“So from a prevention perspective the work [that needs to be done] is to get clinics to understand the nature of the [FASD] disability and being able to be much more flexible when someone is ready to take them in so they can be seen verses “come in and discuss this well your appointment is next Tuesday at 8 o’clock.”</p> <p>“We need to have some reproductive health strategies that are kind and you know have a harm reduction approach...we need to have a way of educating women around their reproductive system, their choices and their rights as well.”</p>
<p>Pre and Postnatal Support for Women at Higher Risk</p>	<p>“But in community it looks a look different...In Ross...we still don’t even have a prenatal program...its still struggling because they don’t have the capacity to move it forward and to sustain it.”</p> <p>“Unless the women are connected to the Health Centre. And have already before there pregnancy even starts or I guess before baby comes they already have a strong relationship with nursing staff. If they don’t have that strong relationship with the nursing staff then they don’t come for their prenatal check-ups. So they have no prenatal support in that beyond aunties or uncles. Aunties or Grandmas or cousins and sometimes if those folks don’t have the capacity to support them in healthy ways then we send them to stay at the Yukon Inn and expect them to not use while they’re waiting to have baby and they’re lonely and they’re disconnected. Ten years ago I was like I can’t believe we’re sending are women here. It’s above a bar and McDonalds. Two of the most unhealthy things...and you’re lonely and they’re only going to pay for one person to come in. The spouse doesn’t get to come in. So I want you to sit in that hotel room and incubate until that baby comes but stay away from any kind of social connection you might have.”</p> <p>“There is a discrepancy [between communities] and resources in communities.”</p>

Theme	Participant Responses
Pre and Postnatal Support for Women at Higher Risk	<p>“How do we help people when they are pregnant to not feel socially isolated in some of these smaller towns or smaller communities even within Whitehorse.”</p>
	<p>“We had an in-service for the wellness centre staff and two of the people in that in-service said you know what that’s me and they were the service providers. So that informs my work and I’m thinking no wonder there’s some things that there’s no follow up on. So you know that they’re set up for failure if they apply for monies from the Feds for a prenatal program but they don’t have the capacity to do the checks and balances to report back. So no wonder the money gets taken. But you wouldn’t know that unless you had developed the relationship over a period of years where people felt comfortable to go there with you. And then once its out there its like ok so I need to stop pushing and help you do it differently...its an itinerant prenatal program.”</p>
	<p>“I think it’s fairly common knowledge that you shouldn’t drink while you’re pregnant. It’s like I don’t think there’s a smoker out there that doesn’t know they should quit. I don’t think there’s a pregnant woman out there that knows that she should stay healthy during her pregnancy. Which would include abstaining from drugs and alcohol. Most know they should be eating healthy during pregnancy. Like I think most women know that. The gap would be how to put that into practice. Right? And that’s the same for all health. Like we all know we should exercise. How do we put that into practice? We all know which foods we should avoid that we don’t always. Especially if you are working with a higher risk population.”</p>
	<p>“I think everybody’s got the message that drinking during pregnancy is not a good idea but to translate that into action if you’re addicted and you’re whole community is basically addicted or family or social group or if you’re on the street well what are you going to do.”</p>
	<p>“It can be an isolating event then if you’re out partying a lot and then find out you’re pregnant. I think that could be sometimes play into why some women maybe try and you know just ignore it a while because they know they’re going to have to make changes and if they can just ignore it for a bit and continue on with what they actually want to be doing which is hanging out with their friends and continuing maybe to drink or to party and be out and about.”</p>
	<p>“Big gaps for addiction services especially in the communities.”</p>
	<p>“There’s no homeless shelter [for women]. What does that tell a woman? How is she going to stop if she’s so worthless she doesn’t even deserve a place to sleep that’s safe and warm? So there’s some enormous gaps. And then you couple that with some mental illness. And trauma. You have to address the trauma.”</p>
	<p>“So if you are not supporting women with the basic needs of life. That to me is an FASD prevention strategy. You know to have the basics. Food, shelter, safety.”</p> <p>“One part of me wants to stay there should be a special program for women who are drinking and you know a harm reduction kind of strategy or approach, a program for women who are drinking and are pregnant. But on the other hand I don’t want to just stigmatize women and pregnant and just shove them all in box and there you go you fix ‘em up and things are fine. But on the other hand I think they’re needs are a lot different than some of the other women who come to prenatal nutrition programs. So I’m not sure what I would say there. But I think there needs to be some active programming going out to do harm reduction with women who are drinking. And whether it’s through existing agencies like Victoria Faulkner or CPNP or Skookies or Blood Ties or Salvation Army. Where ever women are showing up. There should be some sort of outreach going on there. Some sort of program that is harm reduction based. Setting up supports for women if they don’t have them. Supports that are clean and sober. Because I think a lot of women think when they get pregnant they’ll stop drinking. And for some it is possible. For others it’s totally impossible because they’re living in a milieu that is alcohol saturated or drug saturated.”</p>
Ongoing Primary Prevention Messages	<p>“I find myself now...that conversation still needs to had. Its not like people kind of go oh ok we’ve got it ok good...basic knowledge we did already talk about this but people are in different spaces. They’re ready you know its kind of like who’s ready for the information now, who isn’t.”</p>
	<p>“Because they were socially drinking when they got pregnant. Are we out there doing any campaigns? No. Is the liquor corp involved? No....we need to promote the concept that if you are out at the bar drinking you might have a FAS baby...because people don’t get it. They don’t get the impacts and the social drinking and all that stuff. Anyway there’s a real lack of understanding in health in my opinion. Now probably not in nurses in the communities, or anything I’m not so sure about that.”</p>
Knowledge or Awareness and Coordination or Collaboration or Integration of Services	<p>“Even [the] government still has the feel that all we do its posters. And it’s just so much richer and more than that. And I don’t know how many different ways you can communicate to them that it is different and richer unless you walk along with us you really don’t know....the way you empower even the workers to be or to take responsibility to be better informed or to be more understanding of the women they are working with.”</p>
	<p>“But also when you are doing that kind of work you also need to have some focus or direction with it as well. Because we never actually beyond [supervisor] summaries and that of the work that was done we never actually did an evaluation of how we were doing our work. So beyond the workshop evaluations...but there wasn’t a really strategic evaluation.”</p>

Theme	Participant Responses
Knowledge or Awareness and Coordination or Collaboration or Integration of Services	<p>“There hasn’t been the political will or the funding for the long haul. Because of course anything involved in prevention takes a long time. Social change takes a long time. So if you’re trying to de-stigmatize women for instance. While there was a campaign to support women who were pregnant and to support women not drinking, partner or friends. Those kinds of changes are huge and it takes a lot of time and the long-term commitment for funding and support behind them. So I’ve seen various little campaigns come and go over a couple of year life span kind of thing you know. So some sort of long-term strategy would be much more useful I think. And I think trying to really involve people from rural communities is crucial. And Aboriginal women’s organizations for instance. And First Nations Governments. You know everybody just has to start working together on this. Everybody’s keen to jump on the issue and point fingers at whose causing the problems but people aren’t exactly, while some are jumping on board to try and prevent FASD, but there’s an awful lot of criminalization and stigmatization still going on and that’s not solving the problem at all, it just drives it under ground and drives it deeper. Yah what I’ve seen is this little campaign here and another little campaign there. Let’s do this, this year and then another government comes in or a different management.”</p> <p>“Siloing has just gotten worse.”</p> <p>“I mean how are we going to change things if we keep looking at them the same old way? And if I’m doing sex ed and we’re not talking about alcohol and trauma. And if we’re doing tobacco with youth and drugs and we’re not talking about trauma and pain and what’s really going on for these kids. Like they’re stuffed so deep. If we’re not talking to Yukon kids about the deeper stuff we’re not going to heal anything.”</p> <p>“I think that one of the problems is all of these programs working in isolation. I think that...so like having if there were such a thing as a family resource centre and its needs to be community driven of course like it has to be. We could be less Whitehorse-centric in being able to provide some of the stuff. There could be building local capacity to do those things. Not just capacity cause I think there’s lots of capacity already there but the connections aren’t there with people outside of the community necessarily. And the infrastructure and the physical space to do those things.”</p> <p>“All of these pockets of good things going on but they’re not they don’t necessarily work together...I just think that everybody’s really trying hard and doing good work but you can only do so much alone.”</p> <p>“I think with the [recent guest] program that we just did has brought that collaboration issue to the forefront and how difficult it is to make it happen here and that we need to be working on that specifically...it’s an issue that is community based.”</p> <p>“Just the fact how difficult it is to collaborate in Whitehorse. In such a small population that it should be fairly simple. In bigger centres according from her experience its happening easier.”</p> <p>“It’s silos and turf.”</p>
Prevention and Support information to Medical Professionals	<p>“I think it is concerning for subsequent pregnancies right. Well the last time the doctor said I didn’t need to worry about it so maybe this time I won’t need to either. We know that motherhood already is guilt laden. So I think most physicians are fairly conscious of that and they don’t want to put on top of what already can be a stressful situation for many women guilt also. So I think it’s a fine line between not condoning something but also not creating an unhealthy mental health issue for somebody. Like saying to a woman who’s been drinking yah your baby is probably damaged. I mean it could definitely interrupt prenatal care. Who’s going to go back to a physician who talks to you that way? So I think the physicians are trying to weigh out maintaining a relationship with their client and ensuring a healthy pregnancy from that point on. So I don’t know if it maybe something that’s better addressed after the baby’s born. To come back around to it. But then that means maintaining a connection and whether it’s a conversation that could happen at the 6-week check in. You know around birth control. Often that’s a good time when doctors address birth control with new parents. You know in order to space you’re pregnancies the way you want them what are you going to do. And then in order to make sure you’re next pregnancy when ever or if you’re ready to have another pregnancy is healthy how are you going to address the drinking or the addiction.”</p> <p>“Even at the last [training] we did people were telling us that they’re getting told that its ok [to drink during pregnancy]. And that’s from doctors locally here.”</p>
Ongoing Awareness Building and Training	<p>“I find myself now...that conversation still needs to had. Its not like people kind of go oh ok we’ve got it ok good...basic knowledge we did already talk about this but people are in different spaces. They’re ready you know its kind of like who’s ready for the information now, who isn’t.”</p> <p>“Like I don’t know what an FAS brain or FASD brain. I mean I don’t even know the lingo right now. Is it FASE, FASD. You know like all of that stuff it’s really, it’s around but people don’t really there’s not a common acknowledgement of it I don’t think.”</p> <p>“Everyone has this stereotype that stills very strong that its chronic alcoholic First Nations women. And its not and Heath Promotion is perfectly situated and ADS I mean look at all the money we put into prevention and nobody’s preventing the right thing sometimes I think.”</p>

Theme	Participant Responses
	<p>“I think really the stigma really needs a lot of work. So we can diagnose and understand it better”</p>
	<p>“Well I mean first of all we have to stop thinking of FASD as a First Nations disease or a women’s disease. I mean cause the Yukon has a drinking problem...”</p>
Role of Men	<p>“Get men involved. You know. Really get the men involved. It’s not all to do with the women. You can’t just keep demonizing women who drink or use when they’re pregnant. Somebody is giving them those drugs. Somebody is doing it with them. Somebody’s supporting that lifestyle. I know for a lot of women partners feel threatened when they stop. So you gotta do something with the whole family or the group that they’re hanging around with”</p>

Thematic Analysis Promising Practices

Theme	Participant Responses
Integrated Information Delivery	<p>“As opposed to just poster campaigns...now its just integrated information. Subtly and not so subtly interwoven.”</p>
	<p>“Low risk drinking guidelines. How women metabolize alcohol differently than men and what are the outcomes of those things are. That’s FASD prevention. So its totally different from what it use to be...I think its much more effective because people aren’t expecting it necessarily in the venues that we are delivering it in.”</p>
	<p>“And fundamentally trauma is the source of all the problems. Childhood trauma, in my opinion right with the tobacco, early sexual behaviour, alcohol. And that isn’t really getting resolved.”</p>
	<p>“I think we need to integrate our messages more. And do cross workshops and maybe more in grade 8 and up like when they are actually considering drinking and having sex. Not so much in elementary school. Because really it comes down to the decision making point to and then why are they drinking so much is a whole other question.”</p>
	<p>“I think teaching birth control or sex ed out of the context of alcohol ed is dumb after a while. After a certain age onward. Because that’s what people are doing. Partying. And the time to make birth control decisions. I mean we know from our huge rates of STI’s that there’s a lot of unprotected sex going on. We have 3-5 times the national average fro Chlamydia. Which is just an indicator. I don’t know how may of those result in pregnancy. But I know we have 160 abortions a year. And then a full teen parent centre. I would say we have some issues with our birth control messaging. So we got to get it all on the same page in my opinion.”</p>
	<p>“A way to strengthen the understanding you know and that goes right back I think to some of our sex ed. teaching in junior high and high school ages to about you know that the risks are there and that’s tied up into sexual health teaching all around”</p>
Increased Collaboration or Coordination	<p>“It would be very very helpful to have a position [on ADS prevention team] to do this work [FASD prevention coordination] or to at least spearhead it for us...it is really difficult to stay current all the time...Even to have someone that just focuses on just pulling all that together and disseminating that information ...Really as a position in that you don’t have to do the work. You’re here to spread the news...To get other people excited about the work. And to validate the work you are doing.”</p>
	<p>“Sometimes too it is helpful if you’re a younger person talking to younger people...so I think there’s some good collaborative work that can be done...in that area.”</p>
	<p>“Maybe its not ADS that delivers that program [referring to a Sheway type program]...Like doing it differently instead of thinking that [government] have to carry it. But that also takes someone to engage people in those conversations.”</p>
	<p>“Case management has been super helpful.”</p>
	<p>“I think there needs to be a more comprehensive system that supports children starting at birth or supporting their families and children starting at birth. Not as punitive but like positive healthy help. Not like I’m going to take your kids away.”</p>
	<p>“The strong tie between families with children in care or with receiving support services and addiction and there’s not a great strong connection between the two agencies. If that connection can be strengthened then that might also again play out into FASD prevention.”</p>
	<p>“The ideal would be that there’s a body that can possibly be face to face on a semi annual or annual basis. So if there is a community based FASD strategy that this group maybe it all becomes one thing. The key players and the interested parties come together on a semi annual/annual basis to review this is the plan, how are we doing, where we are. What needs to be changed? There’s benchmarks and we just see what progress are we making say on reducing the incidents of FASD in the territory.”</p>
	<p>“I think we need to start being a bit more definitive or evaluative in what we doing” [referring to a territorial approach/strategy] “Are we achieving something collectively. Are we making a difference in the money and the expenditures?”</p>
<p>“Yukon wide FASD plan or strategy that is led by YG but need to be community based and collaborative.”</p>	
Increased Collaboration or Coordination	<p>“In terms of delivery of services I think there has to be thoughtful consideration as to what services government can provide given how people react to government services and some of the conflicts that government services create within themselves.”</p>
	<p>“So I think that’s a conversation to as to what services are most appropriately held by government and what are more appropriately done in the community because people have a greater sense of trust maybe and they will come in more frequently to seek whether its non judgmental or there’s no penalty, potential penalty in their mind</p>

Theme	Participant Responses
(cont'd)	<p>as a result of disclosing something.”</p> <p>“What ever the model is that there’s common agreement as to the levels or the stages or whatever that everybody has bought into and that’s could be the starting point of the discussion as to what needs be done and who’s going to do it...let’s take a look at postpartum supports. What are there out there for postpartum supports right now and are they FASD friendly. And what’s happening with prenatal supports. Who’s doing what? Who’s making ready access for at risk? Detox says they’ll take in at risk women into treatment much more. But we know that quite possibly an at risk women with an FASD the type of treatment being provided isn’t not probably effective for them. So what are we doing for that population group to try and mitigate. To prevent. I think there has to be agreement as to what are the components of this prevention work and then go from there in terms of who’s doing what and what are those gaps.”</p> <p>“If there was true community participation. If that is actually possible then it would be best to reside with ADS. Because they’ve got the expertise. They’ve got you know deeper pockets. They’re a part of government. They’ve got a history. They’ve got knowledge. So it would make sense but it would have to have real community involvement. Not just a pretend community advisory committee or something like that has no real say or decision making capability or power.”</p>
Ongoing Training and Primary Prevention Messaging	<p>“Like what does it really mean to be FASD. And that real brain science of it all I think really could use a promotional campaign.”</p> <p>“Promoting what FASD is and what it isn’t. Breaking down some of the myths. I think we need some public campaigns about it.”</p> <p>“The other part of the professional stuff is then is getting it out there the education out there for people to know how to talk to women. About asking their drinking was during pregnancy because a lot of people will say while I didn’t drink from when I knew I was pregnant. And then people stop talking to them. They forget to say while what were you doing before you knew you were pregnant...Or blaming them say while you knew when you found out you were pregnant you were 5 months so of course you were drinking before that we all know that. But they’re doing this blame thing. Getting that learning cycle out there about how do we help women stop drinking without feeling bad and be positive about it.”</p> <p>“FASD core competency [training offered by NISJ] is a mandatory requirement of anyone working with people whether it be in community services, or family and children’s services, health but if you’re working front line with people that there’s some understanding of FASD in their training.”</p> <p>“It would be great to do them every single year and have them a little bit longer cause there wasn’t enough time. But the whole area of ‘how do you work with women and their partners who are addicted or have FASD’ and are not going to get. Will never get it and you know how do you support them effectively.”</p> <p>Use tele-health or webinar as an approach for involving communities in training and network strategies.</p>
Strength Based Approaches to Support Women Pre and Postnatal	<p>“To me [CPNP] it’s a really great program that is open to women who are going to become pregnant or are pregnant. And helps them learn how, learn about infant development, prenatal development, nutrition and all of the roles that it plays. How to shop. How to buy food that is healthy and less expensive. Less processed. And building a community of people so which for me I think is as important as anything is to have some supports, some social supports. And I do know that many of those, usually moms, keep connected after their birth...Keep connected with each other so that when things are hard or they don’t know what to do or they just need a break or go for a walk with somebody you know that there’s another person around that has their insights and the same kind of common experience from that previous twelve months or so or more. But unfortunately the CPNP program [only] goes to twelve months.”</p> <p>“I draw a blank when it comes to awareness building in some ways. I see like posters and messages out there and I don’t think that they really make much of a difference. It’s sort of a waste of money in a way. Even though I think that people need to know about stuff I don’t necessarily see that as being as that’s a great thing...I think that it’s built on relationships. Honestly. Healthy relationships.”</p>
Strength Based Approaches to Support Women Pre and Postnatal (cont'd)	<p>“Part of the FASD legacy, I guess, is created partly because mothers are often treated with more respect and are cared for in the subtlest of ways even by people you don’t know when you are pregnant and then once they have their child and then they take the child away because it has FASD then they want another baby right. What if we just cared for people. What if we just created a caring community all the time and maybe we could avoid the first child with FASD or like you say multiple children and somehow keep the children in the home with those parents help them become the people they want to be”</p> <p>Implement Handle with Care Program.</p> <p>Increase distribution of Yukon Healthy Beginnings Handbook.</p> <p>“A comfy place, kind of like a coffee shop. Where people can come. To me its like the third place. Maybe you have work and maybe you have your home and then there’s this other place where you can go. So it’s comfortable. Its where you want to go to talk, to build relationships with other people and get information at the same time.”</p>

Theme	Participant Responses
	<p>“A place to look out and look after people more instead of telling them to get over it and get their shit together and buck up”</p>
<p>Reproductive Health/Birth Control/Early Detection</p>	<p>“I know how well subsidized birth control works.”</p>
	<p>“At a recent conference we came back with a what some jurisdictions have sponsored pregnancy tests in bar washroom. A dispenser. So they were a dollar or two dollars.”</p>
	<p>“Some people are upset with it...they thought they were blaming women by having them to have to do the pregnancy test. They don’t have to. Its another tool to allow them to understand their bodies...because sometimes people aren’t aware early in their pregnancy.”</p>

Appendix E: Service Inventory

Yukon FASD Prevention Service Inventory

Programs and Services by Agency

Agency/Service	Community Served Direct	Community Served Outreach	Services	Program Goals	** Measured Outcomes	Target Group	Level of Prevention
Direct Service Provision							
FASSY	Whitehorse	Yukon Communities as requested	<ol style="list-style-type: none"> 1. Information sessions 2. Consultations as requested by agencies across the Yukon 3. Core competency training in FASD 4. Preconception initiatives 5. Printed prevention resources and website 6. Pre and post natal outreach support to women with an FASD 7. Coordinates adult diagnostic services 8. Developing grade 10 curriculum in FASD prevention 	<ol style="list-style-type: none"> 1. Educate and support service providers to persons with FASD 2. Educate and inform the community 3. Provide direct supports to persons with FASD 4. Create and support collaboration 	1, 3, 5, 6, 7 & 8	<ul style="list-style-type: none"> • General public • Health service providers • First Nations • Youth • Policy makers • People with an FASD • Pregnant women • Women/men in childbearing years • Low income Yukoners 	Universal Selective Indicated
Alcohol and Drug Services Prevention Unit	Whitehorse Prevention Consultant	All Yukon Communities as requested Prevention Consultants	<ol style="list-style-type: none"> 1. Strategic FASD education and awareness presentations, collaborative program development, capacity building and consultation in schools and communities 2. Development of pan-territorial FASD prevention media campaigns about supporting women to have alcohol free pregnancies 3. Targeted training for allied professionals who work with women who abuse substances including women's centred approaches and motivational interviewing 	Broad scope approach to prevention that is intended to: <ol style="list-style-type: none"> 1. Anticipate 2. Prevent 3. Address substance abuse throughout the women's lifespan 	1, 4, 6, 7, & 8	<ul style="list-style-type: none"> • General public • First Nations • Youth • Health service providers • Pregnant women • Women/men in childbearing years • Low income Yukoners 	Universal Selective

Alcohol and Drug Services Prevention Unit (cont'd)			<p>4. Distribution of preconception messages for youth, women and people who support them (“The Word is Out” and low risk drinking guidelines) 5. Introduction of T-ACE and TWEAK screening tools 6. PRIMA training 7. Making Connections Facilitator Training</p>				
Alcohol and Drug Services Treatment	Whitehorse 1. Detox 2. Outpatient counselling 3. Youth counsellors 4. Inpatient treatment	Community Development Worker Alcohol and Drug Information Line (Communities can access other services if they travel to Whitehorse)	<p>1. Seeking Safety women’s group in partnership with Victoria Faulkner Women’s Centre 2. One to one counselling 3. Gender specific in patient treatment (offered bimonthly for women) 4. Detox – priority access for pregnant women 5. Counselling and treatment services for youth in grades 5-12</p>	Vision: empowering Yukoners to attain freedom from alcohol and other drug problems, in order to achieve health and wellbeing.	3 & 5	<ul style="list-style-type: none"> • Pregnant women • Youth • First Nations • Low income Yukoners 	Selective Indicated
Child Development Centre	Whitehorse Child And Youth FASD Diagnostic and Support Team	Yukon Communities for planned follow up Outreach based teams for assessment, one to one therapy or follow-up support to individuals, families and service providers. Satellite offices in Dawson City, Watson Lake and at Kwanlin Dun	<p>1. Assessment and diagnosis to children with confirmed pre-natal alcohol exposure 2. Follow up support to families, service providers and communities 3. Referrals to other community based teams through CDC to provide support to general population or pregnant women</p>	To provide multi-disciplinary assessment and diagnosis	1, 4, 6, 7 & 8	<ul style="list-style-type: none"> • General public • First Nations • People with FASD • Women/men in child bearing years • Health service providers • Low income Yukoners • Youth • Families and caregivers of children with FASD as well as their support network 	Universal Selective Indicated

<p>Canadian Prenatal Nutrition Program</p>	<p>1. Skookum Jim Friendship Centre 2. Kwanlin Dun Health Centre (Healthy Babies, Healthy Generations) 3. Victoria Faulkner Women's Centre 4. Les EssentiElles 5. Teen Parent Centre</p>	<p>Communities/First Nations with CPNP Coordinator 1. Watson Lake 2. Carmacks (Little Salmon Carmacks First Nation) 3. Carcross (Carcross Tagish First Nation) 4. Teslin (Teslin Tlingit Council) 5. Dawson City 6. Haines Junction (Champagne and Aishihik First Nation)</p> <p>First Nations with CPNP Funding for food vouchers 1. TAAN 2. Kluane First Nation 3. Vuntut Gwitchin First Nation 4. White River First Nation</p>	<p>Services are dependent on funding in each community but can include: 1. Family and social support 2. FASD information and services 3. Nutrition counselling, prenatal vitamins food and food coupons 4. Counselling in prenatal health and lifestyle 5. Breastfeeding education and support 6. Education and support on infant care and child development 7. Referrals to other agencies and services</p>	<p>CPNP aims to... 1. improve the health of mothers and infants 2. reduce the incidence of unhealthy birth weights 3. promote and support breastfeeding... by building partnerships and strengthening community supports for pregnant women"</p>	<p>2, 3, 5, 7 & 8</p>	<ul style="list-style-type: none"> • Pregnant women • First Nations • Low income Yukoners • Single parents • Youth 	<p>Universal Selective Indicated</p>
<p>Yukon Government Community Health Centres Yukon Government Community Health Centres (cont'd)</p>	<p>N/A</p>	<p>Health Centre in every Yukon Community</p>	<p>1. One to one prenatal and postnatal care 2. Some communities have paper resources about healthy pregnancy 3. Some communities will do outreach in situations of high risk pregnancies</p>	<p>1. Increase opportunity for healthy pregnancy</p>	<p>2, 3, 4, 5</p>	<ul style="list-style-type: none"> • Pregnant women • First Nations • Youth • Women/men in childbearing years • Low income Yukoners 	<p>Universal Selective Indicated</p>
<p>Yukon Government Whitehorse Health Centre</p>	<p>Health Centre</p>	<p>N/A</p>	<p>1. Prenatal classes 2. Postnatal groups (Baby's Day Out and Baby Talk) 3. One to one postnatal care 4. In hospital follow-up and post-</p>	<p>1. Increase knowledge about healthy pregnancy 2. Increase postnatal knowledge and support</p>	<p>2, 4, 5</p>	<ul style="list-style-type: none"> • Pregnant women • First Nations • Youth • Women/men in 	<p>Universal Selective</p>

			delivery education			<ul style="list-style-type: none"> childbearing years Low income Yukoners 	
TAAN First Nation	Family Support Worker	N/A	<p>Position works with family involved in child welfare matters and with families to prevent child welfare matters</p> <ol style="list-style-type: none"> Counselling Lifestyle support activities Provides food vouchers until one year postnatal Referral as required to other services Meeting one to one prenatal and postnatal to support women and families Provide information on effects of alcohol during pregnancy 	<ol style="list-style-type: none"> Decrease need for child welfare involvement Increase knowledge and support for healthy pregnancies 	2, 3, 5, 7 & 8	<ul style="list-style-type: none"> Pregnant women Youth TAAN First Nation members Low income Yukoners 	Selective Indicated
Champagne and Aishihik First Nation	Whitehorse Health Promotion Facilitator position	Haines Junction Family Health Promotion position Responsible for all CAFN communities	<ol style="list-style-type: none"> Annual workshop on FASD Print material about alcohol use and pregnancy Pre and postnatal support to women and families 		2, 3, 5 & 8	<ul style="list-style-type: none"> Pregnant women Youth CAFN First Nation members Low income Yukoners 	Universal Selected Indicated
Tr'ondek Hwechin First Nation	N/A	Dawson City Community Counsellor Position	<ol style="list-style-type: none"> Presentations to schools on health and social effects of alcohol use One to one counseling and support 		3, 5 & 7	<ul style="list-style-type: none"> Youth Pregnant women TH First Nation members Low income Yukoners 	Universal Indicated
Kwanlin Dun First Nation Health Centre	Whitehorse	N/A	<ol style="list-style-type: none"> Pregnancy testing Emergency contraception Healthy Babies Healthy Generations Reproductive health information and support 	Increase strength of community through healthy children and families	1, 2, 3, 4, 5, 7 & 8	<ul style="list-style-type: none"> First Nations Pregnant women People with FASD Women/men in childbearing 	Universal Selective Indicated

			5. Well Baby Clinics 6. Nursing staff for Outreach Van			years <ul style="list-style-type: none"> Youth Low income Yukoners 	
Vuntut Gwitchin First Nation	N/A	Old Crow Family Support Position (0.5) Manager of Mental Health and Support Services	1. Support for families pre and postnatal 2. Small budget line for FASD prevention education annually (\$3200) 3. Support for parents with FASD		3, 4, 5 & 8	<ul style="list-style-type: none"> First Nations Pregnant women People with FASD Youth Low income Yukoners 	Universal Selective Indicated
Selkirk First Nation	N/A	Pelly Crossing Parent Capacity Program Youth Leadership Program				<ul style="list-style-type: none"> First Nations Pregnant women People with FASD Low income Yukoners Women/men in childbearing years Youth 	Universal Selective Indicated
White River First Nation	N/A	Beaver Creek	1. Traditional parenting classes 2. Annual FASD prevention workshops 3. Traditional on the land camps 4. Healthy lifestyle workshops with parents 5. Parent and tot group 6. CPNP food vouchers	Support healthy lifestyles for families pre and post pregnancy	2, 3, 4, 5 & 8	<ul style="list-style-type: none"> First Nations Pregnant women Women/men in childbearing years Youth 	Universal Selective Indicated
Kluane First Nation		Burwash Landing	1. Outreach and community support for pregnant women	Support healthy lifestyles for women during pregnancy	2 & 3	<ul style="list-style-type: none"> Pregnant women Youth Kluane First Nation members Low income Yukoners 	Selective
Skookum Jim's Friendship Centre	Whitehorse	N/A	1. Traditional parenting program 2. Prenatal nutrition outreach	1. Increase social support 2. Pre and postnatal information support 3. Support father involvement	2, 3, 4, 5 & 8	<ul style="list-style-type: none"> First Nations Pregnant women People with FASD 	Selective Indicated

				<p>4. Encourage interest and practice of traditional parenting values</p> <p>5. Prevent occurrence of FASD in infants</p>		<ul style="list-style-type: none"> • Women/men in childbearing years • Youth 	
Yukon Government Healthy Families Program	Whitehorse	No services offered	The Healthy Families Program is an intensive home-based family support program offered in Whitehorse to overburdened parents of newborns, prenatally and/or at birth, until the child reaches school-age (up to five years of age). The program is voluntary and is jointly delivered with Public Health through Community Health Nurses.	<p>The program goals are:</p> <ol style="list-style-type: none"> 1. To systematically assess the strengths and needs of new parents and assist them in accessing community services as needed; 2. To enhance family functioning by: building trusting nurturing relationships; teach problem solving, improving the family's support system; 3. To promote positive child-parent relationships; and, 4. To promote healthy growth and development. 	3 & 5	<ul style="list-style-type: none"> • Pregnant women • Pre and post-partum women and their partner with children from 0 -5 years of age • First Nations • Low income Yukoners • Youth 	Selective Indicated
Victoria Faulkner Women's Centre	Whitehorse	Cynthia Kearns Suite for Rural Pregnant Moms (in Whitehorse)	<ol style="list-style-type: none"> 1. CPNP Healthy Moms Healthy Babies 2. Summer Mom & Kids Program 3. Daily women's drop in 4. Free accommodation for two weeks prior to scheduled birth of a child 	<p>Safe and respectful space where women:</p> <ol style="list-style-type: none"> 1. Connect with each other; 2. Access support and services; 3. Work together to create positive change for women and the community 	2, 3, 5 & 8	<ul style="list-style-type: none"> • First Nations • Pregnant women • Women in child bearing years • Youth • Low income Yukoners • Women with FASD 	Selective Indicated
Teen Parent Centre	Whitehorse	Some youth from Yukon communities attend high school in Whitehorse	<ol style="list-style-type: none"> 1. CPNP Healthy Moms, Healthy Babies 2. Healthy lifestyle group activities 3. Daycare 	<ol style="list-style-type: none"> 1. Maintain an environment where young people who are pregnant or parenting can continue their education 2. Prenatal, postnatal and parenting education 	2, 3, 5, 7 & 8	<ul style="list-style-type: none"> • Pregnant women • Youth • First Nations • Low income Yukoners 	Selective Indicated
Yukon Women's Transition Home Society	Whitehorse	Women from communities can access services when in Whitehorse	<ol style="list-style-type: none"> 1. Kaushee's Place (Emergency shelter) 2. Betty's Haven (Second stage housing) 3. 24 hour crisis line 	<ol style="list-style-type: none"> 1. Safe, confidential and nonjudgmental support; 2. Advocacy; and 3. Shelter to women, and their children, who are in crisis and/or 	3 & 4	<ul style="list-style-type: none"> • Pregnant women • Women in child bearing years • Low income 	Selective Indicated

				experiencing and responding to violence or abuse.		<ul style="list-style-type: none"> Yukoners • People with FASD • First Nations • Youth 	
Dawson Shelter Society	N/A	Dawson City	<ol style="list-style-type: none"> 1. Emergency Women’s Shelter 2. CPNP 3. Women’s Support Group 		1, 2, 3 & 5	<ul style="list-style-type: none"> • Pregnant women • People with FASD • First Nations • Low income Yukoners • Youth 	Universal Selective Indicated
Help and Hope for Families		Watson Lake	<ol style="list-style-type: none"> 1. Emergency Women’s Shelter 2. I am Me program offers infant massage classes to mothers 	<ol style="list-style-type: none"> 1. Increase post natal social support to women through infant massage group 2. Provide safe space for women experiencing or responding to violence or abuse 	3 & 5	<ul style="list-style-type: none"> • Pregnant women • Women in childbearing years • Low income Yukoners • First Nations • Youth 	Selective Indicated
Many Rivers Counselling and Support Services	Whitehorse Adult and youth counsellors Parenting programs	Satellite offices in Dawson City, Haines Junction and Watson Lake All Yukon communities served by itinerant counsellors	<ol style="list-style-type: none"> 1. Nobody’s Perfect program for parents 2. Mothering Your Baby: The First Year 3. Life After Birth 4. Individual counselling services 	Building healthy individuals and families living in supportive communities.	2, 3, 4, 5, 7 & 8	<ul style="list-style-type: none"> • Pregnant women • Women/men in childbearing years • First Nations • Youth 	Selective Indicated
Yukon Doctors and Whitehorse General Hospital	Multiple medical clinics and hospital	Hospital in Watson Lake and Dawson City Other communities served nursing staff in Health Centres	<ol style="list-style-type: none"> 1. Prenatal health care 2. Postnatal checkups 3. Some clinics have print material about healthy pregnancy 		2, 3 & 4	<ul style="list-style-type: none"> • Pregnant women • First Nations • Youth • Low income Yukoners • Women/men in childbearing years 	Universal Selective Indicated
SAGE Maternity	Located at	N/A	Specialized clinic for doctors with		2, 3 & 4	<ul style="list-style-type: none"> • Pregnant women 	Universal

SAGE Maternity	Whitehorse Medical Clinic		a focus in obstetrics			<ul style="list-style-type: none"> Youth Women/men in child bearing years First Nation Low income Yukoners 	Selective Indicated
Counselling Services	1. Kwanlin Dun First Nation 2. Many Rivers Counsellors 3. Barb Nimco and Associates 4. Private Counsellors and Therapists	1. Many Rivers Counsellors 2. Counsellors employed by some First Nations	One to one support to address issues of substance abuse, violence and trauma	1. Reduce harms related to alcohol use during pregnancy	3 & 5	<ul style="list-style-type: none"> Pregnant women First Nations Low income Yukoners Youth 	Selective Indicated
Policy							
Yukon Liquor Cooperation		Yukon Wide	1. Alcohol warning labels 2. Distribution of low risk drinking guidelines	Broad-based social responsibility initiatives designed to create awareness about responsible drinking practices.	1	<ul style="list-style-type: none"> General Public Pregnant women Women/men in child bearing years 	Universal
Women's Directorate		Yukon Wide	1. Policy development in areas including reproductive health 2. Administers Violence Against Aboriginal Women Fund 3. Resource support to Teen Parent Centre and Victoria Faulkner Women's Centre	2013 Strategic Plan <i>Strategic Goal 1.3: Increase the quality and access of women's reproductive health services.</i> Health is a key indicator of women's equality, and reproductive health is one important aspect. Addressing care and services for women and girls throughout their reproductive health life span, is one essential for enhancing women's health. Complexities that intersect with reproductive	2, 3 & 4	<ul style="list-style-type: none"> General Public Policy makers Pregnant women Women/men in childbearing years Youth First Nations 	Universal

Women's Directorate (cont'd)				<p>health include age, substance use, FASD, and mental health. With partners in Health and Social Services, the Women's Directorate will provide gender inclusive analysis on options for enhancing general reproductive health.</p> <p>Health Indicators: Outcome – Number of women attending increased evening services at proposed reproductive health clinic. Outcome – Increased number of options for women to manage their reproductive health.</p>			
Old Crow		Old Crow	Dry Community	Decrease alcohol use among all members of community	2, 3 & 5	<ul style="list-style-type: none"> • First Nations • Pregnant women 	Universal
Pelly Crossing		Pelly Crossing	Dry Community	Decrease alcohol use among all members of community	2, 3 & 5	<ul style="list-style-type: none"> • First Nations • Pregnant women 	Universal
Education							
Partners for Children	Yukon College	<ol style="list-style-type: none"> 1. Workshops in communities 2. Networking support for child care providers in communities 	<ol style="list-style-type: none"> 1. Introduction to FASD workshop for parents, caregivers and childcare providers 2. Develop and distribute: Healthy Beginnings: A Resource Guide for Parents in Yukon Territory 	<ol style="list-style-type: none"> 1. Increase knowledge about FASD and prevention 2. Increase knowledge about resources for healthy pregnancy and parenting 	1, 2, 6 & 8	<ul style="list-style-type: none"> • Health service providers • Low income Yukoners • First Nations • Pregnant women 	Universal
Northern Institute of Social Justice	Yukon College	Workshops offered in communities as requested	Core Competencies for FASD workshop	1. Increase knowledge about FASD and prevention	6 & 8	<ul style="list-style-type: none"> • Health service providers • Policy makers • First Nations 	Universal

YG Department of Education and YG Health Promotion Unit		All Yukon Communities	1. SHARE Curriculum for grades 4-7 (May be able to develop link to FASD prevention)	1. Increase knowledge about healthy relationships, alcohol use, pregnancy	7 & 8	<ul style="list-style-type: none"> • Youth • First Nations 	Universal
BYTE	Main Offices	Community Outreach Coordinator	1. Healthy relationships workshops 2. Safe partying workshops	BYTE Mandate: Yukon youth unite to strengthen youth voice, take action and bring about positive change for the wellbeing of everyone	7	<ul style="list-style-type: none"> • Youth • First Nations 	Universal

**** Measured Outcomes**

1. Information dissemination to increase public awareness of FASD and FASD prevention approaches. May include posters campaigns, pamphlets, social marketing strategies or advertisements.
2. Increase support (health and/or social) to general population of pregnant women. May include outreach services, drop in, individual counselling, prenatal nutrition support, group programs (educational or recreational), parenting skills or other.
3. Increase support (health and/or social) to pregnant women who are drinking alcohol or at risk of drinking while pregnant. May include outreach services, individual counselling, drop in, prenatal nutrition support, group programs (educational or recreational), parenting skills, advocacy or other.
4. Provide opportunity for discussion and education to individuals (males and females) in childbearing years about FASD and FASD prevention through workshops, individual counselling, structured groups or informal groups.
5. Increase post-partum support for women who have made or tried to make significant lifestyle changes during pregnancy.
6. Strengthen professionals' knowledge, skills and practices in education and awareness of FASD.
7. Address awareness and education about FASD among Yukon youth.
8. Address awareness and education about FASD among Yukon First Nations.

Programs and Services by Community

Community	Program/Service	Sponsor/Funder	Level of Prevention
Community 1	Canada Prenatal Nutrition Program Prenatal Worker	Federal	Universal, Selective and Indicated
	Prenatal Health Care	Health Centre Yukon Government	Universal, Selective and Indicated
	Women's Shelter	Non-Governmental Agency	Selective and Indicated
	Child Development Centre Satellite Office	Non-Governmental Agency	Selective and Indicated
Community 2	Canada Prenatal Nutrition Program Prenatal Worker	Federal Funding Operated by First Nations	Universal, Selective and Indicated
	Prenatal Health Care	Health Centre Yukon Government	Universal, Selective and Indicated
Community 3	Individual/as needed prenatal care by nursing staff	Health Centre Yukon Government	Universal, Selective and Indicated
Community 4	Prenatal Health Care	Health Centre Yukon Government	Universal, Selective and Indicated
Community 5	Canada Prenatal Nutrition Program Prenatal Worker	Federal Funding Operated by First Nations	Universal, Selective and Indicated
	Prenatal Health Care	Health Centre Yukon Government	Universal, Selective and Indicated
Community 6	Canada Prenatal Nutrition Program Prenatal Worker	Federal Funding Operated by First Nations	Universal, Selective and Indicated
	Prenatal Health Care	Health Centre Yukon Government	Universal, Selective and Indicated
Community 7	Canada Prenatal Nutrition Program Family Health Promotion/Prenatal Worker	Federal Funding Operated by First Nations	Universal, Selective and Indicated
	Prenatal Health Care	Health Centre Yukon Government	Universal, Selective and Indicated
	Health Promotion Worker	First Nation	Universal
Community 8	Prenatal Health Care	Health Centre Yukon Government	Universal, Selective and Indicated
	Traditional parenting, traditional camps, annual FASD prevention workshops	First Nations	Universal, Selective and Indicated
Community 9	1:1 support as needed during pregnancy. Set up of a support network on an individual basis. Outreach support as needed. Resource referral when applicable.	First Nations Health and Social Department	
Community 10	Prenatal Health Care	Health Centre Yukon Government	Universal, Selective and Indicated
Community 11	Prenatal Health Care	Health Centre Yukon Government	Universal, Selective and Indicated
	First Nations Parent Capacity Program	First Nations	Selected and Indicated
Community 12	Prenatal Health Care	Health Centre Yukon Government	Universal, Selective and Indicated
Community 13	Canada Prenatal Nutrition Program	Federal	Universal, Selective and Indicated
	Prenatal Health Care	Health Centre Yukon Government	Universal, Selective and Indicated
	Women's Support Group and Emergency Shelter	Non-Governmental Organization	Selective and Indicated
	First Nations Community Counsellor	First Nations	Universal and Indicated

Community	Program/Service	Sponsor/Funder	Level of Prevention
	Child Development Centre Satellite Office	Non-Governmental Agency	Selective and Indicated
Community 14	Prenatal Health Care	Health Centre Yukon Government	Universal, Selective and Indicated
	Family Support Position	First Nations	Selective and Indicated
Whitehorse	Canada Prenatal Nutrition Program <ul style="list-style-type: none"> ▪ Multiple Locations ▪ Skookum Jim Friendship Centre ▪ Kwanlin Dun Health Centre (Healthy Babies, Healthy Generations) ▪ Victoria Faulkner Women's Centre ▪ Les EssentiElles ▪ Teen Parent Centre 	Federal	Universal, Selective and Indicated
	Prenatal Classes and Postnatal visits	Whitehorse Health Centre Yukon Government	Universal, Selective and Indicated
	Sage Maternity Clinic	Yukon Government	Universal, Selective and Indicated
	Healthy Families	Yukon Government	Selective and Indicated
	Victoria Faulkner Women's Centre	Non-Governmental Agency	Selective and Indicated
	Kwanlin Dun Health Centre	First Nations	Universal, Selective and Indicated
	Taan First Nations Family Support Worker	First Nations	Indicated
	Yukon Women's Transition Home	Non-Governmental Agency	Selective and Indicated

Territorial Wide Programs and Services

Organization	Program	Sponsor/Funder	Level of Prevention
Child Development Centre	Child and Youth FASD Diagnostic and Support Teams	Non-Governmental Agency	Universal, Selective and Indicated
FASSY	FASD Prevention and Education Consultant FASD Outreach Workers	Non-Governmental Agency	Universal, Selective and Indicated
Alcohol and Drug Services Prevention Team	Prevention Consultants	Yukon Government	Universal, Selective and Indicated
Alcohol and Drug Services Treatment	Detox, Outpatient and Inpatient residential treatment services	Yukon Government	Selective and Indicated
Many Rivers Counselling and Support Services	Individual and family counselling Parenting programs	Non-Governmental Agency	Selective and Indicated

Gaps and Promising Practices Identified by Yukon Service Providers

Community	Perspectives on Gaps from Service Providers	Perspectives on Strengths from Services Providers
Community 1	Need for education for youth.	
Community 2	No direct contact with service provider.	
Community 3	No CPNP program.	
Community 4	No direct contact with service provider.	
Community 5	Lack of knowledge that alcohol can be dangerous during pregnancy.	
Community 6	No direct contact with service provider.	
Community 7	Need for more primary prevention messages. Still many people who say it is ok to drink while pregnant. Doctors still need more information.	
Community 8		Good partnerships between First Nations, Health Centre, RCMP, FASSY and Child Development Centre.
Community 9	Issues of capacity and staff turnover. Need for services to come to the community. Need for ongoing, consistent information about FASD and primary prevention. One workshop is not enough.	"I don't care. If they are pregnant they're getting a blanket." Perception of community effort to support women during pregnancy. Not too many pregnancies in the community due to overall small numbers.
Community 10	No direct contact with service provider.	
Community 11	No direct contact with service provider.	
Community 12	No direct contact with service provider.	
Community 13	Need for increased training on how to discuss issues of alcohol use during pregnancy. Don't yet have enough safe places to go for women at highest risk. Need for prevalence numbers. Fragmented services. Need for ongoing messaging to youth.	Strength based approaches to supporting health during pregnancy. Social support and healthy lifestyle opportunities through CPNP programs . Presentations to schools on alcohol provided by counsellor. Three alcoholics anonymous programs. Health centre great support and outreach for women at higher risk.
Community 14	Current nursing staff very new to community. Staffing shortages. Siloing of issues in funding sources such as FASD, addictions, sexual assault. Restrictions of funding sources for age or gender. Need for integrated approach in services and funding for services. Need to shift how success defined and all outcomes to be developed within community.	
Whitehorse Whitehorse (cont'd)	Reproductive health/early detection – need for pregnancy test free and widely distributed in every bathroom. As widely available as condoms. Link between FASD, violence and alcohol use needs to be more integrated in messaging and training. "Not hitting stuff on the head in schools". Need for more preconception messaging for youth, particularly middle class white females. Need to improve collaborative case management approaches. Do good work in stovepipes but lack of links across agencies. No coordinator function for connecting services or information. No leadership to support networking among agencies, service providers and communities. Training for service providers to recognize families at risk	A lot of programs currently available.

	<p>and knowledge of what to do if identified. How do we know what we are doing is making a difference – need for evaluation. Stigma continues to exist. Complexity of prevention including trauma, stress, abuse and poverty. Need for more harm reduction. Male engagement. Gap in knowledge about language to use when working with women who may be drinking during pregnancy. Opportunities for service providers to receive training on how to provide non-judgemental support and talk about their judgements.</p>	
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