

FETAL ALCOHOL SPECTRUM DISORDER

FASD GUIDEBOOK FOR POLICE OFFICERS

with child
without alcohol



Royal Canadian
Mounted Police

Gendarmes royales
du Canada



The Pas Family
Resource Centre



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COMMISSIONER'S FOREWORD

Fetal Alcohol Spectrum Disorders (FASD) are physical, mental and neuro-behavioural birth defects that are caused by alcohol consumption during pregnancy. They last a lifetime... and yet are completely preventable.

In recent years our members have become increasingly aware of these disorders, and the wide-ranging implications of FASD for areas such as health care, education and the criminal justice system. In the 2002 Speech from the Throne, the federal government committed to provide Aboriginal communities with the tools they require to address FASD. In fact, governments at all levels in Canada have identified FASD as a priority concern.

Many specialists suggest that a significant number of individuals who come into contact with the criminal justice system have FASD. Only medical professionals are qualified to diagnose FASD, but law enforcement officers must be aware of FASD, its characteristics and behaviours. This is necessary so they can identify and deal effectively and appropriately with clients who come into contact with the law as victims, suspects or witnesses.

I encourage you to become informed and to form linkages with health and social agencies and community groups that provide support to FASD individuals, their families and communities. By working with these groups, you will contribute to the well-being of communities affected by these disorders. Your support in promoting public awareness about FASD, through substance abuse awareness programs may even prevent future cases.

"D" Division has taken a lead role in building awareness of FASD issues and in developing police officer resource materials on FASD. I want to thank all of the external partners who have contributed so generously to the creation of this guidebook and related materials. Finally, I would like to commend "D" Division for their leadership initiative in building awareness of FASD issues, not only in their division but also in the North West Region and nationally.

Commissioner Giuliano Zaccardelli

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Welcome to the FASD Guidebook for Police Officers.

This guidebook is part of a program designed to increase your awareness of disabilities caused by pre-natal exposure to alcohol and to help you be more effective in your investigations when dealing with individuals with FASD.

Dealing with individuals with FASD is not something you alone can address. It is a medical, social, educational and judicial issue that requires a community response. However, as a police officer, you have a key role in networking to this effect because you are a front-line worker who will come in contact with a high number of victims, witnesses and suspects who have been affected by alcohol prenatally.

As a police officer, your role is not in diagnosing FASD but in recognizing the possibility that the individual may be affected. You must always remember that people with FASD are considered “diminished capacity” thus requiring consideration to their special needs and a compassionate response.

This guidebook will provide you with information on FASD, how to recognize the impacts of this condition, how you should approach investigations involving an individual with FASD, and where you can turn for help in conducting your investigations.

- *Annette Laporte &
Terralyn McKee*

Before you begin, it is important that you understand some of the specific terminology used throughout this guidebook to describe specific alcohol-related conditions.

Fetal Alcohol Syndrome (FAS)

This is perhaps the most widely known term, used to refer to the combination of physical and neurological birth defects, which can include:

- a pattern of facial abnormalities
- growth deficiencies
- brain dysfunction (behavioural/cognitive problems)

Partial Fetal Alcohol Syndrome (pFAS)

This term applies to individuals who have a cluster of the following characteristics:

- some of the facial characteristics commonly found in FAS
- evidence of at least one other FAS component:
 - brain injury (behavioural/cognitive problems)
 - growth deficiencies

People with pFAS generally have fewer compensations than those with FAS because pFAS is harder to diagnose and systems to help offset the disability aren't put in place as early. Problems associated with pFAS stem from a person's ability – or inability – to function within society because of their personal definitions of “normal”, their values, their sense of boundaries and their expectations.

Alcohol Related Neurodevelopmental Disorder (ARND)

This term is used to describe the presence of:

- structural or neurological abnormalities described under FAS
- behavioural and cognitive problems described under FAS

Alcohol Related Birth Defects (ARBD)

This term is used to describe the presence of:

- birth defects including malformations, anomalies and dysplasias and/or
- cardiac, skeletal, kidney, ocular, auditory, skin, other (virtually every malformation has been described in patients with FAS)

Fetal Alcohol Effects (FAE)

FAE is the term formerly used to describe pFAS, ARND and ARBD.

Fetal Alcohol Spectrum Disorder (FASD)

This is an umbrella term used to describe any or all of the above categories. It is not a diagnostic term

1.2 – ALCOHOL VERSUS OTHER SUBSTANCES

Take a moment to consider the following question:

Which substance does the most severe damage to the developing fetus – marijuana, cocaine, heroin or alcohol?

Obviously any one of those substances will have an adverse effect on a developing fetus, but let's look at what those effects can be for each specific substance.

Marihuana

Possible Effects on Fetus: increased risk of miscarriage; premature labour/birth; low birth weight due to decreased blood, oxygen and nutrients; impaired growth; impaired emotional development; possible birth defects/deformities.

Cocaine

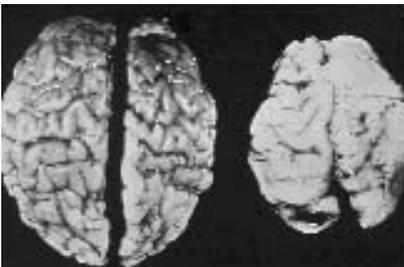
Possible Effects on Fetus: increased risk of fetal death; premature labour/birth; increased risk of SIDS; bursting vessels in the brain; respiratory problems; kidney trouble; lack of coordination; increased risk of mental disability.

Heroin

Possible Effects on Fetus: risk of miscarriage; still birth; premature delivery; complications during delivery; baby born with depressed breathing or withdrawal symptoms; slow mental and physical development; risk of anemia cardiac disease, diabetes, pneumonia, hepatitis or HIV.

Alcohol

Possible Effects on Fetus: risk of miscarriage; still birth; premature delivery; low birth weight; risk of FASD, growth deficiencies; brain injury, brain deformities or abnormal brain functioning; facial and skeletal abnormalities; heart defects; vision and hearing problems; mental disabilities; learning disabilities; hyperactivity; lack of coordination; liver damage; heart damage; kidney damage; tremors or seizures.



6 Week Old Baby
“Normal” Brain

6 Week Old Baby
“FAS” Brain

What sets alcohol apart from the other substances is that alcohol *changes both physical structure and the function of the brain.*

Graphics courtesy of:

© Sterling K. Clarren, MD, FAAP / Robert A. Aldrich, Professor of Pediatrics
University of Washington, School of Medicine, Seattle, Washington

1.3 – ASSOCIATED FEATURES

Individuals with FASD often display certain associated physical and cognitive features. Many individuals with FASD have none of the physical traits. Below is a partial list. These features vary greatly from one person to the next, and many individuals with FASD may have none of the physical features. These features are also not always immediately apparent or recognizable as being related to FASD, making it difficult to know for certain whether an individual has FASD.

1.3A – PHYSICAL FEATURES:

- Craniofacial defects
- Eye problems
- Hearing problems
- Hand and feet abnormalities
- Teeth abnormalities
- Skeletal malformations
- Heart murmurs and defects
- Kidney problems
- Liver problems
- Hernias
- Genitalia malformations
- Skin irregularities

1.3B – COGNITIVE FEATURES:

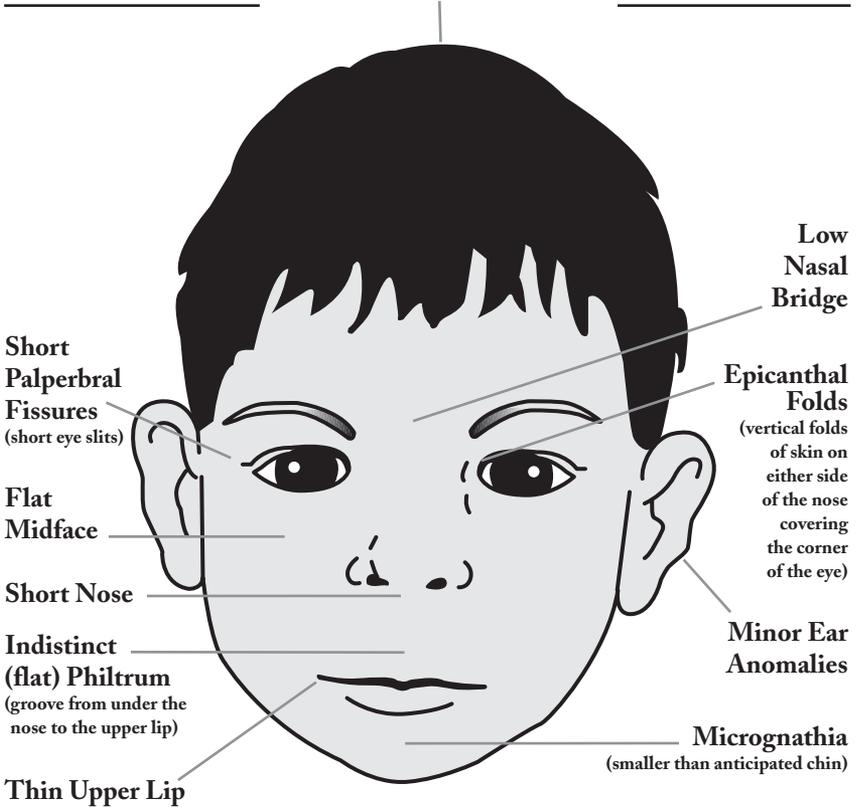
- Memory problems
- Difficulty storing and retrieving information
- Inconsistent performance
- Impulsivity
- Distractibility
- Disorganization
- Slow auditory pace
- Developmental lags
- Ability to repeat instructions but inability to turn them into action
- Difficulty with abstractions – math, time, money management
- Inability to predict outcomes or understand consequences

It is important never to confuse the facial characteristics associated with FASD with ethnic features. Remember that an individual with FASD may possess any combination of features associated with the condition but they may become less pronounced as the child gets older. Many FASD children ‘outgrow’ the physical features, but they do not ‘outgrow’ the brain damage.

**DISCRIMINATING
FEATURES**

Microcephaly
(small circumference of head)

**ASSOCIATED
FEATURES**



* © Streissguth A.P., & Little, R.E. (1994). "Unit 5: Alcohol, Pregnancy, and the Fetal Alcohol Syndrome; Second Edition" of the Project Cork Institute Medical School Curriculum (slide lecture series) on Biomedical Education: Alcohol Use and Its Medical Consequences, produced by Dartmouth Medical School.

1.4 – CHARACTERISTICS

Associated features are not quite the same thing as characteristics. Think of “associated features” as being more of a medical viewpoint of FASD and “characteristics” as being the more visible behaviors – traits that you as a police officer are more likely to observe in individuals in the course of your job.

1.4A – PRIMARY CHARACTERISTICS

Primary characteristics refer to the physical and mental disabilities with which a child is born. These characteristics can include:

- growth abnormalities
- facial abnormalities
- musculoskeletal abnormalities
- nervous system abnormalities
- neurodevelopmental delays and deficiencies

1.4B – SECONDARY CHARACTERISTICS

Secondary characteristics refer to disabilities that may develop as a result of failure to properly deal with the primary disabilities and as a result of environmental influences. It is the secondary characteristics that may be the determining factors for success or failure for persons with FASD. They are more behavioural in nature, and can be life-debilitating without appropriate supports.

Secondary characteristics can include:

- fear, anxiety, avoidance, withdrawal
- victimization of and by others
- shutting down, lying, running away, dropping out of school, joblessness, homelessness
- willingness to please and comply
- mental illness, depression, self-injury
- violent or threatening behaviour, impulsivity, trouble with the law
- addictions issues
- suicide



1.5 – COMMON STRENGTHS OF SOME INDIVIDUALS WITH FASD

Individuals with Fetal Alcohol Spectrum Disorder often possess some very positive traits and skills that can support a positive lifestyle.

These traits may include:

- talkativeness or chattiness
- curiosity
- spontaneity
- love of animals
- generosity, helpfulness, nurturing ability
- bright in some areas of cognitive development
- loyalty, friendliness, affection, trust, gentleness

They may have skills and abilities in areas such as:

- art
- music
- gardening
- mechanics
- construction
- athletics – energy, determination, persistence

When proper support systems are in place, individuals with FASD can use their particular strengths and skills to lead very positive and successful lives.

*“These people can be great community volunteers.
Focus on their positive traits not their disability.”*

— Michelle Dubik, Healthy Child Manitoba



A

ADAPTIVE BEHAVIOUR

L

LANGUAGE

A

ATTENTION

R

REASONING

M

MEMORY

SECTION 1.6 – A.L.A.R.M.

A.L.A.R.M. is a mnemonic device developed by Dr. Julianne Conry and Dr. Diane Fast to assist in identifying life skill areas in which individuals with FASD have specific difficulty. As such, remembering the A.L.A.R.M. definitions can be greatly beneficial to police officers.

A.L.A.R.M. stands for the following:

A — Adaptive Behaviour

- Ineffectiveness in meeting personal and social skill expectations for age and cultural group.
- Poor life skills such as self-care, personal relationships, independence, appropriate judgement in social/work situations.

L — Language

- May appear to possess good verbal skills but with a comprehension level considerably lower than word use.
- There may be speech or language delays and difficulty processing verbal directions.
- May use superficial language expression

A — Attention

- Attention deficit disorder – inability to concentrate for long periods of time on one topic.
- Highly impulsive with few internal controls.

(Please note that if someone has ADHD, it does not mean they have FASD.)

R — Reasoning

- Inability to link actions with consequences or to respond appropriately
- Unable to empathize with others or understand how their actions affect others.

M — Memory

- May show weak short term memory.
- May have trouble with “working memory” (i.e. “spotty”, uneven, inconsistent long term recall of information).
- Confabulation – recalling details/events that didn’t actually happen.

All A.L.A.R.M. information appears courtesy of: Fetal Alcohol Syndrome and the Criminal Justice System,
Julianne Conry, PhD. & Diane K. Fast, M.D., PhD.

There has been – and continues to be – a great deal of discussion as to the degree that alcohol affects an unborn child. Many factors combine to produce FASD outcomes including:

- Amount of alcohol consumed
- Which stage, or when alcohol is consumed in the pregnancy
- Peak blood alcohol levels
- Genetics
- Environment
- Other drug use
- Health and nutritional status of the mother

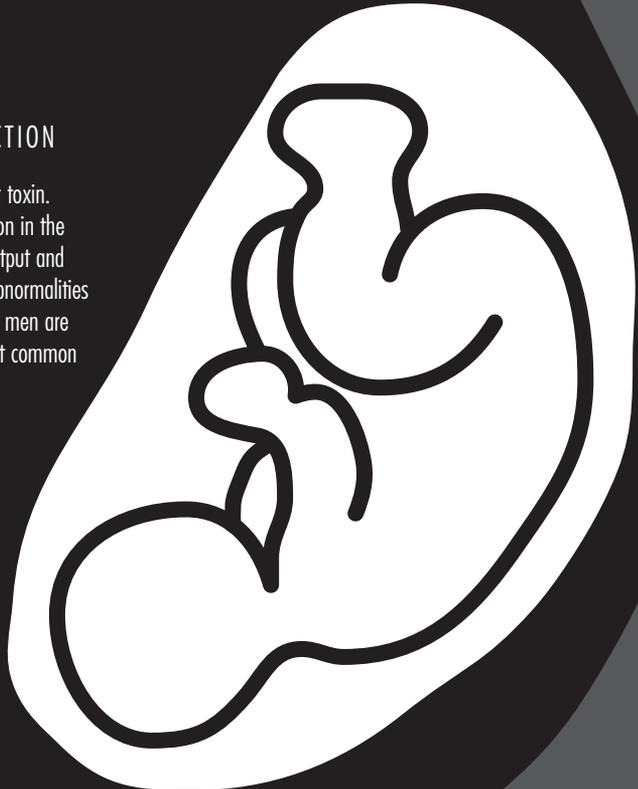
Because these factors vary so greatly from person to person, the only safe amount of alcohol during pregnancy is none at all.

ALCOHOL AND MALE REPRODUCTION

Alcohol is a direct testicular toxin. Causes significant deterioration in the sperm concentration, sperm output and motility. Causes morphological abnormalities in sperm. 80% of chronic alcoholic men are sterile and alcohol is one of the most common causes of male sterility.

Excerpt from: "The Adverse Effects of Alcohol on Reproduction" by Tuula E. Tourmaa

Male consumption of alcohol does not cause FAS.
— Dr. Ab Chudley



Ultimately, diagnosis of FASD needs to be done by a team of qualified professionals. FASD is only one of many possible birth defects and/or syndromes. A police officer is not qualified to make medical or psychological assessments and, even with some awareness, has no training to diagnose someone with FASD.

The diagnostic team may include:

- psychologist/child psychologists
- speech pathologists/therapists
- occupational therapists
- pediatricians/doctors
- dysmorphologist
- social workers
- geneticists
- teachers

That being said, however, a police officer can play an important role in making a referral for future diagnosis. If you suspect that a person you are dealing with has FASD, consult with some of your inter-agency partners.

Be careful not to label or stereotype individuals that you suspect may have FASD. This is a sensitive issue that may be ill perceived by communities and parents. It is a matter that should be treated with the strictest confidence.



FASD IS NOT A NEW PHENOMENON

FASD is not a new phenomena. Alcohol was recognized thousands of years ago, in days without medical technology, of having devastating impacts on the unborn child.

"Children should not be made in bodies saturated with drunkenness, what is growing in the mother should be compact, well attached and calm."

— Plato

Gin Epidemic, England 1734:

The use of alcohol during pregnancy is the cause for declines in birth rates and the increase in "weak, feeble and distempered children".

— Royal College of Physicians in England

2.5 times higher rates of stillbirths and infant deaths for women who drank during their pregnancy.

Women jailed earlier in their pregnancies had healthier babies than women jailed later.

Alcoholic mothers with a history of previously affected children gave birth to normal children while in jail.

— William C. Sullivan, Liverpool Prison, 1799

Individuals with FASD are most likely experiencing difficulties with and/or are involved with multiple agencies:

- child and family services
- education system
- income security
- police
- health services

It is important for the sake of everyone concerned that any incident involving an individual with FASD is handled properly to ensure fairness and the proper functioning of our justice system.

THEFT
BREACH
WILLFUL DAMAGE
ASSAULT

For individuals with FASD, contact with the law is likely to begin early, with “fail to appear” and “breach” offences being very common. Running away behaviours as well as drug and alcohol use and abuse are also common.

This next section is designed to walk you through the legal process – from legal rights, arrest, interviews and statements – and considerations for police who believe that they are dealing with individuals who may have FASD. There may be times when you have to re-plan your investigation because you find yourself dealing with individuals with FASD.

"They may not understand the concept of 'waiving their rights'."

— Julianne Conroy, Ph.D.



Courts will consider the mental limitations of the accused in determining whether section 10(b) of the Charter of Rights and Freedoms – which sets out the right of a detained person to retain and instruct counsel without delay and the right to be so informed – was fully understood. Similarly, these limitations will also figure prominently in the court’s assessment of the voluntariness of any statement made by the accused.

What this means to you as a police officer is that you need to remember that FASD individuals:

- have a limited ability for abstract thinking.
- may have an inability to relate one question to another.
- may not understand the consequences of providing police with incriminating statements.
- are easily led and therefore likely to interpret words and actions as inducements or threats or be overwhelmed by questioning.
- are willing to please and comply.

When you ensure that the suspect’s rights are protected and are considerate of their special needs throughout your investigation, the courts can exercise their authority in applying the law and penalties if and when necessary.

Consider the need to have a guardian or support person present to ensure the person understands their rights.

When reading people their rights, ensure that they understand them. If they simply repeat what you said, ask questions that require reasoning and understanding. For example, you may want to ask an understanding question such as, “What does it mean to ‘waive your rights’?” Or you may want to ask them a reasoning question such as asking them to give an example of “rights”, or “what is a lawyer?” This is important because FASD affected individuals may be able to repeat something they did not necessarily understand.

You should also ensure that the Crown Attorney is aware that you think your suspect may have FASD or any diminished capacity.

If you would like to refer to specific case law, examine the following cases:

- R. v. Whittle, [1994] 2 S.C.R. 914
- R. v. Oickle, [2000] 2 S.C.R. 3
- R. v. Sawchuk, [1997] M.J. No. 186 (Man. Q.B.)
- R. v. Henry, [1996] Y.J. No. 39 (Y.T. S.C.) – Julianne Conroy, Ph.D.

Conducting an interview or taking a statement from someone with FASD can be a very frustrating and demanding process. You will require patience and understanding in order to get to the heart of what is being said, and you may want to take special precautions as well.

Remember the following:

- Be cognizant of the limited capacities and special needs and make all necessary adjustments.
- Enlist the support of a person familiar with FASD.
- Ensure that all interviews/statements are video taped or audio taped; FASD individuals may have severe memory impairments (i.e. a sexual assault victim may not remember details of the incident by the time this goes to trial).
- Ensure the interview environment is free from distractions including visual and auditory stimulus.
- Be prepared to have to work with someone who cannot tell you what happened in a logical or chronological order.
- Do not ask leading questions, encourage a free narrative or ask open-ended questions.
 - Do not suggest possible scenarios of what might have happened.
 - Wait while he/she formulates the answer. Silence may not mean refusal to answer but inability to answer.
- When asking probing questions or specific questions, use only the terms the FASD person used.
- Validate – go over the disclosure.
- Ensure that the Crown Attorney is aware that you suspect the client may be of diminished capacity.

There is no doubt that police need to consider the special needs of individuals with FASD whether they are witnesses, victims or offenders. At times, this may involve re-planning your investigation.

1. Purpose and scope of investigation

- What is the crime being investigated/ What is the complaint?
- What is the severity of the crime, impact on victim(s)/community?
- What reparations need to be addressed, i.e. property damage, victim's needs?

2. Considerations

- Does the victim, witness or offender appear to have FASD or any other diminished capacity and what limitations will you encounter?
- What is the history of the offender, and are previous crimes violent/serious crimes or non-violent/petty?
- What are the information sources?
- Was the crime one of impulse or planning? (Was the planning done by others? Typically, FASD individuals won't plan a crime as they are most often impulsive.)
- What are the causes of the incident?
- What impact will this manner of investigation have on the victim? Some cases, in particular crimes against persons, may have to proceed legally even if the suspect has FASD, for the protection of the public.
- Will you be able to corroborate the evidence from a statement?
- Will a statement obtained from this person be admissible in court?
- What cases may best be dealt with through diversionary processes?

3. Legal Authorities

What legal authorities will impact on the investigation, Criminal Code regulations, Youth Criminal Justice Act, Provincial Statutes, case law, policies?

4. Planning for collection of facts/evidence

What is the best method for collecting evidence? Consider video taping all interviews, qualifying statements and corroborating all evidence. Consider that a victim with FASD may not remember details of the crime when the matter arrives in court. Do you need to enlist a support person?



SECTION 2.4 – INVESTIGATION CHECKLIST

Use this checklist during investigations that involve witness, victims and offenders whom you suspect may have FASD. It will help you focus on the best manner to collect evidence and it may assist you in gaining a different perspective and direction.

1. Purpose and Scope of Investigation: _____

2. Considerations: _____

3. Legal Authorities: _____

4. Planning for collection of facts/evidence: _____

These are some links in your community to support systems that can help you deal with individuals who have FASD.

When involved in an investigation, examine the lists under each heading to see where you might find some additional assistance or insight to draw on. By sharing resources, you'll make the entire process proceed more smoothly – and ensure fairness to the individual with FASD who is involved.

1. Justice

Policing Services

- law enforcement
- restorative justice
- prevention/awareness
- victim services

Criminal Justice System

- judges
- justice officials
- crown attorneys
- defense attorneys
- juvenile justice

Correctional System

- correctional institutions
- probation services
- parole services
- reintegration systems

2. Health

Medical Practitioners

- doctors
- public health nurse

Health Authorities

- community health organizations
- prenatal health organizations
- FASD organizations
- addiction agencies

Mental Health

- psychologists, psychiatrists
- child and adolescent
- adult

3. Social Services

- child and family services
- social workers
- family respite services
- family counselling services

Children's Special Services

- mobile/behavioural therapy services

4. Educational Services

Pre-Schools

- day care
- child development centres
- Headstart centres

Local School Divisions

- special needs, resource and counselling
- specialized funding, placement and instruction

Alternative Schools

- behavioural based for challenged learners

Adult Learning Centres and Secondary Schools

- training/trade centres, community colleges, universities

5. Employment and Housing

Residential Housing

Cooperatives

- group homes for mentally challenged

Income Security

- special needs provisions/support

Provincial Housing Authorities

- housing placements and supports

Employment Counselling Services

- community employment services

Human Resources Canada

- special training and support programs

6. Non-Profit Community-based Organizations

- Big Brother/Big Sister
- Lions/Elks – or other fraternal organizations
- YMCA/YWCA
- family resource centres
- soup kitchens
- AA/NA/MADD/TADD

Churches and Religious Organizations

- Salvation Army
- Teen Challenge

7. Cultural Supports

- community cultural centres
- First Nations services/organizations
- Metis associations
- elders, leaders
- friendship centres
- immigrant support services
- wellness centres
- Inuit organizations

SECTION 3.1 – DIVERSIONARY PRACTICES

With consideration for the circumstances of the offence, needs of the parties involved, and considerations for public safety, always consider diversion in cases where the accused is affected by Fetal Alcohol Spectrum Disorders.

Some diversionary practices may include, but are not restricted to:

- restorative justice practices,
- victim/offender mediation,
- sentencing circles, or
- community justice committees.

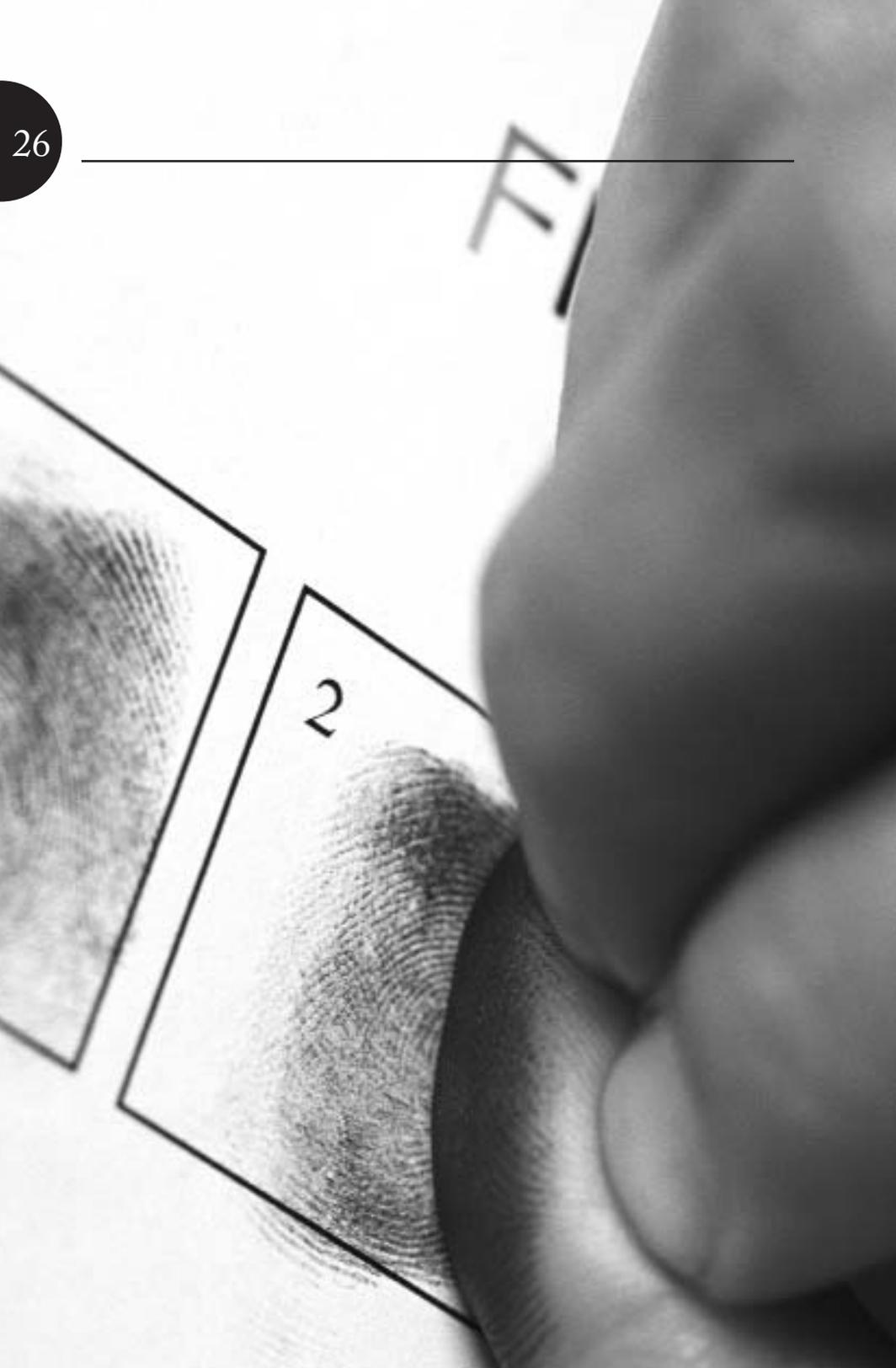
Police under the YCJA may choose to:

- take no further action,
- give a warning,
- administer a caution (if a program is established),
- make a referral to a community program or agency, or
- refer or recommend a case to Extrajudicial Sanctions.

Community conferences can be used as a tool in assisting police in making their decision on which option to choose.

Notwithstanding the life skills limitation detailed in the “A.L.A.R.M.” section, there are a number of good reasons to consider the merits of diversion in cases involving individuals with FASD:

- assist the victim in gaining an understanding of the event, and an understanding of the offender’s behaviour.
- contribute to a meaningful outcome supported by the community of care.
- may create or restore bonds between the offender and others.
- gives the victims’ and the offenders’ support people a chance to gain empathy through perspective sharing.
- may relieve fear on the part of the victim.
- serves as an educational opportunity for all parties including the community.
- may provide the most timely and meaningful consequence for the offender and the community.
- is an efficient use of resources.
- allows consequences to be imposed quickly, adding a logic for the FASD offender.
- allows a coping plan to be devised by those living with the problem.



SECTION 3.2 – NETWORKING CHECKLIST

Use this checklist when dealing with individuals you suspect may have FASD. It will help you involve the appropriate agencies during an investigation – and point to resources that may help make your investigation easier.

What are the links in your community that will assist you in your investigations with FASD individuals?

Justice _____

Health _____

Social Services _____

Education _____

Employment and Housing _____

Community Services _____

Cultural Services _____

Name _____

Detachment _____

Phone _____

If you have received this guidebook as a part of a training package, complete this page and fax it to (204) 984-0642 attn: Annette Laporte, upon returning to your detachment area.



Prevention of FASD is everyone's responsibility.

Always remember:

- In an ideal world, FASD is theoretically 100% preventable. There is no known cure for brain damage once it has occurred.
- Early recognition of FASD is important since these individuals need and will benefit from your help and understanding.
- Early intervention can prevent many of the secondary problems with FASD individuals.

There are things you can do to help prevent FASD. For example, when giving drug talks, why not devote a section to prevention of FASD... not only in schools but to any community audience.

Police are Front Line Workers.

Be aware that you could be the first contact to a family who knows there is something terribly wrong with their child. Your involvement and referral can change the child's future.

As front line workers, you may encounter women at risk. Your intervention may make a difference.

- Be compassionate and warn them of the harms of drinking while pregnant.
- You can make a referral to agencies that will help the mother through her pregnancy and will encourage her to stop drinking.
- Consider notifying Health Officials or community support links of individuals with FASD or of expecting mothers under the influence of intoxicants.
- You can link to community supports and assist them with awareness and prevention.

SECTION 5 – FASD RESOURCES AND SUPPORT ORGANIZATIONS

This section outlines a number of different organizations and resource materials you can turn to for more information on FASD, prevention and help in dealing with individuals with FASD.

SECTION 5.1 – ORGANIZATIONS

**Canadian Centre
on Substance Abuse**
In Canada 1-800-559-4514
Outside Canada
(613) 235-4048, ext.223
www.ccsa.ca/fasgenf.htm

AFM – Addictions Foundation
of Manitoba
www.afm.mb.ca

HC – Health Canada
www.hc-sc.gc.ca

AADAC – Alberta Alcohol & Drug
Abuse Commission
www.aadac.com

SECTION 5.2 – BOOKS

Fetal Alcohol Syndrome
and the Criminal Justice System
Julianne Conroy, PhD. & Diane K. Fast, M.D., PhD.
B.C. FAS Resource Society, 2002

Fantastic Antone Grows Up
Edited by Judith Kleinfeld and Siobhan Wescott,
University of Alaska Press, 2000, 1-800-252-6657

Fantastic Antone Succeeds
Edited by Judith Kleinfeld and Siobhan Wescott,
University of Alaska Press, 1993

It Takes a Community
*Framework for the First Nations and Inuit Fetal Alcohol
Syndrome and Fetal Alcohol Effects Initiative,*
Health Canada, 1997

Fetal Alcohol Syndrome. A Guide
for Families and Communities.
Ann Streissguth, Brooks Publishing Company, 1997

Fetal Alcohol Syndrome:
Implications for Correctional Service
*Fred J. Boland, Ph.D., Rebecca Burrill, Michelle Duwyn
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Branch, Corporate Development, July 1998*

A Layman's Guide to Fetal Alcohol
Syndrome and Possible Fetal
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Canada's Drug Strategy, The FAS Support Network
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SECTION 5.3 – VIDEOS

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The Manitoba Liquor Control Commission proudly supports the RCMP "D" Division on their FASD training initiative by providing the "With Child Without Alcohol" program identification on the Guidebook for Police Officers.



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