

BC Adolescent Health Survey Fact Sheet:

Supporting Youth with FASD

FETAL ALCOHOL SPECTRUM DISORDER (FASD) results from prenatal exposure to alcohol. FASD is associated with a number of learning, social, and emotional challenges.

The various challenges associated with FASD can make it difficult for youth with the condition to experience positive health outcomes. This fact sheet aims to identify some risk and protective factors in order to better support these young people.

In 2013, nearly 30,000 youth in Grades 7-12 completed the BC Adolescent Health Survey. Although the survey has been conducted since 1992, this was the first time that youth were asked specifically if they had Fetal Alcohol Spectrum Disorder (FASD).

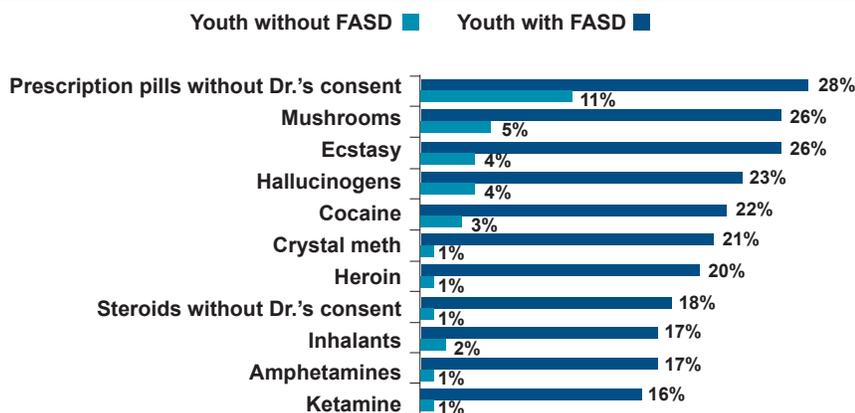
Survey responses from the small percentage (<1%) of youth who identified as having FASD were analyzed and some key findings are reported in this fact sheet.

Risks & Challenges Associated with FASD

Youth with FASD were more likely than their peers without the condition to have:

- **Had an unstable home life**, including multiple moves in the past year (19% vs. 5% without FASD), government care involvement (e.g., 47% had stayed in a foster home vs. 2% without FASD), and experience living in precarious housing (e.g., on the street, in a shelter).
- **Used a variety of substances and to have first tried alcohol and other substances at a young age.** For example, 27% of youth with FASD had their first drink at age 9 or younger compared to 5% of those without the condition.
- **Experienced mental health challenges**, including ADHD (39% vs. 5% of those without FASD), Depression (31% vs. 9%), Anxiety Disorder (25% vs. 8%), and PTSD (18% vs. 1%). Males and females

Youth who had ever used substances other than alcohol or marijuana



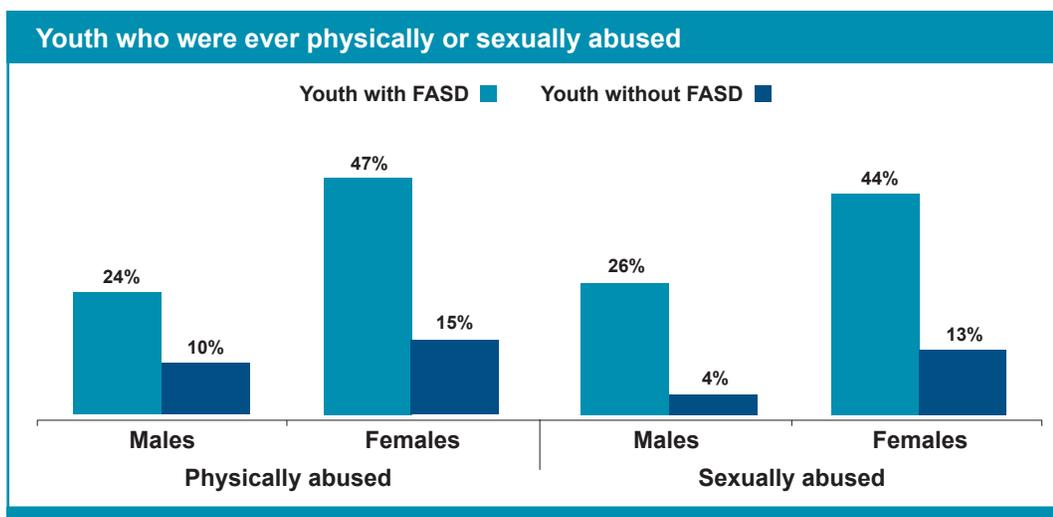
with FASD were also more likely than those without the condition to have self-harmed (33% vs. 15%), seriously thought about suicide (28% vs. 12%), and attempted suicide (25% vs. 6%) in the past year.

- **Been victimized**, including being physically or sexually abused; bullied at school; and cyberbullied (34% vs. 14% of youth without FASD).
- **Experienced school challenges**, including lower school connectedness, problems getting along with teachers (19% vs. 10% of those without FASD), and missing school in the past month because of skipping class (46% vs. 23%) or bullying (20% vs. 3%). They were also less likely to expect to graduate from high school.
- **Negative peer influences**. Youth with FASD were less likely than those without the condition to indicate that their friends would be upset with them if they got involved in various risk behaviours, such as getting arrested, using marijuana, and taking part in gang activity.
- **Been in conflict with the law**. Seventeen percent of youth with FASD had been detained in a custody centre at some point, compared to 1% without FASD.

Protective Factors & Supports

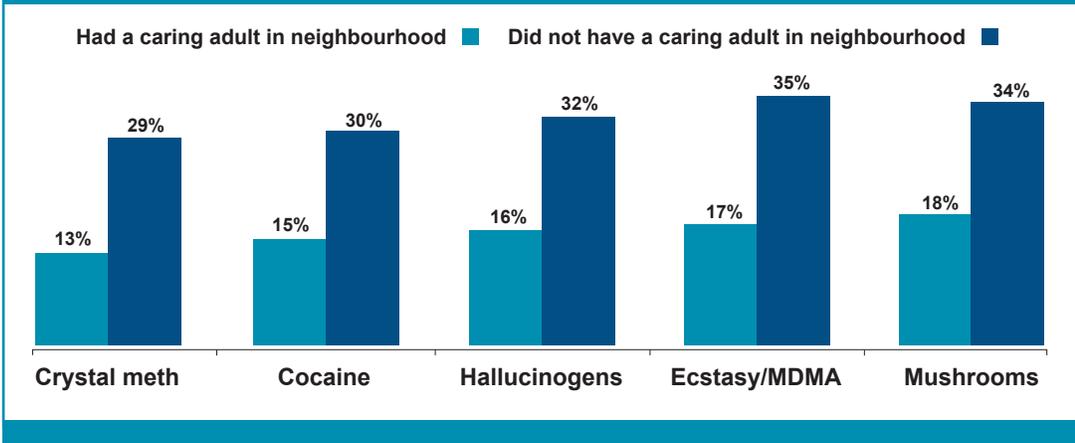
A number of protective factors and supports were identified that were linked to health benefits among youth with FASD:

- **Supportive adults**. Youth with FASD who felt there was an adult in their neighbourhood or community who cared about them were more likely than those who did not have such an adult in their lives to report good or excellent mental health (81% vs. 58%). They were also less likely to have self-harmed (24% vs. 45%) and attempted suicide (16% vs. 36%) in the past year, and to have used a variety of substances.
- **Peer support**. Youth with FASD who had three or more close friends (excluding online friends) were more likely than those with fewer friends to report positive mental health, including greater self-confidence and lower rates of self-harm in the past year (27% vs. 50%). Also, youth whose friends would be upset with them for using marijuana were less likely to have recently used marijuana than those whose friends would not be upset with them for this reason.

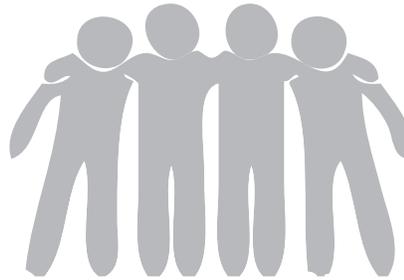


Note: 'Sexually abused' also includes being forced into sexual activity by another youth or adult, or being the younger of an illegal age pairing the first time they had sex.

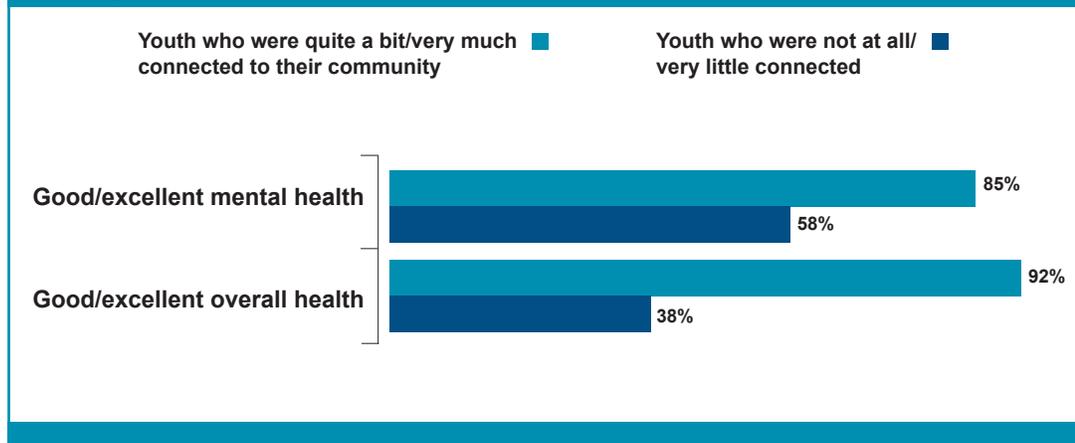
Caring adults in neighbourhood in relation to ever using substances (among youth with FASD)



- **Community connectedness.** Among youth with FASD, those who felt quite a bit or very much connected to their community were less likely to miss out on accessing needed medical care in the past year than those who did not feel connected. They were also more likely to report good or excellent overall health and mental health, and were more likely to be attending school regularly (i.e., not skipping school) than youth who did not feel connected to their community.



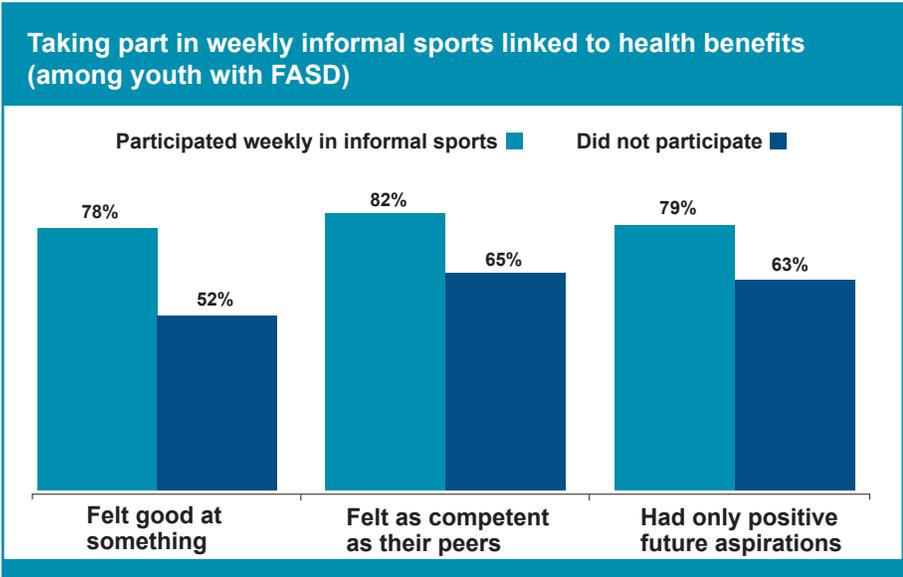
Community connectedness and health ratings (among youth with FASD)



- **Involvement in physical activities and spending time outdoors** contributed to youth’s positive mental health and overall health. For example, youth with FASD who spent time doing informal sports on a weekly basis (e.g., hiking, cycling, skateboarding) were more likely than their peers who took part less often to identify being good at something and to feel as competent as their peers. They were also more likely to expect only positive circumstances for themselves in five years, such as having a job, a home of their own, and being engaged in the community.

Conclusion

Findings show that youth with FASD face a wide range of risks and challenges in their lives. However, there are a number of protective factors and supports that can help to reduce their risk behaviours and improve their overall health and well-being.



Info

Additional information regarding supporting youth with FASD who have substance use challenges is available in a full length report on the topic, *Breaking through the barriers: Supporting youth with FASD who have substance use challenges*. The full report can be accessed here: http://www.mcs.bc.ca/pdf/breaking_through_the_barriers.pdf

Additional information about the BC Adolescent Health Survey is available at: <http://www.mcs.bc.ca/ahs>