

GOVERNMENT OF YUKON

Yukon FASD Prevention Gap Analysis: Summary of Gaps

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Introduction

The Government of Yukon desires an FASD prevention service model for Yukon which is based upon the best available evidence, lessons from other jurisdictions, and a clear grasp of Yukon's current FASD prevention efforts. Our first undertaking towards this goal was to gather this information through a comprehensive review of the literature, a scan of jurisdictions, and an inventory of Yukon services. Now, the challenge is to synthesise these divergent sources into a single "bridging" resource that will inform service model development. The purpose of this resource is to provide an accurate and concise map to illustrate the boundaries of current Yukon practices, the parameters of the most promising practices (as found in the literature and other jurisdictions), and the distances between them. In order to create this "map", we have drawn upon findings from the *Summary of the Literature, Literature Review: FASD Prevention – A Health Determinants Perspective*, the *Summary of Jurisdictions*, and the *Summary of Service Inventory* to conduct a gap analysis. Findings of strengths, limitations, and areas for improvement which emerged from this analysis will be used to map out an emerging framework for the Service Model.

In the following *Summary of Gaps* report, we describe the methodology and findings of the Gap Analysis process conducted in Phase Two.

Methodology

In the first phase of this project, we conducted a rigorous investigation of the best evidence and best practice approaches for FASD prevention, and a comprehensive review of Yukon's achievements in this field. The purpose of this second phase, the gap analysis, is to comparatively analyse these three troves of information, map out Yukon's practices against best practices, and identify gaps and areas of strengths to inform the development of a draft service model, in the third phase. Outlined below is a summary of the activities involved in this Gap Analysis:

Review and synthesis of findings: The gap analysis process started with a careful review of findings from the *Summary of the Literature*, the *Literature Review: FASD Prevention – A Health Determinants Perspective* report, the *Summary of Jurisdictions*, and the *Summary of Service Inventory* reports prepared in Phase One of this project. The purpose of this comprehensive review was to facilitate the development of a single framework to capture and integrate information from all three sources.

Develop a Gap Analysis Framework: Each of the three source reports uses a slightly different system to organize and categorize interventions for FASD prevention. Our goal was to develop a single framework to reconcile these three information sets. In order to create this, we looked for commonalities between the types of interventions/strategies described, their target populations, and their desired outcomes. The result was a three-tiered framework which categorizes interventions by their intended targets

(individuals, populations, the system), and type of intervention. Once developed, we populated this framework with information from the three sources.

Analysis and Reporting: Following the initial synthesis of findings, the Charis project team met for a group analysis of findings and gaps. In this session, the team collectively reviewed the working document and provided feedback on the synthesis of findings and the gaps. Following the group analysis session, feedback from the group was incorporated into the working document to create a draft Map of Services and Gaps table. This table can be found in Appendix A.

Following the analysis session, the Map of Services and Gaps was further analyzed and refined to identify gaps and areas of strength. Findings from this gap analysis process are presented in the following report.

Sources

The literature review, jurisdictional scan and service inventory conducted in the first phase of this project produced a wealth of diverse yet complimentary information. The *Summary of the Literature, Determinants of Health Literature Review Report, Summary of Jurisdictions* and the *Summary of Service Inventory* reports have all presented their findings using the universal-selective-indicated framework of prevention interventions.¹ Universal prevention strategies are those conducted in the general population; selective prevention interventions are targeted to women deemed have some level of risk; and indicated prevention interventions are for women who are considered to be at high risk for an alcohol-exposed pregnancy.

The *Literature Review: FASD Prevention – A Health Determinants Perspective* report presents the finding of a targeted review of the underlying social conditions associated with FASD and effective interventions to address the social determinants of health in connection with FASD or health in general. According to this report, there is consistent evidence from the literature of linkages between various social determinants of health (such as age, marital status, educational level, and socio-economic status) and FASD, and indications that socio-structural factors (such as cultural and historic experiences, and poverty) may also affect the likelihood of a woman drinking in pregnancy.

The *Summary of the Literature* report reveals that the availability and quality of evidence varies across and within the three levels of prevention intervention. Selective interventions were associated with highest quality of evidence, while the quality of evidence for universal and indicated interventions was of the lowest quality. The studies found indicated that the following interventions had the most evidence of effectiveness:

¹ Stratton, K.; Howe, C.; Battaglia, F. (1996) *Fetal Alcohol Syndrome: Diagnosis, Epidemiology, Prevention and Treatment*. Committee to Study Fetal Alcohol Syndrome, Institute of Medicine (Ed.). Washington, DC: National Academy Press.

- *Universal prevention interventions*: multi-media education programs; and,
- *Selective prevention interventions*: motivational interview, counselling, assessment and brief interventions, and health education

Limited evidence of effectiveness was found for indicated prevention interventions

The *Summary of Jurisdictions* report presented findings and frameworks from nine jurisdictions: five Canadian and four international. Jurisdictions were defined as either geographical areas or clearly defined service populations. All of the jurisdictions reported had at least one framework tool. Of all the frameworks, three focused on FASD prevention exclusively, four on comprehensive responses to FASD, and two on preventing the harms of substance use. Two of the Canadian frameworks were written at the provincial/territorial level, and two were targeted to Canada's First Nations and Inuit communities specifically. Each of the frameworks had unique components and strengths. The *Summary of Jurisdictions* report presents the most commonly occurring components of the frameworks as well as the more notable ones.

The *Summary of Service Inventory* report reveals that a range of universal, selective and indicated prevention initiatives are underway in the territory, although the frequency of coverage varies across the territory geographically, across different populations, and the course of pregnancies. At the universal level, Yukon has multiple education initiatives, mandatory labelling of alcoholic drinks, standard sexual health and reproductive services, and a local alcohol ban (in at least two communities). Selective interventions consist of education for pregnant women and women who drink in childbearing years, screening pregnant women for alcohol use, counselling for women, brief interventions, and post-partum support for women. Indicated interventions available in Yukon include a residential addictions and withdrawal treatment program, counselling, prenatal and postnatal services, parenting supports, and reproductive health services. At the system level, some research, collaborative initiatives, and training initiatives for service providers are underway in Yukon. This report also presents compiled feedback from stakeholders on gaps and areas for improvement in Yukon.

Organizational framework

In this Gap Analysis, information from these four source reports have been organized into a framework made up of five levels of intervention. Each level is defined by the focus or audience of the interventions. The first three levels encompass all interventions which focus on individuals. These can best be understood as interventions which are delivered on a one-by-one basis; i.e. recipients can be individually counted. The fourth level is for population-level interventions, which are provided without distinction, often using modes of mass distribution, to a sub-population or population. Characteristics of the population may be defined at a high level, but recipients are not individually counted. The fifth level represents system-level interventions. The focus of these interventions is not individuals or groups, but rather the system itself (FASD prevention service providers and infrastructure) and communities, and societies.

This three-level framework is based on an underlying understanding of who is at risk for alcohol exposed pregnancies, who needs and will benefit from FASD prevention services, and what type of services are required for each audience. The first three levels of intervention are at the individual level: Level One interventions are for women and their families who are at high risk for an alcohol exposed pregnancy; Level Two interventions are for women and their families who are at risk for an alcohol exposed pregnancy, and Level Three interventions are for all women of childbearing age:

- **Level One, or *Indicated* prevention** interventions are for “*high risk*” individuals, defined as all women and girls in their childbearing years who are addicted to alcohol, women who drink while pregnant, and women in their childbearing years that have previously given birth to a baby with FASD;
- **Level Two, or *selective* prevention** interventions are for “*at risk*” individuals, defined as women and girls in their childbearing years who drink, and all pregnant women; and,
- **Level Three, or *universal* prevention** interventions are for all individuals, regardless of risk level. In the context of FASD, these individuals would be all women and male partners of childbearing age.²

Fourth level interventions focus on populations rather than individuals. Target populations for FASD prevention interventions are all women of childbearing age, their male partners, and social support networks.

The fifth level; the system level, consists of two types of intervention. Firstly, there are interventions and activities which are designed to support and improve FASD prevention efforts, institutions, and providers. Secondly, there are interventions which indirectly support FASD prevention by building the capacity of Yukon communities and Yukon society to address socio-economic determinants of health.

Table 1, below, shows the outline of the five level framework and examples of interventions at each level.

In the following sections of this gap analysis report, we will present the individual, population, and system-level interventions that may appear in a systematic FASD prevention approach. Each intervention will be briefly described, and then the best available evidence from the literature and best practices from other jurisdictions will be presented alongside the Yukon profile of that intervention (the current status, gaps, and strengths of implementation in the Territory).

² The Universal-Selective-Indicated model of FASD prevention was obtained from Stratton, K.; Howe, C.; Battaglia, F. (1996) *Fetal Alcohol Syndrome: Diagnosis, Epidemiology, Prevention and Treatment*. Committee to Study Fetal Alcohol Syndrome, Institute of Medicine (Ed.). Washington, DC: National Academy Press.

Table 1: Five level framework of FASD prevention interventions

Level	Level of Prevention Intervention	Types of Intervention
Individual	High risk women or women with FASD and their support networks (<i>Indicated</i>)	<i>Addictions and withdrawal treatment, inpatient programs</i>
	At-risk women and their support networks (<i>Selective or targeted</i>)	<i>Alcohol screening, motivational interview, counselling, outreach, brief interventions</i>
	All women in childbearing years, male partners and social support networks (<i>Population</i>)	<i>Prenatal and postnatal care, education, reproductive health services and birth control</i>
Population	General public including all women of childbearing years, their partners and support networks (<i>Universal</i>)	<i>Multi-media campaigns, school curricula, beverage warning labels, alcohol bans, policy</i>
System	FASD prevention service providers and institutions, community and society	<i>System level leadership and coordination, intersectoral action on the determinants of health, collaboration, service provider capacity building, research, evaluation and monitoring, policy, guidelines and strategies</i>

Findings

Individual Level Interventions

Efforts to prevent FASD at the individual level focus on changing behaviour on a one-by-one basis. According to the 2009 Research Report for the FASD Pan-Territorial Prevention Campaign 2009, the requirements for change are identification of the desired behaviour, knowledge, motivation, elimination of barriers and the presence of prompts.³ Services provided at the level of the individual vary in intensity and function; while some FASD prevention interventions are designed for “high risk” individuals in a population, others are intended for any individual seen as being “at risk” in the population, and still others are for every individual in the population, regardless of risk. There is also a certain degree of overlap, because the high risk individuals are sub-group of the larger “at risk” group which is a part of the overall population. Both “high” and “at risk” groups will access many of the same baseline supports used by their lower risk counterparts. Another variation between services offered at

³ Tait Communications and Consulting Inc. (2009). *Fetal Alcohol Spectrum Disorder: Pan-Territorial Prevention Campaign 2009 Research Report*. Prepared for Yukon Health and Social Services, NWT Health and Social Services, and Nunavut Health and Social Services. Provided by the Government of Yukon, Department of Health and Social Services.

the level of the individual is the level of specificity. While some interventions focus exclusively on preventing drinking behaviours during pregnancy (i.e., FASD education, motivational interviewing), others are more broadly focused on maternal and reproductive health (reproductive health services, prenatal care) and the socio-economic determinants of health.

Table 2: A Yukon “map” of individual level prevention interventions

Prevention Intervention	Yukon					
	# of service providers	Offered in Whitehorse	Offered in Yukon communities	Youth	First Nations & Inuit	Low income Yukoners
Addictions/ withdrawal treatment	1	✓	Limited availability	✓	✓	✓
Single Access, Multi-Service Programs for High Risk Women	0	--	--	--	--	--
Counselling	11	✓	Some availability	✓	✓	✓
Motivational interview	9	✓	Some availability	✓	✓	✓
Brief interventions	12	✓	Some availability	✓	✓	✓
Outreach programs	7	✓	Some availability	✓	✓	✓
Screening for alcohol use	5	✓	Some availability	✓	✓	✓
Educational / information	16	✓	Some availability	✓	✓	✓
Prenatal/postnatal care	17	✓	✓	✓	✓	✓
Reproductive health and birth control	5	✓	✓	✓	✓	✓

Table 2 provides a high level map of Level One, Two and Three interventions available in Yukon. In Yukon, addictions and withdrawal treatment programs and an intensive inpatient program have been established as indicated interventions to serve the needs of high-risk individuals. Other services and supports, such as counselling, motivational interviewing, outpatient programs, screening for alcohol use in pregnancy and one inpatient program, are provided at both as indicated and selective interventions. Finally, FASD education, information, prenatal and postnatal care, and reproductive health services are offered as universal, selective and indicated interventions. The most common interventions in Yukon (as determined by the number of providers) are prenatal and post-natal care services, FASD education and information, brief interventions, and counselling on FASD and addictions.

Geographical coverage appears to be mostly comprehensive. Whitehorse is the centre of FASD prevention activity, where all interventions can be accessed through multiple providers. However, in external communities, the availability and frequency of services varies between communities. Some services may be provided directly; others on an outreach or “as requested” basis; and still other services

may be absent. For example, inpatient alcohol addictions treatment for pregnant women is only available in Whitehorse. In communities where services are available, a lack of provider diversity and specificity for different audiences may be ongoing issues. It is important to note that some providers may offer only one type of service, while others provide multiple FASD prevention services, either separately or in conjunction.

Addictions/Withdrawal Treatment and Supports

A number of jurisdictions have prescribed addictions and withdrawal treatment as part of their FASD frameworks. The Public Health Agency of Canada's framework 2008 document *Fetal Alcohol Spectrum Disorder (FASD) Prevention: Canadian Perspectives* states that one of Canada's FASD strategies is to "make mother-centred addictions treatment available to all pregnant women and mothers".⁴ In CanFASD's *Prevention of Fetal Alcohol Spectrum Disorder (FASD) a multi-level model* addictions treatment services, withdrawal management and stabilization services are recommended as part of a holistic support package for pregnant women with alcohol problems.⁵ The British Columbia government proposes that all maternity care facilities should be encouraged and supported to provide withdrawal management services.⁶ Finally, the Institute of Medicine indicates the need for formal, long-term treatment for harmful alcohol use by women who may become pregnant.

There is only one provider of addiction treatment and withdrawal support for pregnant women in Yukon. The Alcohol and Drug Services (ADS) Treatment Unit runs a detox program in Whitehorse which offers priority access for pregnant women, but only in every alternative month. The Treatment Unit also offers counselling and treatment services for youth in grades 5 – 12. In external communities, women, their partners and members of their support networks can access an ADS Community Development Worker and an Alcohol and Drug information line, but must travel to Whitehorse for more intensive services. The program emphasizes service provision for First Nations members and low income Yukoners.

Single Access, Multi-Service Programs for High Risk Women

Review of the literature and jurisdictional practices suggests that the single access, multiple service or multifaceted support program may be an effective option for service providers seeking to engage with vulnerable or socio-economically disadvantaged women who are at risk for an alcohol exposed pregnancy. These programs offer multiple health, social, economic and/or advocacy supports in one physical site, or through a single point of access, thus removing some of the common barriers to access

⁴ Public Health Agency of Canada. (2008). *Fetal Alcohol Spectrum Disorder (FASD) Prevention: Canadian Perspectives*. Accessed at: <http://www.phac-aspc.gc.ca/publicat/fasd-fw-etcaf-ca/index-eng.php>

⁵ Network Action Team on FASD Prevention from A Women's Health Determinants Perspective. (2010). *Prevention of Fetal Alcohol Spectrum Disorder(FASD) A multi-level model*. Accessed at: http://fasd.alberta.ca/documents/CanFASD_4_levels_of_prevention_brief.pdf

⁶ Alberta FASD Cross-Ministry Committee. (2008). *FASD 10-Year Strategic Plan*. Accessed at: <http://fasd.alberta.ca/documents/FASD-10-year-plan.pdf>

encountered by these women (i.e. lack of transportation or time to access multiple, separate programs). One moderate quality controlled trial of a multifaceted service program did not reach clear conclusions about effectiveness; however, a separate literature review of program supports for pregnant and parenting women found that programs that offered centralized, integrated and multidisciplinary services, incorporated drop-in or outreach services, addressed women's basic needs (shelter, clothing, food, transportation), and provided primary health care were more likely to positively impact these women's knowledge, behaviours and lifestyles. Two research projects measuring the impact of single access multiple service programs for pregnant and parenting women using alcohol and other substances in Alberta and British Columbia found evidence of positive impact on health outcomes, client access to services, substance use behaviours, and custody retention by clients. Single access, multi-service programs (alternatively described as comprehensive, holistic and/or wrap-around type programs) are a common element in the frameworks of the Public Health Agency of Canada, the Canada Northwest FASD Partnership, Canada's First Nations and Inuit communities, Alberta, British Columbia, the Institute of Medicine (United States), Australia, and the World Health Organization.

At present, Yukon has no single access, multi-service programs for high risk or socio-economically disadvantaged pregnant women who are using alcohol.

Counselling

Counselling is the provision of support and education via discussion and teaching which may occur in individual or group settings. Counselling interventions in the context of FASD may address the nature and characteristics of alcohol, drinking patterns, the effects of drinking on the foetus, general health issues for mothers, social supports, and limits to, or abstinence from, consumption of alcohol.

The systematic review of the literature returned twelve studies of counselling interventions for FASD prevention. Three moderate quality trails and three weak trials tested counselling as a selective intervention, and three out of six found that counselling had a statistically significant effect. Six studies, all of weak methodological quality, reported on the efficacy of counselling as an indicated prevention intervention. Of these, only three found that counselling was significantly effective. These results would suggest that counselling may have some effectiveness as a selective prevention intervention, but is less likely to be effective as an indicated prevention intervention.

Although counselling is not explicitly recommended as a strategy in other Canadian and international FASD prevention frameworks, there are emphases on social services provision, harm reduction, case management, and general support for women who are at risk, as well as high risk women.

In Yukon, counselling services that address alcohol use issues and alcohol use in pregnancy are widely available. Eleven organizations / agencies provide counselling services throughout the territory; seven in Whitehorse and nine in external communities (some directly, and others through outreach). Counselling services offered by a mix of public and private providers, often in connection with a number of other services. Multiple positions across Yukon are funded by First Nations to provide pre and post-natal

counselling supports including individual or family counselling and healthy lifestyle education. Many Rivers and private counsellors offer pre- and postnatal counselling on alcohol use issues, stress, violence, and/or trauma. FASD prevention is not a direct function but could be an indirect result of this service provision. ADS Treatment has youth counsellors on staff to cater to this subgroup. Outpatient counselling services are also available. Finally, although FASD prevention is not a formal objective for most women's emergency shelter providers, these providers may offer counselling & referral to pregnant clients at risk of alcohol exposed pregnancies.

Motivational Interview

Motivational interview interventions are designed to increase clients' motivation to change harmful or undesirable behaviours. In the context of FASD, motivational interview may be used to increase the motivation of women and their support groups to reduce or end their drinking behaviours in the context of conception, pregnancy, and the postnatal period.

The systematic review of the literature produced seven studies of motivational interview as a selective intervention (for women "at risk" of an alcohol exposed pregnancy) for FASD prevention. Three moderate quality trials found evidence of effectiveness (statistically significant change). Of the four weak quality studies, only one found evidence of effectiveness.

Motivational interview is not a commonly prescribed strategy in Canadian or international FASD or substance use prevention frameworks. However, *Honouring our strengths: a renewed framework to address substance use issues among First Nations People in Canada* does recommend that service providers conduct outreach to engage substance users and assess their needs and *motivation to change* before facilitating linkages with the appropriate supports.⁷ The same framework recommends brief interventions or discussions with substance users to enhance motivation to adopt healthier behaviour.

In Yukon, most service providers do not advertise motivational interview as one of their services, but may provide it alongside (or in the context of) other brief interventions or counselling.

Brief Interventions

Brief interventions consist of targeted services, such as advice, motivational messaging, or counselling, which are delivered in a very limited time frame (often between 5 – 30 minutes). Brief interventions are often used by service providers and medical professionals in their efforts to prevent or reduce the harms of substance use, and may involve components of education and/or support.

Ten studies of combined assessment and brief intervention trials were retrieved from the literature. Study quality ranged from strong (1 study) to moderate (3 studies) to weak (6 studies). The strong study was a randomized controlled trial which tested the efficacy of a combined assessment and brief

⁷ Author unknown. (2011). *Honouring our strengths: a renewed framework to address substance use issues among First Nations People in Canada*. Accessed at: http://nnadaprenewal.ca/?page_id=7

intervention for women at risk of an alcohol exposed pregnancy, and found significant reductions in the number of drinking days, drinks, and heavy drinking days per month. None of the other studies reported evidence of effectiveness.

Brief interventions feature as strategies in many Canadian and international jurisdictions' approaches to FASD prevention. Canada's First Nations and Inuit communities, Alberta, Australia, the U.S.'s Institute of Medicine and the World Health Organization all prescribe brief intervention as a strategy in their FASD or substance use frameworks. The First Nations framework, *Honouring our Strengths*, calls for "brief interventions/ discussions between a substance user and someone they trust that contribute to goal setting and motivation to adopt healthier behaviours".⁸ The Public Health Agency of Canada, CanFASD, and the Institute of Medicine recommend the use of brief interventions (counselling or messaging) as a universal strategy for FASD prevention. The IOM and WHO additionally recommend brief intervention for pregnant women who consume alcohol.

A wide variety of Yukon organizations conduct brief interventions. A total of 12 were captured in the service inventory. Eight of these provide services in Whitehorse, three in all external communities and three in single communities only.

Outreach Services

Outreach interventions would consist of any FASD prevention intervention delivered to the target audience (women, girls, male partners or support networks) in their homes or communities rather than at a centralized site. No studies on outreach interventions for FASD prevention were retrieved from the literature. However, outreach is recognized as an appropriate strategy by the Public Health Agency of Canada, Canada's First Nations and Inuit communities, Alberta, and British Columbia.

Yukon has seven service provider agencies and organizations which currently offer outreach interventions. Although the majority of these organizations (six) are based in Whitehorse, three providers conduct outreach in and around external communities. Government community health centres, which exist in every Yukon community, will conduct outreach in the event of high risk pregnancies (an indicated intervention). FASSY provides pre and post-natal outreach support for women in Whitehorse and other communities, as requested. In Whitehorse, Skookum Jim's Friendship Centre offers prenatal nutrition outreach and the Kwanlin Dun First Nations Health Centre has a variety of outreach services.

Screening for Alcohol Use in Pregnancy

A variety of tests have been developed to screen women for alcohol consumption during pregnancy, and this screening has been incorporated into many FASD prevention approaches. Tools commonly used include the T-ACE and the TWEAK tests. Screening services can be delivered as a universal, selective

⁸ Author unknown. (2011). *Honouring our strengths: a renewed framework to address substance use issues among First Nations People in Canada*. Accessed at: http://nnadaprenewal.ca/?page_id=7

and/or indicated prevention intervention. Deciding factors may include the availability of resources, the service provider's goals, and the population(s) served.

No evidence was identified for the efficacy of screening as a prevention method amongst high and at risk populations. Jurisdictions which have built screening for alcohol use into their FASD or substance use frameworks include the Public Health Agency of Canada ("early identification and screening...in a wide range of settings"), Canada's First Nations and Inuit communities (screening clients with complex substance use issues), Alberta (screening of women of childbearing age who use substances) the Institute of Medicine in the United States (screening of pregnant women) and the World Health Organization (screening at the primary health care level and other settings). None of the jurisdictions reviewed specified the screening tool(s) to be used.

Both the T-ACE and TWEAK instruments have been introduced to Yukon, and screening is provided both in Whitehorse and external communities by the Alcohol and Drug Services Treatment Unit and Prevention Unit.

Prenatal and Postnatal Care

Prenatal care is the routine medical and nursing care provided to a woman over the course of her pregnancy, and postnatal care is the routine medical and nursing care a woman receives after giving birth. Prenatal care normally covers a variety of services including prenatal nutrition counselling and education. Both pre and postnatal services are considered to be part of the continuum of FASD prevention services

No literature was retrieved on the efficacy of standard prenatal and postnatal care to prevent FASD. However, review of the jurisdictions revealed that several have incorporated routine pre and postnatal care as a strategy in their FASD prevention frameworks:

- *British Columbia*: "Investigate ways to help women have healthy pregnancies", and "enhance visibility of, and access to all programs that support healthy sexuality and pregnancy such as...prenatal classes."⁹
- *First Nations and Inuit communities*: Community workers and healthcare professional facilitate access to prenatal support programs
- *The Public Health Agency of Canada*: post-partum support (holistic, non-judgmental, for women without alcohol problems)
- *The Canada Northwest FASD Partnership*: post-partum support for new mothers (ongoing, holistic non-judgemental health care, social support, advocacy and peer support)

⁹ British Columbia Government. (2008). *Fetal Alcohol Spectrum Disorder: Building on Strengths. A Provincial Plan for British Columbia 2008 – 2018*. Accessed at: http://www.mcf.gov.bc.ca/fasd/pdf/FASD_TenYearPlan_WEB.pdf

Prenatal and postnatal services appear to be available throughout Yukon, although coverage levels vary. A total of 17 separate providers offer prenatal and postnatal services: 12 in Whitehorse, one serving all external communities, one serving some external communities, and 5 providing services in only community.

Information and Education Interventions

Strategies to increase awareness and knowledge of the harms of alcohol in pregnancy are central to most FASD prevention approaches. For the purposes of this Gap Analysis, we will distinguish between passive distribution of information and active delivery of education/awareness raising interventions. Information about alcohol use in pregnancy and FASD can be “passively” distributed to at-risk individuals in print form (brochures or leaflets), or openly disseminated in specific environments where at-risk women might congregate – health centres, maternity clinics, emergency women’s shelters. Alternatively, knowledge of FASD at the individual level can be cultivated through the active delivery of information in the form of training events and facilitated information sessions.

The systematic review of FASD prevention literature revealed that six moderate quality studies and one weak study have been conducted on the efficacy of health information interventions for FASD prevention for women at risk of an alcohol exposed pregnancy. Of these seven studies, four found evidence of effectiveness (three health education programs and one multimedia education campaign).

Individual-level education strategies can be found in Canadian and international jurisdictions’ frameworks.

In Yukon, sixteen service provider organizations and agencies reported conducting education or distributing information to all women of childbearing age about the risks of drinking during pregnancy and the issue of FASD. Education and information appears to be equally available in Whitehorse and external communities.

Reproductive Health and Birth Control Services

The provision of reproductive health and birth control services is critical for selective and indicated FASD prevention. This intervention is delivered universally at the individual level and normally consists of family planning education and support, STI and sexual health education, and provision of/referral for contraceptives. At the indicated level, this strategy is critical for ensuring that women with a high likelihood of having an alcohol exposed pregnancy don’t get pregnant. At the selective level, this intervention serves to support women to reduce or end alcohol consumption in the preconception period.

In Yukon, there appear to be five main providers of reproductive health and birth control services in Whitehorse and external communities. These are the Yukon Government Whitehorse Health Centre, Yukon Doctors and Whitehorse General Hospital, Yukon Government Community Health Centres, the

Kwanlin Dun Health Centre and Sage Maternity Clinic. All of these providers are accessible to youth, First Nations and low income Yukoners.

Population Level Interventions

Unlike individual-level services, population-level interventions are designed to reach and impact as many people as possible within selected parameters. Population-level services are delivered en masse, and service providers make no attempt to differentiate between individual recipients or track the specific services received by each. The focus of the intervention is the general population, including all women of childbearing age.

Level of Prevention Intervention	Focus	Types of Intervention
Population	General public including all women of childbearing years, their partners and support networks (<i>Universal</i>)	<i>Multi-media campaigns, school curricula, beverage warning labels, alcohol bans, policy</i>

Our review of the literature, the FASD field of practice, and Yukon's current approach to FASD prevention allowed us to identify five population level interventions which appear most often in FASD prevention approaches: information campaigns, school curricula, beverage warning labels, community alcohol bans, policies and regulations. The following table illustrates coverage of population level strategies in Yukon, as well as remaining gaps.

Table 4: An overview of population level prevention interventions in Yukon

Prevention Intervention	Yukon					
	Providers	Offered in Whitehorse	Offered in external communities	Youth	First Nations & Inuit	Low income
Information campaigns	2	✓	All	✓	✓	✓
School curricula	1	✓	Most	✓	✓	✓
Beverage warning labels	1	✓	All	✓	✓	✓
Community alcohol bans	1	X	One	✓	✓	✓
Policies and regulations	1	✓	All	✓	✓	✓

Information Campaigns

Information campaigns can be defined as any efforts to spread information and messaging to a population through one or more forms of mass media. FASD prevention information campaigns typically involve the widespread distribution of information and education about the harms of alcohol and substance use, the importance of birth control, the harms of alcohol consumption during pregnancy, and the social costs of FASD. Examples of campaigns would include mass media campaigns, social marketing campaigns, radio, TV or print advertisements, leaflets, or information on a website).

Two studies of multi media campaigns and one of a social marketing campaign were retrieved from the literature. The multi-media campaign studies found statistically significant improvements in the level of knowledge of FASD and of how alcohol affects the foetus. However, both were of moderate to weak methodological quality. The third study reported on the results of a social marketing campaign conducted in an Aboriginal population, but could not reach conclusions about efficiency due to the lack of baseline measures.

With the exception of SAMHSA, all of the Canadian and international jurisdictions scanned have called for mixed and multi-media campaigns as part of their approaches to FASD prevention.

In Yukon, the Alcohol and Drug Services Prevention Unit develops territorial FASD prevention media campaigns to promote alcohol free pregnancies. The Fetal Alcohol Syndrome Society of Yukon, FASSY, also conducts public awareness campaigns on a yearly basis including FASD Day in September.

School Curricula

One of the main strategies for educating youth populations about FASD is to incorporate appropriate information on the causes and costs of FASD into secondary school curricula. FASD service providers often develop these curriculum components and then work in tandem with school boards and education authorities to finalize and implement them. No strong quality studies on curriculum based education interventions were retrieved from the systematic review. This practice is recommended by Canada's First Nations and Inuit communities in the 2001 framework *It Takes a Community: Framework for the First Nations and Inuit Fetal Alcohol Syndrome and Fetal Alcohol Effects Initiative*.

In Yukon, one provider (the Government of Yukon Department of Education) is responsible for the development of curriculum on sexual health issues. The Yukon Department of Education and the Yukon Health Promotion Unit are currently collaborating to create the SHARE curriculum, a sexual health curriculum for grades 4-7 which will incorporate some aspects of FASD prevention.

Beverage Warning Labels

A number of governments have chosen to implement mandatory labels on all alcoholic beverages to warn consumers about the dangers of consuming alcohol while pregnant. The literature retrieved for beverage warning labels consisted of a single, weak-quality study which reported a significant impact for

nulliparous women but not for multiparous women. The study did not reach a definite conclusion about the effectiveness of this intervention.

Three jurisdictions; CanFASD, Australia, and the Institute of Medicine, call for mandatory warning labels on alcoholic beverages as part of their FASD prevention approaches.

The Yukon Liquor Corporation labels all alcoholic beverages in the Territory with a warning about the dangers of drinking during pregnancy.

Policy and Regulation

Policy and legislation action in the field of FASD prevention would include developing a strategic plan and territorial direction for FASD services, incorporating FASD and women's determinants of health priorities into operational plans and strategies, align FASD strategic priorities with relevant cross-ministry policy frameworks, and encouraging women's input into FASD policy.

System Level Interventions

System-level interventions represent a step back from the end user (the individual or population). The purpose of these strategies is not to increase knowledge or improve health outcomes directly, but rather to improve upon the system itself. The focuses of system level interventions are therefore service provider organizations, institutions, programs, services, legislative frameworks, communities, and societies.

There are two types of system-level interventions: supports for FASD prevention and determinants of health interventions. The former are directed specifically at FASD service providers, institutions and services. Their purpose is to make FASD prevention services stronger, more streamlined, evidence-informed, effective and efficient. These interventions include building service provider capacity, increasing collaboration, incorporating research, evaluation and monitoring components, and establishing policy. Determinants of health system-level interventions are directed at Yukon communities and Yukon society. The purpose of these interventions is to build the capacity of the communities and society as a whole to support individuals at risk for an alcohol exposed pregnancy. Because the focus is on the overall capacity of societies and communities, these interventions address all of the socio-economic determinants of health and are often intersectoral.

Level of Prevention Intervention	Focus	Types of Intervention
System	FASD prevention service providers and institutions, community and society	<i>System level leadership and coordination, intersectoral action on the determinants of health, service provider capacity building, collaboration, research, evaluation and monitoring, policy, guidelines and strategies</i>

System Level Leadership and Coordination

System level leadership and coordination are important components of any cohesive and multi-level approach to FASD prevention. They can be achieved by establishing formal, leadership bodies and mechanisms for strengthening and setting the direction for the system as a whole, such as communities of practice and research councils.

All of the jurisdictions scanned identified intersectoral action as a necessary component of a coordinated approach to preventing FASD and the harms of substance abuse. Of these jurisdictions, Alberta, British Columbia and Australia have taken steps to establish mechanisms for system level leadership and coordination which could be a source of learning for the Government of Yukon. In order to guide the implementation of its *FASD 10-Year Strategic Plan*, Alberta established the FASD Cross-Ministry Committee (FASD-CMC); a partnership between relevant government ministries, provincial, and community organizations. The role of the FASD-CMC is to lead the implementation of Alberta's *Strategic Plan*, with the support of various Councils which carry out research, evaluation, training, education, communication, and networking functions amongst others. British Columbia established a cross-ministry committee to develop its first FASD strategic plan, *Fetal Alcohol Spectrum Disorder: A Strategic Plan for British Columbia*. However, the current status of this committee is unclear. Meanwhile, Australia has proposed to develop a community of practice network for FASD to facilitate information exchange and raise awareness.

At present, there are no comparable mechanisms for system level leadership and coordination of FASD prevention in Yukon.

Intersectoral Action on the Determinants of Health

FASD is often understood as being primarily a “reproductive health problem” or a “substance use problem”. Most FASD prevention programs are housed in these fields, and interventions to prevent FASD often reflect a health promotion or public health mind set (e.g. education, counselling, and addictions treatment). Evidence from the literature indicates that there is an important link between FASD and the socio-economic determinants of health, including education level, employment, socio-economic status, relationships, past experience and physical health.^{10,11,12,13,14,15} Studies indicate that

¹⁰ Dupraz J. et al. (2013). Tobacco and alcohol during pregnancy: prevalence and determinants in Geneva in 2008. *Swiss Medical Weekly*, 143, w13795-w13795

¹¹ Hutchesin, D. et al. (2013), Alcohol use in pregnancy: prevalence and predictors in the Longitudinal Study of Australian Children. *Drug and Alcohol Review*, 32 (5), 475 - 482

¹² Meschke, L. L., Holl J., & Messelt, S. (2013). Older not wiser: risk of prenatal alcohol use by maternal age. *Maternal and Child Health Journal*, 17(1), 147-155

¹³ Parackal, S.M., Parackal M. K., & Harraway, J. A. (2013). Prevalence and correlates of drinking in early pregnancy among women who stopped drinking on pregnancy recognition. *Maternal and Child Health Journal*, 17(3), 520 – 529.

¹⁴ Pfänder M. Feldmann R. * Liebig S. (2013). Alcohol during pregnancy from 1985 to 2005: Prevalence and high risk profile. *Sucht: Zeitschrift für Wissenschaft und Praxis*, 59(3), 165 - 173

women with low socio-economic status, unemployment, and low education levels are more likely to drink alcohol while pregnant.^{16,17,18,19} Women in Yukon who fit this profile may have access to an array of FASD supports. However, it is also important that they receive a range of supports and interventions to address the other determinants of health. When communities or society as a whole lacks the capacity to provide determinants of health supports, Intersectoral action is required.

At the community level, capacity-building translates into community development initiatives around the socio-economic determinants of health. Agencies and services providing FASD prevention interventions can seek opportunities for collaboration with other community-based organization and local authorities on Intersectoral community development initiatives. Examples might include shelter and housing programs for women at risk, parenting programs, employment supports or subsidized childcare.

In Yukon, the Dawson Shelter Society, Help and Hope for Families, and the Yukon Women's Transition Home Society provide emergency shelter services and various FASD supports for high risk women and women at risk. The Yukon Government Healthy Families Program, the Teen Parent Centre, Many Rivers Counselling and Support Services and Help and Hope for Families offer parenting programs.

Capacity-building at the society level occurs through Intersectoral policy action and other collaborative efforts. Examples might include policy action to address the different aspects (social, cultural, economic and health-related) of substance use, reproductive health policy development, and shared initiatives on determinants of health (for example, a housing policy with additional provisions for high risk women and families).

Increasing service provider capacity

Service providers who are informed, appropriately trained, and appraised of best evidence and practices are critical to any FASD prevention approach. The establishment and maintenance of this workforce is a major and ongoing system-level intervention. Strategies which have been employed in other jurisdictions to increase FASD prevention service provider capacity include:

¹⁵ Powers J.R. et al. (2013). A prospective study of prevalence and predictors of concurrent alcohol and tobacco use during pregnancy. *Maternal and Child Health Journal*, 17(1), 76 - 84

¹⁶ Ibid.

¹⁷ Thanh, N., Jonsson, E., Dennett, J. (2013). Fetal Alcohol spectrum disorder – poverty trap? *Journal of Population Therapeutics and Clinical Pharmacology*, 20(1), 63 - 66

¹⁸ Leonardson, G., & Loudenburg, R. (2003). Risk factors for alcohol use during pregnancy in a multistate area. *Neurotoxicology and Teratology*, 25 (6), 651-8.

¹⁹ Cannon, M., Dominique, Y., O'Leary, L., Sniezek, J., & Floyd, R. (2012). Characteristics and behaviours of mothers who have a child with fetal alcohol spectrum disorder. *Neurotoxicology and Teratology*, 34 (1), 90-5.

- Formal training programs for health care professionals (Alberta, First Nations and Inuit communities));
- Education for service providers about the causes and impacts of FASD (Australia, British Columbia);
- Maintaining a single, consistent message about the harms of drinking during pregnancy, and a formal advisory on the best way to avoid FASD births (British Columbia);
- Training on the identification and counselling of women at risk (Australia, British Columbia);
- Education on the determinants of health and their role in FASD;
- Dissemination of the latest research and best practice findings to service providers and professionals via conferences, workshops, and focus groups (Public Health Agency of Canada, First Nations and Inuit communities); and,
- Creating or allocating more human and material resources to enhance FASD prevention efforts (SAMHSA, British Columbia); and,

In Yukon, a variety of providers are involved in service provider capacity building. Most focus on the training component. The Alcohol and Drug Services Prevention Unit offers PRIMA training and the Making Connections Facilitators Training. FASSY provides Core Competency training on FASD and case management training in Whitehorse and across Yukon. The Northern Institute of Social Justice develops and delivers Core Competencies training, and Partners for Children trains early childhood educators on the issues of FASD. A few organizations, such as FASSY and the ADS Prevention Unit, also offer consultations for service providers.

Increasing Service Provider Collaboration

A comprehensive and integrated approach to FASD prevention depends on collaboration, both internally between FASD service providers, and externally with other sectors, authorities, and service providers. Every actor in the field of FASD prevention has a role to play in increasing the level and quality of collaborations. At the service provider level, this role is to identify needs and opportunities for collaboration, and to pursue them. At the government and decision-maker level, in addition to establishing cross-sector partnerships and other high level alliances, mechanisms must be established to encourage the creation and maintenance of partnerships at the service provider level.

A review of FASD frameworks in Canada and internationally reveals that collaboration is a reoccurring theme in most:

- The Public Health Agency of Canada recommends “establishing mechanisms for forging and supporting partnerships among existing service and support providers and funders”.²⁰
- CanFASD states that “creating linkages” by establishing channels of communication, providing opportunities for networking, and integrating related resources is consistent with the its objectives.
- The Alberta and British Columbia frameworks both propose collaborative efforts on setting research directions and disseminating findings.
- The Substance Abuse and Mental Health Administration (U.S.A.) calls for service providers to “strengthen existing partnerships and/or identify new opportunities for collaboration”.²¹

In Yukon, the building of partnerships and establishment of referral networks is well underway. However, stakeholders have indicated that the lack of collaboration amongst professionals and across programs remains a gap and that the separation of services into silos in Yukon is a challenge.

FASD Prevention Research, Evaluation and Monitoring

Research, evaluation and monitoring interventions enable systems to constantly evolve and grow towards ideals of effectiveness and efficiency. Over half of the jurisdictions reviewed recommended research, monitoring, and/or evaluation strategies as part of their overall approach to FASD or substance use. In its *FASD 10-Year Strategic Plan*, the Alberta government commits to the creation of research infrastructure and mechanisms, as well as an evaluation framework. The BC Government similarly calls for “rigorous program evaluation” and research. Other strategies from the frameworks included monitoring FASD prevalence and standardizing data collection on FASD.

The Yukon Government has commissioned conducted multiple research studies and service scans on FASD, substance use and related issues. These research projects have led to the publication of the following reports:

- *Improving Treatment and Support for Yukon Girls and Women with Substance Use Problems and Addictions;*
- *Summary Report from the Second Yukon Aboriginal Women’s Summit;*
- *Health and Health Related Behaviours among Young People in Yukon;*
- *Yukon Addictions Survey (YADS); and,*

²⁰ Public Health Agency of Canada. (2003). Fetal Alcohol Spectrum Disorder (FASD): A Framework for Action. Accessed at: <http://www.phac-aspc.gc.ca/publicat/fasd-fw-etcaf-ca/index-eng.php>

²¹ SAMHSA’s Centre for Substance Abuse Prevention. (2004). The Strategic Prevention Framework. Accessed at: <http://captus.samhsa.gov/prevention-practice/strategic-prevention-framework>

- *The Summary of the Literature on FASD Prevention, Summary of Jurisdictions on FASD Prevention, and the Summary of Service Inventory* reports commissioned as part of this FASD prevention gap analysis project.

In interviews and focus groups, some stakeholders indicated a need for a network for information dissemination, a more systematic approach to evaluation, and community-driven targets and outcomes for measuring FASD prevention success.

Policy and Strategy Development for FASD Prevention

Regional and national level policies and planning can also serve to increase the impact of service provision and build the service provider capacity. Incorporating FASD and women's determinants of health priorities into operational plans and strategies may result in increased funding or a higher profile for FASD service providers. In Yukon, the Women's Directorate is involved in the formation of reproductive health policies, while the Government of Yukon has established a territorial approach to alcohol and substance use, and is currently in the process of developing an FASD prevention service model. In discussions with stakeholders, reproductive health policies were identified as a gap at the policy and planning level.

Stakeholder Perspectives: Gaps and Strengths

As part of the Yukon service inventory, a range of stakeholders including government and non-government service providers were asked for their perspectives on the gaps and strengths of the current approach to FASD prevention in the territory. Many of the gaps which they described in the interviews and focus groups echo the gaps which were identified in the course of service mapping.

Absence/shortage of preconception messages for youth: Stakeholders identified a need for truthful consistent and repetitively delivered information about the risks of drinking while pregnant. It was noted that this information is not currently provided in high schools, and that it is needed for children at an early age because of the rise in young pregnancies.

Ongoing primary prevention messages: Stakeholders reported a need for more information about FASD prevalence and information about safe behaviours targeted at middle class women and those with postsecondary education. Problems identified included lingering stigma around FASD, especially in small and isolated communities and a lack of understanding of the issue in the general population.

Reproductive health and birth control: Stakeholders reported a need for more information about early detection of pregnancy and wider distribution of this information, and increased availability of free pregnancy tests. Another gap noted was the lack of anonymous reproductive health services in small communities.

Pre and postnatal support for women at higher risk: A variety of gaps were identified in relation to pre and postnatal support for high risk women. Stakeholders indicated a need for outreach services for women, post-partum services for women who lose custody at birth, more opportunities and sites where providers can build supportive relationships with women, and more harm reduction messaging. Other limitations included difficulty finding non-judgmental service providers.

Lack of prevention services for individuals with FASD: Stakeholders noted that most services are not designed or able to provide FASD prevention services that are tailored to people with FASD.

Role of men: Stakeholders stated that the role of men was not addressed as part of FASD messaging. It was indicated that more resources were needed for families,

Knowledge/awareness and coordination/collaboration of prevention services: Stakeholders described issues with fragmented services, a lack of communication, the separation and overlapping use of resources, and a lack of integration of services as issues for Yukon.

Training for medical professionals: Stakeholders reported concerns that medical professionals are not receiving sufficient training on FASD and FASD prevention.

Ongoing awareness building and training for community and professionals: Stakeholders described the need for more training for service providers on non-judgmental service provision, a need for cross-disciplinary training for service providers on strategies for engaging women and addressing sensitive topics with them, and a need for reflection amongst service providers about their role in prevention.

Stakeholders also identified the following areas for improvement in Yukon FASD service prevention.

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.

Gap analysis

The purpose of this gap analysis exercise was to map out Yukon's current FASD approach against best evidence and best practice standards in order to facilitate the identification of strengths and gaps. Information from the literature review, jurisdictional scan, and service inventory prepared in Phase One was extracted and integrated into a single organizational framework. The resulting map was analysed and different sources compared in order to develop a high level picture of the key gaps and strengths, which are described here. A separate comparison was made of the gaps identified by the research team

and the gaps identified by stakeholders. In the following section, we have presented our findings around key gaps and strengths

Individual Level Services

Overall, it appears that the number of FASD service providers, the diversity of services, and the accessibility of most FASD prevention services in Yukon is fairly strong. Numerous providers are distributing information and educating women and their support networks about the dangers of drinking during pregnancy. A small yet robust group of providers offer more intensive services such as brief interventions, counselling and motivational interview to women considered as being “at risk” or “high risk”. While service providers are less numerous and frequency of service may be less in external communities compared to Whitehorse, some services for women of childbearing age and women at risk are still available onsite in communities. Most providers adopt an inclusive approach, and for the most part the services for First Nations, youth, and low income Yukoners are on par with the rest of the population.

However, some components of Yukon’s FASD approach do require further development and focus. The following were identified as service gaps at the individual level:

- **Addictions and withdrawal treatment:** It appears that only one provider, the Alcohol and Drug Services Treatment Unit, is currently offering a formal addictions treatment program in Yukon with priority access for pregnant women. Although ADS Treatment does have a community development worker and an Alcohol and Drug Information line, rural Yukoners must travel to Whitehorse to access full services.
- **Comprehensive, women-focused inpatient programs:** There is a shortage of inpatient programs for women at risk and high risk women in Yukon. Only one gender specific inpatient substance use treatment program is currently operational, in Whitehorse, and it operates on a partial basis (the services is available every second month only).
- **FASD prevention interventions for male partners and support networks:** Although many organizations recognize that male partners and support networks are critical agents in FASD prevention, this has not translated into specific interventions for men or other family members. Stakeholders have indicated that the role of men should be highlighted in FASD messaging and identified a need for FASD prevention resources for families.
- **Prenatal and postnatal support:** In many communities outside Whitehorse, the Yukon Government Community Health Centres appear to be the only consistent providers of pre and postnatal services for all women, regardless of risk level. Stakeholders have indicated that judgemental attitudes amongst providers of prenatal and postnatal care are a barrier for women. In communities where Health Centres are the only providers of prenatal and postnatal care and service providers are judgemental, women may be excluded from this service. This is consistent with the testimony of stakeholders.

- **Prevention services for people with FASD:** There is a shortage of prevention services which are tailored to meet the specific needs and challenges of individuals with FASD, and a shortage of intensive services for women with an FASD who are pregnant.

A summary of the key strengths and weaknesses of Yukon's individual level FASD prevention services can be found in Table 6.

Table 6: A summary of gaps and strengths in services at the individual level

Service	Gaps and Areas for Improvement*			<i>*shaded green</i>
	Overall	Geographical coverage	Populations served	Other gaps/ strengths
Addictions/ withdrawal treatment	<ul style="list-style-type: none"> Only one program in Yukon prioritizing pregnant women 	<ul style="list-style-type: none"> Whitehorse only 	<ul style="list-style-type: none"> Available for all individuals Pregnant women prioritized 	--
Inpatient programs	<ul style="list-style-type: none"> Only one program in Yukon Program offered every second month 	<ul style="list-style-type: none"> Whitehorse only 	<ul style="list-style-type: none"> Youth not served 	--
One stop, comprehensive service programs	<ul style="list-style-type: none"> While many Yukon service providers may offer more than one type of intervention, there are no programs which offer a “one-stop, comprehensive” service package 	<ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> n/a 	--
Services for people with FASD	<ul style="list-style-type: none"> Many providers may serve people with FASD as part of their general audience, but do not have specific services for this group. 	<ul style="list-style-type: none"> Whitehorse and communities Very limited 	<ul style="list-style-type: none"> Individuals with fetal alcohol spectrum disorder (FASD) 	<ul style="list-style-type: none"> Identified as a gap throughout Yukon
Programs offering multiple services	--	<ul style="list-style-type: none"> Services offered in Whitehorse and communities 	<ul style="list-style-type: none"> Lack of services for people with FASD Case management and integrated services for high risk individuals 	<ul style="list-style-type: none"> YG Health and Social Services currently developing an Integrated Case Management model for people with FASD
Counselling	<ul style="list-style-type: none"> Many providers 	<ul style="list-style-type: none"> Services in all communities 	<ul style="list-style-type: none"> Lack of services for people with FASD 	--

Service	Gaps and Areas for Improvement* <i>*shaded green</i>			
	Overall	Geographical coverage	Populations served	Other gaps/ strengths
Motivational interview	<ul style="list-style-type: none"> Most providers do not identify this as a service 	--	<ul style="list-style-type: none"> Lack of services for people with FASD 	--
Brief interventions	<ul style="list-style-type: none"> Many providers 	<ul style="list-style-type: none"> Services in all communities 	<ul style="list-style-type: none"> Lack of services for people with FASD 	--
Outreach programs	<ul style="list-style-type: none"> Many providers 	<ul style="list-style-type: none"> Services in all communities 	<ul style="list-style-type: none"> Lack of services for people with FASD 	--
Interventions for males/support networks	<ul style="list-style-type: none"> Not provided The role of men is not addressed in FASD messaging 	--	--	--
Screening for alcohol use	<ul style="list-style-type: none"> Only two providers reported doing screening 	--	<ul style="list-style-type: none"> Lack of services for people with FASD 	--
Educational / information	<ul style="list-style-type: none"> More primary prevention messaging required 		<ul style="list-style-type: none"> Lack of services for people with FASD 	--
Prenatal/postnatal care	<ul style="list-style-type: none"> Potential barriers to access in communities due to few providers and issues with service quality Strengths-based prenatal and postnatal support offered to women 	<ul style="list-style-type: none"> Only one consistent provider in communities 	<ul style="list-style-type: none"> Lack of services for people with FASD 	<ul style="list-style-type: none"> Stakeholders report that women encounter judgemental service providers
Reproductive health and birth control	<ul style="list-style-type: none"> More information needed about early detection of pregnancy 	<ul style="list-style-type: none"> A lack of anonymous services in communities 	<ul style="list-style-type: none"> Lack of services for people with FASD Access to pregnancy tests is a barrier for low income Yukoners 	<ul style="list-style-type: none"> More education needed on early pregnancy testing

Population Level Services

Population-level interventions for FASD prevention in Yukon are fairly robust. The Fetal Alcohol Spectrum Society of Yukon and the Alcohol and Drug Services Prevention Unit conduct multi-media education campaigns. Information about FASD is widely distributed in multiple sites by a variety of providers. At the policy level, Yukon has instituted mandatory labelling of all alcoholic beverages with warnings about the risks of drinking in pregnancy.

The main gaps and challenges pertaining to population level services are:

- **A need for more messaging to raise awareness:** Campaigns to raise awareness about the risks of drinking during pregnancy are not adequately reaching some remote communities and selected populations (youth, middle class social drinkers).
- **Lingering stigma around FASD:** Stigma remains around the issue of FASD, particularly in smaller, remote communities.

System Level Services

Supports for FASD Prevention

System-level supports for FASD prevention in Yukon are improving and increasing continuously. Service provider capacity building is ongoing in the Territory, with five agencies and organizations providing training workshops for FASD service providers, and two organizations providing consultations on request with service agencies. Collaborations and partnerships are developing across the spectrum of service providers, and a referral network is growing. The Yukon Government continues to commission research around FASD, including most recently the literature review, jurisdictional scan and service inventory which led to the development of this gap analysis and a subsequent service model. Policy development around FASD and reproductive health is also taking place.

The main gaps and challenges around system level supports for FASD Prevention are:

- **Awareness and training:** Knowledge about the risks and harms of alcohol consumption during pregnancy is inconsistent across service providers. More training is needed around strategies for engaging with women and discussing sensitive topics with them. Judgemental attitudes and stigma still exist and must be addressed.
- **A systems perspective:** Service providers do not have a clear understanding and awareness of their role in the spectrum of FASD prevention in Yukon.
- **Collaboration:** Services remain fragmented, and more collaboration between service providers is required to prevent overlap of services.

Determinants of Health

At present, amongst Yukon FASD prevention organizations and agencies, there is no coordinated plan for intersectoral action on the social determinants of health. However, there is room for both community development and policy action on the socio-economic determinants of health, and a need for intersectoral collaboration to achieve this. In order to articulate a plan for intersectoral action around the determinants of health, it will be necessary to decide upon objectives, strategies for approaching other sectors' leadership and service provider organizations, and strategies for capacity building at the community and society levels.

System Level Leadership and Coordination

At present, strong mechanisms and processes for system level leadership, coordination and systematic evaluation are lacking in Yukon.

Summary

In structuring this report, we have identified five areas for intervention: the system, the population, all men and women of childbearing age, all women at risk, and women with a high level of risk or FASD. The following section summarizes at a high level what is known about the best evidence, best practice, current Yukon status, and Yukon-specific gaps and strengths in each of these five areas:

System

System-level leadership and coordination

- *Yukon:* Collaborative action and linkages at the inter-departmental government level identified as gaps.
- *Jurisdictional scan:* All jurisdictions identified intersectoral action as a necessary component of a coordinated approach to FASD and the harms of substance use:
 - Alberta offers a potential model for system-level leadership and coordination. Oversight and guidance for the implementation of Alberta's *FASD 10-Year Strategic Plan* is provided by Alberta's FASD Cross-Ministry Committee (FASD-CMC) and supporting Councils coordinate key supporting functions (research, evaluation, communication, training, networking).

Intersectoral Action on the Determinants of Health

- *Yukon:* There is little or no complementary action to address underlying socio-economic determinants of health impacting the incidence and prevalence of FASD in Yukon. Collaborative action and linkages are needed at the inter-departmental government level, including:
 - Initiatives dealing with broader substance use issues;

- Initiatives involving FASD and women’s health issues more broadly defined than specifically FASD prevention; and,
- Complementary action to address underlying social economic determinants of health impacting the incidence and prevalence of FASD.
- *Literature:* Multiple studies have found an association between drinking during pregnancy and education level, employment, socio-economic status, behaviours (i.e. smoking), relationships (i.e. marital status), experience (i.e. past experiences of violence or abuse), physical health and other socio-economic determinants of health.
 - While no evidence was retrieved on effective system-level determinants of health interventions for FASD prevention.
 - The evidence suggests that of all the system-level determinants of health interventions, those addressing housing and employment may have the greatest positive impact on overall health inequalities.
- *Jurisdictional Scan:* All jurisdictions recognized the association between socio-economic determinants of health and drinking during pregnancy.
 - Determinants of health strategies proposed included service provider education in all relevant sectors, FASD and determinants of health research, prevention service planning through a determinants of health lens, multisectoral efforts and broad social and economic interventions.

Capacity Building

- *Yukon:*
 - Knowledge of FASD and the harms of alcohol consumption during pregnancy vary amongst Yukon service providers (medical professionals in particular). As a result, Yukon residents are receiving inconsistent messages and information about FASD;
 - Stigma and prejudice around FASD still exist, especially in rural areas, and may prevent Yukon residents from accessing services;
 - Service providers require training on methods to engage female clients and discuss sensitive topics with them; and,
 - Service providers lack awareness of their role in FASD prevention.
- *Jurisdictional scan:* Alberta, British Columbia, Canada’s First Nations and Inuit communities, and Australia identify training and education of service providers as a strategy for preventing FASD and substance use harms:
 - Strategies include a single, consistent message, strategies for counselling women at risk, training for health professionals, and dissemination of research and best practice in multiple forums;

- The Government of Alberta has established a Fetal Alcohol Spectrum Disorder Education and Training Council to lead “coordinated and effective FASD education and training in Alberta”. Alberta also has a formal Child and Family Services FASD Community of Practice, although its mandate does not cover FASD prevention. Australia has plans to develop a collaborative network of FASD experts to promote information exchange and evidence generation.

Collaboration

- *Yukon:*
 - Stakeholders reported a lack of communication and integration of FASD services, and overlapping use of resources by different service providers (services operating in silos);
 - There is a need for coordination/ collaboration amongst providers of FASD prevention services.
- *Literature:* The National Treatment Strategy Working Group’s framework, entitled *A Systems Approach to Substance Use in Canada*, emphasizes the importance of intersectoral collaboration to address the social determinants of health in substance use treatment and prevention efforts.
- *Jurisdictional scan:* Strategies to promote and improve collaboration are found in the frameworks of the Public Health Agency of Canada, the Canada Northwest FASD Partnership, Alberta, British Columbia and SAMHSA. Strategies include establishing channels for communication, opportunities for networking, integrated resources and other mechanisms to support partnerships.

Evaluation and Research

- *Yukon:*
 - The Government of Yukon has commissioned research projects, literature reviews, service inventories and environmental scans pertaining to substance abuse amongst Yukon women, girls and youth, and Fetal Alcohol Spectrum Disorder.
 - Gaps identified included the lack of a network for information dissemination, a systematic approach to evaluation, and community-driven targets and outcomes for measuring the success of FASD prevention.
- *Jurisdictional scan:* The Public Health Agency of Canada, Alberta, British Columbia, Australia, SAMHSA, and the World Health Organization incorporate research, monitoring and/or evaluation strategies in their FASD and substance use framework (Notable strategies include development of an evaluation framework and monitoring of FASD prevalence).

Services for the Population

Yukon:

- The Yukon Liquor Corporation places warning labels on all alcoholic beverages;
- One community in Yukon has a community-wide alcohol ban;
- FASD prevention may be incorporated into a sexual health curriculum being designed the Government of Yukon; and,
- There is an identified need for population based messaging to increase awareness of risks and reduce stigma (priority target groups: middle class social drinkers, rural and isolated communities).

Literature:

- Multimedia education campaigns: Of six studies, two (moderate-weak quality) found significant evidence of effectiveness, four (weak quality) found no significant evidence of effectiveness, and one did not report accurately on findings;
- Beverage warning labels: One study (weak) found significant evidence of impact amongst nulliparous women only; and,
- Alcohol bans: One study (weak) found a significant reduction in regional prenatal alcohol consumption and alcohol exposure to the fetus in the short term, but reductions in alcohol use were not significant in the second and third trimester.

Jurisdictional scan:

- The Public Health Agency of Canada, CanFASD, Canada's First Nations and Inuit communities, Alberta, British Columbia, Australia, the Institute of Medicine and the World Health Organization prescribe the use of multiple media forms to inform the public about FASD;
- The development of school curricula or educational models on FASD is proposed as a strategy in the frameworks of Canada's First Nations and Inuit communities;
- The use of beverage warning labels are proposed as a strategy in the FASD frameworks of Australia and the Institute of Medicine; and,
- Community alcohol bans are identified as a possible strategy to reduce the harms of alcohol use by the World Health Organization.

Services for Individuals:

Yukon: Gaps identified through the gap analysis and stakeholder consultation include:

- Access to reproductive health services birth control, pregnancy tests (specific issues include cost barriers and a lack of anonymity in accessing these services);

- Access to, and availability of prenatal and postnatal supports, including single access, multi-service programs, outreach services, healthy social supports, safe places (i.e. shelters), ongoing support through the postnatal period, harm reduction, supportive relationships, and case management;
- A lack of preconception messages, especially those targeted at youth;
- Services and supports for family and social support networks of individuals at high risk;
- Need for adaptation of FASD prevention strategies and services for individuals with FASD and other cognitive impairments (adapt reproductive health, specialized treatment, intensive support and ongoing support services for women through their childbearing years); and,
- Information, engagement, and support and harm reduction services for men (in particular, men in relationships with women at high risk).

Literature:

- Education and information interventions for women at risk: Nine studies (eight of moderate quality, one of weak quality) were retrieved from the literature. Six reported evidence of effectiveness;
- Screening: There appears to be no universally agreed upon test or reliable method for identifying prenatal exposure to alcohol during pregnancy;
- Brief interventions: Ten studies of brief interventions for populations of women at risk were retrieved from the literature (One of strong; three of moderate; and six of weak quality). Two reported evidence of effectiveness;
- Counselling: Out of six studies of counselling interventions for women at risk (3 of moderate quality, three of weak quality), three reported evidence of effectiveness. Out of six studies of counselling interventions for women at high risk (all of weak quality), three reported evidence of effectiveness;
- Motivational interviewing: Four out of seven studies (three of moderate quality; four of weak quality) found evidence of effectiveness;
- Single access multi-service programs: One study (moderate quality) from the literature of a single access multifaceted service program for women at risk found significant evidence of effectiveness. Two research projects to identify the impact of single access, multi-service programs in Canada for substance-using pregnant and parenting women found evidence of positive impacts. A literature review to identify effective program level supports for street involved pregnant and parenting women found the following were effective program strategies:
 - Offering drop-in or outreach programs;
 - Offering centralized, integrated and multidisciplinary services;
 - Addressing women's immediate needs (food, shelter, clothing, transportation) and more complex needs (i.e. supports for pregnancy, mental illness and addiction); and,

- Providing primary health care.

Jurisdictional scan:

- Targeted, individual-level education for all men and women of childbearing age is identified as a strategy in the framework of one jurisdiction, the Canada Northwest FASD partnership;
 - The provision of prenatal and post-partum support for men and women of childbearing age is explicitly identified as a prevention strategy in the FASD frameworks of the Public Health Agency of Canada, the Canada Northwest FASD Partnership, British Columbia and the Institute of Medicine (United States of America);
 - The provision of reproductive health services is proposed as a strategy in the FASD framework of British Columbia;
 - Screening for alcohol use during pregnancy is an FASD prevention strategy proposed by Canada's First Nations and Inuit communities, Alberta, British Columbia, Australia and the Institute of Medicine;
 - Outreach support programs are recommended by the Public Health Agency of Canada and Canada's First Nations and Inuit communities;
 - Brief interventions with women and girls deemed to be at risk has been identified as a strategy for FASD and alcohol use prevention by Canada's First Nations and Inuit communities, Alberta, Australia, the Institute of Medicine and the World Health Organization;
 - Interventions to engage and educate male partners are identified as a strategy by the institute of Medicine;
 - Motivational interviewing is not explicitly identified as a strategy in any jurisdictional frameworks, except that of Canada's First Nations and Inuit communities;
 - Counselling is proposed as a strategy in the frameworks and FASD approaches of Canada's First Nations and Inuit communities, British Columbia and the Institute of Medicine;
 - One-stop or single point of access multifaceted programs for women at high risk are seen as an important component of a systematic approach to preventing FASD or other harms of substance use. These types of programs are recommended in the frameworks of the Public Health Agency of Canada, the Canada Northwest FASD Partnership, Canada's First Nations and Inuit communities, Alberta, British Columbia, Australia, the Institute of Medicine and the World Health Organization. Alberta and British Columbia both have working examples of single-access multiservice programs for pregnant and parenting women who use alcohol and other substances (Alberta's program focuses on socioeconomically disadvantaged women); and,
 - Addictions treatment and withdrawal for women who are pregnant or at high risk of an alcohol exposed pregnancy is a strategy recommended by the Public Health Agency of Canada, the Canada Northwest FASD Partnership, British Columbia, and the Institute of Medicine;
- Conclusion.

Our analysis of Yukon’s current FASD prevention services reveals a prevention approach that is characterized by many strengths, but also gaps and areas for improvement. Using the best available evidence from the literature and the promising practice examples of other jurisdictions as reference points and sources of information, the next step will be to develop a service model and a set of strategic priorities for addressing current gaps and limitations.

Appendix A: Map of services and gaps

Numbering System for Yukon Organizations and Agencies

In order to present a comprehensive picture of the organizations and agencies providing FASD services in Yukon, a numbering system has been established. Each organization and agency has been assigned a number. In the map of FASD prevention gaps and services that follows, the numbers are used in the Yukon services columns to indicate which agencies are providing each intervention.

- 1 Alcohol and Drug Services Prevention Unit
- 2 Alcohol and Drug Services Treatment
- 3 BYTE
- 4 Canadian Prenatal Nutrition Program
- 5 Champagne and Aishihik First Nations
- 6 Child Development Centre
- 7 Counselling Services
- 8 Dawson Shelter Society
- 9 FASSY
- 10 Help and Hope for Families
- 11 Kwanlin Dun First Nation Health Centre
- 12 Many Rivers Counselling and Support Services
- 13 Northern Institute of Social Justice
- 14 Old Crow
- 15 Partners for Children
- 16 SAGE Maternity
- 17 Selkirk First Nation
- 18 Skookum Jim's Friendship Centre
- 19 TAAN First Nation
- 20 Teen Parent Centre
- 21 Tr'ondek Hwechin First Nation
- 22 Victoria Faulkner Women's Centre
- 23 Vuntut Gwitchin First Nation
- 24 White River First Nation
- 25 Women's Directorate
- 26 YG Department of Education and YG Health Promotion Unit
- 27 Yukon Doctors and Whitehorse General Hospital
- 28 Yukon Government Community Health Centres
- 29 Yukon Government Healthy Families Program
- 30 Yukon Government Whitehorse Health Centre
- 31 Yukon Liquor Cooperation
- 32 Yukon Women's Transition Home Society

Individual Level Interventions

Note that that information about the Yukon services presented in the following tables represents what was learned from the Yukon service providers and stakeholders who participated in the service inventory within the time available for this project.

Intervention	Evidence and Best Practice (Literature Review and Jurisdictional Scan)	Organizations and agencies providing service in Yukon (refer to numbering sheet for organization names)						Gaps in Yukon (Service Inventory)	Areas for improvement in Yukon (Service Inventory)
		Yukon-wide	Whitehorse	Communities	Youth	FN & Inuit	Low income		
<p>Addictions treatment and withdrawal management</p> <p>Treatment programs for alcohol and other illicit substance addictions and supports and services for women who wish to reduce or end their substance use</p>	<p>Juris. Scan:</p> <p>Strategy recommended by:</p> <ul style="list-style-type: none"> ▪ PHAC ▪ CanFASD ▪ US (IOM) ▪ British Columbia 	2	2	2 (limited)	-	2	2	--	--

Intervention	Evidence and Best Practice (Literature Review and Jurisdictional Scan)	Organizations and agencies providing service in Yukon (refer to numbering sheet for organization names)						Gaps in Yukon (Service Inventory)	Areas for improvement in Yukon (Service Inventory)
		Yukon-wide	Whitehorse	Communities	Youth	FN & Inuit	Low income		
<p>Single access (one-stop) multi-faceted programs for high risk women</p> <p>Programs that provide multiple health, social, economic and advocacy supports at a single point of access. Services may include:</p> <ul style="list-style-type: none"> ▪ A multi-disciplinary service provider team ▪ Case management ▪ Residential treatment ▪ Risk assessment ▪ Addictions treatment ▪ Withdrawal management ▪ Harm reduction ▪ Inpatient programs ▪ Outreach ▪ Motivational interviewing ▪ Post-partum support ▪ Referrals ▪ Traditional parenting and infant programs ▪ Social and economic supports ▪ Advocacy 	<p>Lit Review:</p> <p>One Controlled Trial (moderate) did not report on the effectiveness of the intervention in modifying outcomes such as perceptions of alcohol use, well-being, family functioning and mental health status.</p> <p>A recently published literature review of program level supports for pregnant and parenting women found that programs which appeared to positively impact client knowledge, behaviour and lifestyle were:</p> <ul style="list-style-type: none"> ▪ Incorporated drop-in or outreach programs; ▪ Centralized, integrated and multidisciplinary services; ▪ Programs that addressed women’s immediate needs, and provided primary health care; <p>Two research projects to measure the impact of single access multiple service programs for pregnant and parenting women using alcohol and</p>	None	None	None	--	--	--	Case management and integrated service provision for at risk and high risk individuals	--

Intervention	Evidence and Best Practice (Literature Review and Jurisdictional Scan)	Organizations and agencies providing service in Yukon (refer to numbering sheet for organization names)						Gaps in Yukon (Service Inventory)	Areas for improvement in Yukon (Service Inventory)
		Yukon-wide	Whitehorse	Communities	Youth	FN & Inuit	Low income		
	<p>other substances found evidence of positive impact on prenatal and postnatal health indicators, client access to health and social support, substance use behaviours, and retained custody of clients' children.</p> <p>Juris. Scan: Strategy recommended by:</p> <ul style="list-style-type: none"> ▪ PHAC ▪ CanFASD ▪ First Nations and Inuit communities ▪ Alberta ▪ British Columbia ▪ Australia ▪ US (IOM) ▪ The World Health Organization 								
<p>Counselling The provision of support and education via discussion and teaching which is occurs in</p>	<p>Lit Review: <i>High Risk, aboriginal populations:</i> Three out of six studies (weak quality) found that counselling had</p>	2, 12	2, 4, 7, 8, 11, 12, 19	2, 4(some), 7 (some), 8(Dawson City) 10	2, 4, 7, 11, 12, 19, 21	2, 4, 7, 8, 10, 11,	2, 4, 7, 11, 12	Prevention services for individuals with FASD;	--

Intervention	Evidence and Best Practice (Literature Review and Jurisdictional Scan)	Organizations and agencies providing service in Yukon (refer to numbering sheet for organization names)						Gaps in Yukon (Service Inventory)	Areas for improvement in Yukon (Service Inventory)
		Yukon-wide	Whitehorse	Communities	Youth	FN & Inuit	Low income		
individual or group settings. Counsellors may address the nature and characteristics of alcohol, drinking patterns, the effects of drinking on the fetus, general health issues for mothers, social supports, and limits to, or abstinence from, consumption.	<p>a statistically significant impact on alcohol use, infant outcomes, and hospitalization outcomes.</p> <p><i>At Risk populations:</i></p> <p>Three out of six studies (three moderate, three weak quality) found that counselling had a statistically significant effect (measures used were abstinence rates at the end of the 3rd trimester and in the postpartum period)</p> <p>Juris. Scan:</p> <p>Strategy recommended by:</p> <ul style="list-style-type: none"> ▪ First Nations and Inuit communities ▪ Alberta ▪ British Columbia ▪ US (IOM) 			(Watson Lake), 12, 21 (Dawson City), 23 (Old Crow)		12, 19, 21, 23			

Intervention	Evidence and Best Practice (Literature Review and Jurisdictional Scan)	Organizations and agencies providing service in Yukon (refer to numbering sheet for organization names)						Gaps in Yukon (Service Inventory)	Areas for improvement in Yukon (Service Inventory)
		Yukon-wide	Whitehorse	Communities	Youth	FN & Inuit	Low income		
<p>Motivational interviewing</p> <p>Interventions which are designed to increase clients’ motivation to change their drinking behaviours in the context of conception, childbearing, childbirth, and the postnatal period</p>	<p>Lit Review:</p> <p>Four out of seven studies of women at risks (3 moderate, 4 weak quality) found statistically significant evidence of effectiveness for motivational interview interventions (measures used included risk of alcohol exposed pregnancies, % of alcohol exposed pregnancies, alcohol use in risk levels at follow-up).</p> <p>Juris. Scan:</p> <p>Strategy recommended by:</p> <ul style="list-style-type: none"> ▪ First Nations & Inuit 	27	2, 5, 11, 19, 20, 22, 27	2(limited), 5(Haines Junction), 8(Dawson), 21(Dawson City)	2, 5, 11, 19, 20, 21	2, 5, 8, 11, 19, 20, 21, 22	2, 11, 19, 22	Prevention approaches and support services for individuals with FASD	--

Intervention	Evidence and Best Practice (Literature Review and Jurisdictional Scan)	Organizations and agencies providing service in Yukon (refer to numbering sheet for organization names)						Gaps in Yukon (Service Inventory)	Areas for improvement in Yukon (Service Inventory)
		Yukon-wide	Whitehorse	Communities	Youth	FN & Inuit	Low income		
<p>Brief interventions Time-limited interventions which may include counselling, motivational messaging, and/or psychological support.</p>	<p>Lit Review: Two out of ten studies (1 strong, 3 moderate, and 6 weak) found statistically significant evidence of effectiveness (Measures used were preterm labour and alcohol intake)</p> <p>Juris. Scan: Strategy recommended by:</p> <ul style="list-style-type: none"> ▪ First Nations and Inuit communities ▪ Alberta ▪ Australia ▪ US (IOM) ▪ The World Health Organization 	27	5, 7, 11, 12, 19, 20, 22, 27, 32	5(Haines Junction), 7(some), 8(Dawson), 10 (Watson Lake), 21(Dawson City), 27, 28	5, 11, 19, 20, 21, 27, 28	5, 11, 12, 19, 20, 21, 27, 28, 32	11, 19, 22, 28	--	Strategies for supporting reproductive health, birth control and early detection of pregnancy
<p>Outreach support programs Service providers provide tailored support to women in their homes and communities</p>	<p>Juris. Scan: Strategy recommended by:</p> <ul style="list-style-type: none"> ▪ PHAC ▪ First Nations and Inuit communities 	9	3, 9, 11,18	3, 9, 10 (Watson Lake), 11, 28, 29	3, 11, 28, 29	3, 9, 11, 18, 28, 29	28, 29	--	--

Intervention	Evidence and Best Practice (Literature Review and Jurisdictional Scan)	Organizations and agencies providing service in Yukon (refer to numbering sheet for organization names)						Gaps in Yukon (Service Inventory)	Areas for improvement in Yukon (Service Inventory)
		Yukon-wide	Whitehorse	Communities	Youth	FN & Inuit	Low income		
<p>Interventions targeting male partners and support networks</p> <p>Could include education, brief interventions, or other targeted activities</p>	<p>Juris. Scan:</p> <p>Strategy recommended by:</p> <ul style="list-style-type: none"> ▪ US (IOM) 	None	None	None	--	--	--	Significant need for increased messaging to men about role and responsibility in FASD prevention and healthy pregnancy	--
<p>Screening for alcohol use</p> <p>A variety of tests including T-ACE and TWEAK can be used to screen women for alcohol use during pregnancy</p>	<p>Juris. Scan:</p> <p>Strategy recommended by:</p> <ul style="list-style-type: none"> ▪ First Nations and Inuit communities ▪ Alberta ▪ British Columbia ▪ Australia ▪ US (IOM) 	1	1, 2, 27,30	1, 2, 28	1, 2, 27, 28, 30	1, 2, 27, 28, 30	1, 2, 27, 28, 30	--	--

Intervention	Evidence and Best Practice (Literature Review and Jurisdictional Scan)	Organizations and agencies providing service in Yukon (refer to numbering sheet for organization names)						Gaps in Yukon (Service Inventory)	Areas for improvement in Yukon (Service Inventory)
		Yukon-wide	Whitehorse	Communities	Youth	FN & Inuit	Low income		
<p>Education</p> <p>Health education interventions are designed to provide information to participants and increase their knowledge. Mediums may include videos, TV, printed materials, texting, or in-person learning modules/ sessions. Education may occur in public or selective environments</p>	<p>Lit. Review:</p> <p>Six out of nine studies (eight moderate quality, one weak quality) found evidence of effectiveness for education/information interventions for women at risk. (Measures used were knowledge, abstinence, # of alcoholic drinks, alcohol intake, amount consumed/month)</p> <p>Juris. Scan:</p> <p>Strategy recommended by:</p> <ul style="list-style-type: none"> ▪ CanFASD 	1, 3, 4, 9, 15, 27, 30	1, 2, 3, 4, 6, 9, 11, 15, 22, 27, 32	1, 2(some), 3, 4, 5(Haines Junction), 6, 8(Dawson), 10 (Watson Lake), 15, 19, 21(Dawson City),23(Old Crow), 24(Beaver Creek), 27, 28	1, 2, 3, 4, 5, 11, 19, 20, 21, 24, 27, 28	1, 2, 3, 4, 5, 6, 8, 10, 11, 19, 21, 22, 23, 24, 27, 28, 32	1, 2, 6, 11, 19, 22, 28	<ul style="list-style-type: none"> ▪ Ongoing primary prevention messages; ▪ Preconception messages for youth; 	--
<p>Prenatal and Post-partum support</p> <p>May include:</p> <ul style="list-style-type: none"> ▪ Health care ▪ Social supports ▪ Advocacy ▪ Peer support 	<p>Juris. Scan:</p> <p>Strategy recommended by:</p> <ul style="list-style-type: none"> ▪ PHAC ▪ CanFASD ▪ British Columbia ▪ US(IOM) 	9	4, 5, 9, 11, 16, 18, 19, 20, 22, 27, 30	4(some), 5 (Haines Junction), 8(Dawson City), 9(on request), 21(Dawson City), 23(Old Crow), 24(Beaver Creek), 28	4, 5, 9, 11, 19, 20, 21, 27, 28, 30	4, 5, 8, 9, 11, 18, 19, 20, 21, 19, 20, 21, 21, 22, 23, 27, 28, 30	4, 5, 8, 9, 11, 18, 19, 20, 21, 22, 23, 24, 27, 28, 30	<ul style="list-style-type: none"> ▪ CPNP programs ▪ Prenatal and postnatal support for women in communities; 	Strength based prenatal and postnatal support for women

Intervention	Evidence and Best Practice (Literature Review and Jurisdictional Scan)	Organizations and agencies providing service in Yukon (refer to numbering sheet for organization names)						Gaps in Yukon (Service Inventory)	Areas for improvement in Yukon (Service Inventory)
		Yukon-wide	Whitehorse	Communities	Youth	FN & Inuit	Low income		
Reproductive Health Services Includes: <ul style="list-style-type: none"> ▪ Provision of contraception ▪ Early pregnancy detection ▪ Other reproductive health services 	Juris. Scan: Strategy recommended by: <ul style="list-style-type: none"> ▪ British Columbia 		11, 16, 27, 30	28	11, 27, 28, 30	11, 27, 28, 30	11, 28	--	<ul style="list-style-type: none"> ▪ Strategies for supporting reproductive health, birth control and early detection of pregnancy

Population Level Interventions

Intervention	Evidence and Best Practice (Literature Review and Jurisdictional Scan)	Organizations and agencies providing service in Yukon (refer to numbering sheet for organization names)						Gaps in Yukon (Service Inventory)	Areas for improvement in Yukon (Service Inventory)
		Yukon - wide	Whitehorse	Communities	Youth	FN & Inuit	Low income		
<p>Multi-media campaigns</p> <p>Could include:</p> <ul style="list-style-type: none"> ▪ Press releases and service announcements ▪ Training sessions, workshops ▪ Signs, posters, billboards; ▪ An overarching communication strategy ▪ Information on websites ▪ Developing school curricula on FASD; ▪ Social marketing 	<p>Lit. Review: Out of seven studies of information campaigns (1 moderate, 6 weak quality), only two reported statistically significant results and evidence of effectiveness</p> <p>Five studies (weak quality) of educational materials on FASD reported mixed results. Only one study reported a statistically significant impact (intervention effective).</p> <p>Juris. Scan:</p> <p>Strategy recommended by:</p> <ul style="list-style-type: none"> ▪ PHAC ▪ CanFASD ▪ First Nations and Inuit communities (FAS/FAE initiative) ▪ Alberta ▪ British Columbia ▪ Australia ▪ (US) Institute of Medicine ▪ World Health Organization 	1, 9	1, 9	1, 9	1, 9	1, 9	1,9	<ul style="list-style-type: none"> ▪ Ongoing primary prevention messages; ▪ Stigma about who is at risk for FASD 	--

Intervention	Evidence and Best Practice (Literature Review and Jurisdictional Scan)	Organizations and agencies providing service in Yukon (refer to numbering sheet for organization names)						Gaps in Yukon (Service Inventory)	Areas for improvement in Yukon (Service Inventory)
		Yukon - wide	Whitehorse	Communities	Youth	FN & Inuit	Low income		
<p>School curriculum</p> <p>Information or educational modules on FASD and the risks of alcohol consumption during pregnancy is incorporated into school curricula</p>	<p>Juris. Scan:</p> <p>Strategy recommended by:</p> <ul style="list-style-type: none"> First Nations & Inuit 	26	26	26	26			None identified by stakeholders	None identified by stakeholders
<p>Beverage warning labels</p> <p>Labels on alcoholic beverages warning about the risks of drinking during pregnancy</p>	<p>Lit. Review: Four studies (weak quality) found no evidence of effectiveness</p> <p>Juris. Scan:</p> <p>Strategy recommended by:</p> <ul style="list-style-type: none"> Australia US (IOM) 	31	31	31				None identified by stakeholders	None identified by stakeholders
<p>Alcohol bans</p> <p>Implementation of a regulation prohibiting the sale and/or purchase of alcohol within a jurisdiction. Bans may be partial or universal.</p>	<p>Lit. Review: Aboriginal: One study (weak) did not find significant evidence of effectiveness</p> <p>Juris. Scan:</p> <p>Strategy recommended by:</p> <ul style="list-style-type: none"> The World Health Organization 			14 (Old Crow)	14	14	14	None identified by stakeholders	None identified by stakeholders
<p>Policies and legislation</p> <ul style="list-style-type: none"> Incorporate FASD and women’s determinants of health priorities into operational plans and strategies Align FASD strategic priorities 	<p>Juris. Scan:</p> <p>Strategy recommended by:</p> <ul style="list-style-type: none"> All jurisdictions 	25	25	25				None identified by stakeholders	None identified by stakeholders

Intervention	Evidence and Best Practice (Literature Review and Jurisdictional Scan)	Organizations and agencies providing service in Yukon (refer to numbering sheet for organization names)						Gaps in Yukon (Service Inventory)	Areas for improvement in Yukon (Service Inventory)
		Yukon - wide	Whitehorse	Communities	Youth	FN & Inuit	Low income		
with relevant cross-ministry policy frameworks <ul style="list-style-type: none"> ▪ Advocacy for women in policy forums ▪ Encourage women’s input into policy 									

System Level Interventions

Intervention	Evidence and Best Practice (Literature Review and Jurisdictional Scan)	Organizations and agencies providing service in Yukon (refer to numbering sheet for organization names)						Gaps in Yukon (Service Inventory)	Areas for improvement in Yukon (Service Inventory)
		Yukon - wide	Whitehorse	Communities	Youth	FN & Inuit	Low income		
<p>System-level leadership and coordination</p> <p>The establishment and maintenance of high level mechanisms and functional bodies in order to set the direction and support the implementation of a comprehensive FASD prevention approach. Examples of leadership and coordination bodies might include:</p> <ul style="list-style-type: none"> ▪ A leadership committee or council ▪ A community of practice ▪ A research committee or council 	<p>Juris. Scan:</p> <p>Examples of system level leadership and coordination mechanisms can be found in:</p> <ul style="list-style-type: none"> ▪ Alberta ▪ British Columbia ▪ Australia 	Preliminary work						--	--
<p>Intersectoral capacity building</p> <p>Capacity building at the community and society levels around socio-economic determinants of health</p> <ul style="list-style-type: none"> ▪ Intersectoral community development ▪ Intersectoral policy action 	<p>Juris. Scan:</p> <p>Strategy recommended by:</p> <ul style="list-style-type: none"> ▪ PHAC ▪ CanFASD ▪ First Nations & Inuit ▪ Alberta ▪ British Columbia ▪ Australia ▪ SAMHSA ▪ IOM ▪ The World Health Organization 	Preliminary work						--	--

Intervention	Evidence and Best Practice (Literature Review and Jurisdictional Scan)	Organizations and agencies providing service in Yukon (refer to numbering sheet for organization names)						Gaps in Yukon (Service Inventory)	Areas for improvement in Yukon (Service Inventory)
		Yukon - wide	Whitehorse	Communities	Youth	FN & Inuit	Low income		
<p>Promote collaboration</p> <ul style="list-style-type: none"> Establish mechanisms to encourage the creation and maintenance of partnerships; Establish communication and networking channels Create referral networks 	<p>Juris. Scan:</p> <p>Strategy recommended by:</p> <ul style="list-style-type: none"> PHAC CanFASD First Nations and Inuit communities Alberta British Columbia US-SAMHSA The World Health Organization 	<ul style="list-style-type: none"> Referral networks established and growing Multiple collaboration initiatives underway 						Greater integration of services required	None identified by stakeholders
<p>Service provider capacity building</p> <ul style="list-style-type: none"> Educate service providers about FASD; Train service providers and professionals on how to identify and counsel women at risk; Disseminate information and research findings to service providers and professionals (conferences, workshops, focus groups) Support a common understanding of the harms of drinking during pregnancy and FASD Educate service providers about the determinants of health for 	<p>Juris. Scan:</p> <p>Strategy recommended by:</p> <ul style="list-style-type: none"> PHAC CanFASD First Nations and Inuit communities Alberta British Columbia Australia US(SAMHSA) The World Health Organization 	1, 4, 9, 25, 13	1, 4(some), 9, 13, 25	1, 9 (on request), 13 (on request), 25	--	--	--	<ul style="list-style-type: none"> Training for practitioners to develop skills and strategies to talk and work with women around issues of alcohol use and pregnancy Prevention and support information for medical professionals; Training for practitioners 	<ul style="list-style-type: none"> Ongoing training and primary prevention messaging PRIMA Training offered to medical professionals by ADS prevention in February 2014 Making Connections facilitators

Intervention	Evidence and Best Practice (Literature Review and Jurisdictional Scan)	Organizations and agencies providing service in Yukon (refer to numbering sheet for organization names)						Gaps in Yukon (Service Inventory)	Areas for improvement in Yukon (Service Inventory)
		Yukon - wide	Whitehorse	Communities	Youth	FN & Inuit	Low income		
<p>women</p> <ul style="list-style-type: none"> Initiatives to expand resources (human and material), establish legislation, and encourage stakeholder involvement in decision-making 								<p>to develop skills and strategies to talk and work with women around issues of alcohol use and pregnancy</p> <ul style="list-style-type: none"> Ongoing training for community and professionals; Knowledge/ awareness & coordination/ collaboration of prevention services 	<p>training offered by partnership between ADS and Victim Services in January 2014</p>
<p>Research, monitoring and evaluation</p> <p>Research:</p> <ul style="list-style-type: none"> Encourage, support and conduct research Develop research infrastructure and mechanisms Disseminate research findings Support the establishment of a Canadian clearinghouse for 	<p>Juris. Scan:</p> <p>Strategy recommended by:</p> <ul style="list-style-type: none"> PHAC Alberta British Columbia Australia US –SAMHSA The World Health Organization 	<p>The Yukon Government has commissioned conducted multiple research studies and service scans on FASD, substance use and related issues. These research projects have led to the publication of the following reports:</p> <ul style="list-style-type: none"> The report: <i>Improving Treatment and Support for Yukon Girls and Women with Substance Use Problems and Addictions;</i> the <i>Summary Report from the Second Yukon Aboriginal Women’s Summit;</i> <i>Health and Health Related Behaviours among Young People</i> 	<ul style="list-style-type: none"> Need to establish a coordinated network for information dissemination and leadership to support network Need for adult 	<ul style="list-style-type: none"> Integrated information delivery Current development of community based adult diagnostic clinic for territory 					

Intervention	Evidence and Best Practice (Literature Review and Jurisdictional Scan)	Organizations and agencies providing service in Yukon (refer to numbering sheet for organization names)						Gaps in Yukon (Service Inventory)	Areas for improvement in Yukon (Service Inventory)
		Yukon - wide	Whitehorse	Communities	Youth	FN & Inuit	Low income		
<p>research</p> <ul style="list-style-type: none"> ▪ Standardize data collection instruments and protocols used by service providers <p>Monitoring/evaluation:</p> <ul style="list-style-type: none"> ▪ Develop evaluation framework; ▪ Monitor activities and funding; ▪ Identify gaps in policy, services and funding, and address; ▪ Disseminate evaluation results; 		<p><i>in Yukon;</i></p> <ul style="list-style-type: none"> ▪ <i>Yukon Addictions Survey (YADS);</i> ▪ <i>The Summary of the Literature on FASD Prevention, Summary of Jurisdictions on FASD Prevention, and Summary of Service Inventory</i> reports commissioned as part of this FASD prevention gap analysis project. 						<p>diagnosis</p> <ul style="list-style-type: none"> ▪ Little evaluation of program or approaches ▪ Need for systematic and coordinated approach to evaluation with community driven targets or outcomes 	