



Breaking Through the Barriers

**Supporting Youth with FASD who have
Substance Use Challenges**

Breaking Through the Barriers: Supporting Youth with FASD who have Substance Use Challenges

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McCreary Centre Society is a non-government not-for-profit committed to improving the health of BC youth through research and community-based projects. Founded in 1977, the Society sponsors and promotes a wide range of activities and research to identify and address the health needs of young people in the province.



Youth health • Youth research • Youth engagement

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Sincere thanks are due to all the youth, service providers, and caregivers who took part in this project.

Quotes from project participants are included throughout this report.

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Background

Fetal Alcohol Spectrum Disorder (FASD) results from prenatal exposure to alcohol. FASD is associated with a number of cognitive, learning, social, and emotional challenges. These problems, along with a strong desire to fit in with peers, can contribute to youth with FASD becoming involved in risky behaviour, including substance use and crime.

Previous McCreary research shows that youth with FASD are over-represented in the juvenile justice system. While less than one percent of youth in mainstream schools reported having FASD, 21% of youth in custody indicated having the condition.

The various challenges associated with FASD can create barriers when trying to support youth in reducing their substance use. For example, problems with understanding abstract concepts, attention span, impulsivity, and understanding cause/effect relationships make it difficult for youth with FASD to succeed in traditional treatment programs. Also, time management and memory problems can create obstacles, such as remembering to keep appointments and to attend meetings, and difficulties following and remembering the rules of the program.

Few, if any, previous projects about FASD have included the voices of young people with the condition. In this project, we spoke with 50 youth with FASD to get their feedback on the types of supports that have helped to reduce their substance use and to improve their overall health and well-being. This project also included survey data from three previously-collected youth surveys which represented the voices of 260 young people with FASD. Fifty-five caregivers and service providers who support youth with FASD were also interviewed for their input.

The goal of this project was to improve our understanding of the needs of youth with FASD, including those involved in the justice system, and of promising practices in reducing their substance use.

In this report

FASD also includes associated cognitive impairments.

Key Findings

- Youth with Fetal Alcohol Spectrum Disorder (FASD) experienced a number of risks and challenges in their lives, particularly when compared to youth without the condition. These included an unstable home life, challenges at school, physical and sexual abuse victimization, mental health issues, and negative peer influences.
- Youth with FASD were more likely than their peers to be in conflict with the law. For example, among youth aged 12-19 in mainstream schools, 17% of those with FASD had been detained in a custody centre at some point, compared to 1% without FASD.
- Youth with FASD were more likely than their peers without the condition to have used a variety of substances (e.g., marijuana, hallucinogenic mushrooms, cocaine, crystal meth, heroin, inhalants, amphetamines, prescription pills without a doctor's consent). They were also more likely to have first tried alcohol or other substances at a younger age. For example, 27% of those in mainstream schools had their first drink at age 9 or younger compared to 5% of youth without FASD.
- Project participants identified barriers to accessing services as well as obstacles within some programs which impeded successful outcomes. These included lengthy wait times; lack of knowledge about FASD among service providers and program staff; lack of program flexibility; unrealistic program expectations; age-related barriers; and the use of traditional group settings that contributed to youth with FASD feeling over-stimulated and overwhelmed.
- Youth with FASD were more likely than those without the condition to have missed out on accessing needed mental health services because they had a negative experience doing so in the past (34% vs. 12%).
- Despite risks and challenges experienced by youth, a number of protective factors, supports and promising practices were identified that were linked to reduced substance use and other health benefits. These included FASD-informed and trauma-informed approaches, individualized support and program flexibility, structure and consistency, a strengths-based approach, a focus on skill-development, and youth involvement in their own treatment planning and goal setting.

- Supportive adults played a key role. For example, youth with FASD who felt there was an adult in their neighbourhood or community who cared about them were less likely to report binge drinking in the past month and to have ever used a variety of other substances, compared to youth with FASD who did not have such an adult in their lives.
- Being involved in meaningful community activities was linked to higher rates of self-esteem among youth with FASD. Also, those who felt connected to their community were less likely to report binge drinking in the past month or to have been in custody, compared to those who did not feel connected.
- Among youth with FASD in alternative-to-custody programs, those who were employed were less likely than those without a job to report having been arrested, charged with a crime, or detained in a custody centre one year later.
- Involvement in sports and other physical activities, and spending time outdoors, contributed to youth feeling good about themselves and to reduced substance use. For example, youth with FASD in mainstream schools who spent time doing informal sports on a weekly basis (e.g., hiking, cycling, skateboarding) were less likely to report binge drinking in the past month than their peers who never took part in such activities.
- The results suggest that substance-use treatment programs for youth with FASD should be holistic and address the wide range of factors that might be influencing a young person's substance use.

About the Project

This project used a mixed-methods approach which included interviews and analysis of previously-collected survey data.

INTERVIEWS

Interview participants were contacted through programs across British Columbia, including youth justice programs as well as relevant programs outside the justice system that serve youth with FASD who have substance use challenges.

Youth were informed that participation was voluntary and anonymous. McCreary staff conducted the interviews which most commonly took place in community agencies throughout the province and at the McCreary Centre Society in Vancouver.

Fifty youth (60% males) with FASD were interviewed for this project. They ranged in age from 14 to 24. Youth participants lived in urban and rural areas and were attending diverse programs in a variety of settings (e.g., residential and community-based drug treatment programs, housing programs, alternative education, employment programs, and alternative-to-custody programs).

Participants discussed challenges faced by young people with FASD, barriers to accessing support, the types of supports they found helpful, and programming recommendations. Those who were older than 18 reflected on their experiences accessing substance use treatment programs before the age of 19, and supports that had helped them transition to adulthood.

Fifty-five caregivers and service providers who support youth with FASD were also interviewed. These included biological, foster, and adoptive parents; outreach workers; social workers; restorative justice workers; key workers; program managers; and psychologists.



SURVEYS

Data from three BC youth surveys were analyzed for this project. These surveys were completed by young people between the ages of 12 and 19. The three surveys represented the voices of 260 youth with FASD.

BC ADOLESCENT HEALTH SURVEY (2013 BC AHS)

This survey was completed by 29,832 students attending mainstream schools throughout the province. Students answered 130 questions about their health and about the risk and protective factors in their lives. A total of 132 youth who completed the survey identified as having FASD.

Results from the 2013 BC AHS are available at www.mcs.bc.ca

YOUTH IN CUSTODY SURVEY (2012)

A total of 114 young people were surveyed across the three youth custody centres in British Columbia. Twenty-four of these youth reported having FASD.

Findings from McCreary's Youth in Custody Survey are in Time Out III: A Profile of BC Youth in Custody, which is available at http://www.mcs.bc.ca/pdf/Time_Out_III.pdf

PLEA'S ALTERNATIVE-TO-CUSTODY PROGRAMS (2009-2012)

Survey participants were attending PLEA Community Services' youth justice and addictions programs. They completed self-report surveys at intake (Time 1), at discharge approximately six months later (Time 2), and six months after discharge (Time 3). The surveys tapped a range of behaviours, experiences and functioning, and included questions about FASD and associated cognitive impairments. By having youth complete a survey at three time-points, changes in participants' functioning and behaviour could be tracked over time.

A total of 104 youth identified as having FASD or an associated cognitive impairment.

Findings from McCreary's independent evaluation of PLEA's youth justice and addictions programs are available at http://www.mcs.bc.ca/pdf/PLEA_Evaluation_Report.pdf

LIMITATIONS

Some participants with FASD had difficulty understanding the interview questions. Some also had difficulty giving answers that were beyond one or two words. However, despite the challenges they faced, they all shared valuable information.

Some youth had challenges answering interview questions accurately, as reflected in discrepancies within their responses (e.g., stating they had never been involved in the criminal justice system but later mentioning having a probation officer) or discrepancies between their answers and information given by their caregiver. Around half of the interviews took place with caregivers or program staff present, who assisted youth when they were having problems remembering events. However the presence of caregivers or program staff may have influenced how youth answered the questions.

Results from this project are not necessarily representative of the experiences of all youth with FASD in the province with histories of substance use challenges or criminal justice involvement.

About the survey data:

All quantitative comparisons and associations included in this report are statistically significant at $p < .05$. This means there is up to a 5% likelihood that the results occurred by chance. Comparisons between youth with and without FASD who completed the 2013 BC AHS are statistically significant at $p < .01$.

When percentages could not be reported due to the risk of deductive disclosure (i.e., they represented a small number of youth), the findings are reported descriptively.

Risks & Challenges Associated with FASD

Unstable Home Life

Youth discussed a number of challenges they had experienced growing up. For example, many had been in government care and they recounted being placed in multiple foster homes and group homes. A number of youth were homeless at the time of their interview. Others were currently living with parents (foster, adoptive, biological), other relatives, in group homes, independently, or in a supported housing program.

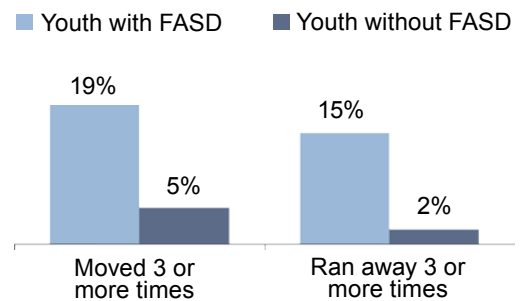
Survey findings indicated that youth with FASD were more likely than those without the condition to have experienced unstable housing. For example, among youth in mainstream schools who completed the 2013 BC Adolescent Health Survey (AHS), youth with FASD were more likely than their peers without FASD to have moved in the past year (43% vs. 22%). They were also more likely to have run away during this time period (37% vs. 9%), and to have moved or run away multiple times.

“

I'm on [one] side of the brick wall and the solution is on the other side and no matter how hard I try, I can't get to the other side. – Youth participant

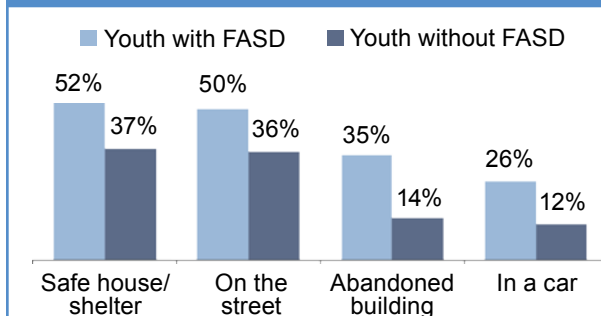
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Youth who moved or ran away three or more times in the past year



Source: 2013 BC AHS

Precarious places where youth had ever lived



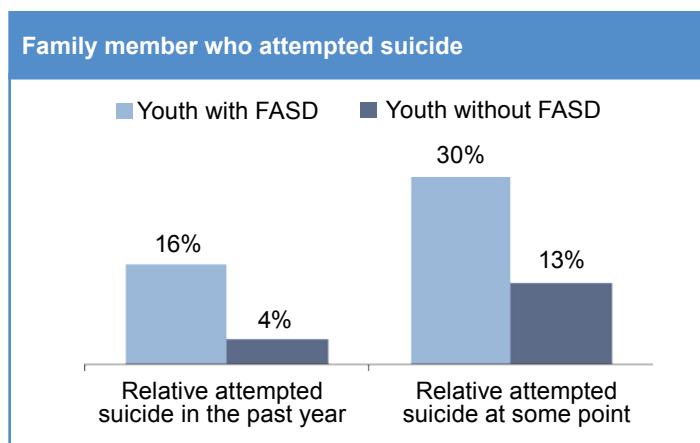
Source: PLEA alternative-to-custody survey

Youth with FASD were also more likely than those without the condition to have been in government care. For example, almost half (47%) of youth with FASD in mainstream schools had stayed in a foster home compared to 2% of youth without FASD. Twenty-one percent had been in a group home, compared to 1% of their peers without the condition. Youth with FASD were also more likely to report currently being in care (20% vs. 1% of those without FASD). Similar patterns were seen among youth in alternative-to-custody programs (at PLEA Community Services), where 69% of youth with FASD had been in government care, compared to 56% without the condition.

Some youth spoke of their parents struggling with addiction issues and mental health challenges, and a few acknowledged that their mother also had FASD.

Similarly, survey findings showed that many family members of youth with FASD had mental health issues, substance use challenges, and involvement in the criminal justice system. For example, among youth with FASD in custody, 46% identified that one or both of their parents had a problem with alcohol or other drugs, and a similar percentage reported that someone in their family had a mental illness. Youth with FASD in mainstream schools were more likely than their peers without the condition to report that a family member had attempted suicide.

More than three-quarters of youth with FASD in custody (76%) reported that someone in their family had a criminal record, and 48% indicated that one or both of their parents had such a record. Youth with FASD were more than twice as likely as their peers to report that both of their parents had a criminal record.



Source: 2013 BC AHS

Academic Challenges

Many caregivers felt that teachers often did not understand the challenges associated with FASD and treated youth with the condition as “lazy.” Some had heard teachers use offensive and disparaging terms when describing youth with FASD.

Caregivers and service providers explained that because youth with FASD do not learn in the same way as youth without the condition, and need a lot of repetition to learn, they tend to become frustrated and disruptive in school when not given the support they need. Their learning challenges may then be overlooked because teachers focus on their disruptive behaviour. As well, because youth with FASD experience challenges reading social cues, they tend to have difficulty connecting with other students which can exacerbate their frustration and negative feelings about school.

Some youth said they had often felt overstimulated in typical classroom settings and the environment made it difficult for them to concentrate. Caregivers added that youth with FASD would frequently get into trouble in the classroom because they were overstimulated. Other youth reported that they had left school because they felt disconnected from it and did not think that the material was taught in a way that was relevant to them.

“ I’m falling behind [in class], I get overwhelmed, I get frustrated. My teachers get frustrated and then I snap. – Youth participant ”



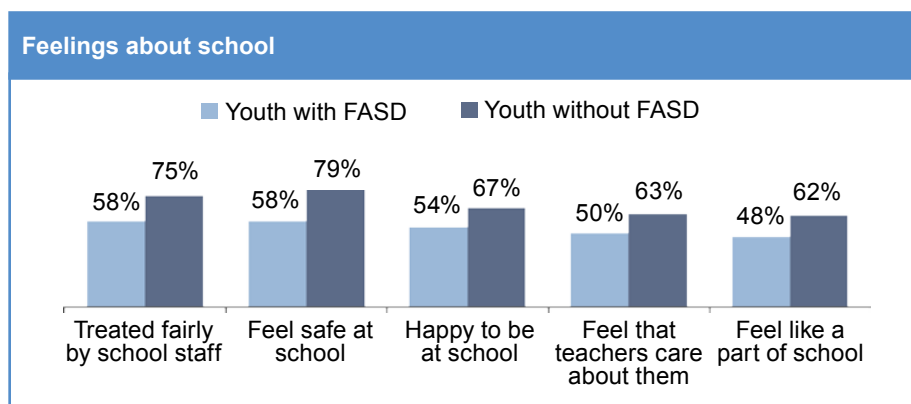
“A big classroom setting...does not work for youth with FASD. They don't learn that way, they get really frustrated so easily. – Caregiver”

Survey findings showed that youth with FASD in mainstream schools were less likely than their peers to feel connected to school. They were specifically more likely to report problems getting along with teachers (19% vs. 10% of those without FASD) and were less likely to feel like a part of their school, to feel safe or happy there, and to feel that staff treated them fairly. They were also less likely to feel that their teachers cared about them.

Youth with FASD were more likely to have missed school in the past month (74% vs. 57% of those without FASD), and to have done so because of skipping class (46% vs. 23%) or due to bullying (20% vs. 3%). They were also less likely to expect to graduate from high school, and more likely to expect to receive their high school diploma but not pursue post-secondary education (11% vs. 3% of youth without FASD). They were also more likely to not know what their school plans were (12% vs. 4%).

In the interviews, project participants said that youth with FASD would feel more engaged in school if educational services were tailored to their specific needs. They added that educators should be provided with better training around FASD and working with students who have the condition.

Youth who had attended alternative education programs, including school in custody, said that they appreciated the self-paced approach where there was ample time for repetition which reinforced learning, and wished this was available in all school settings. Project participants also felt that class sizes should be small and there should be one-on-one support available to youth with FASD.

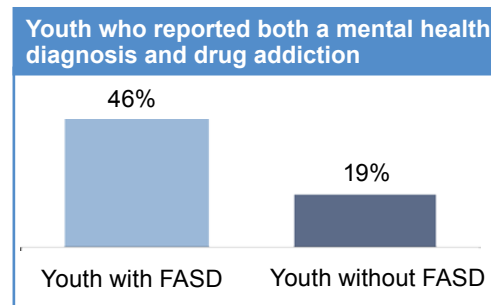


Source: 2013 BC AHS

Mental Health Problems

Many youth who were interviewed spoke about having a mental health diagnosis such as ADHD, Anxiety, Depression, or Bipolar Disorder, as well as anger management problems.

Survey findings showed that youth with FASD were more likely to report a range of mental health conditions compared to their peers without FASD. For example, youth with FASD in mainstream schools were more likely to report having ADHD (39% vs. 5% of those without FASD), Depression (31% vs. 9%), Anxiety Disorder (25% vs. 8%), and/or PTSD (18% vs. 1%). Similar patterns were found across the other surveys.

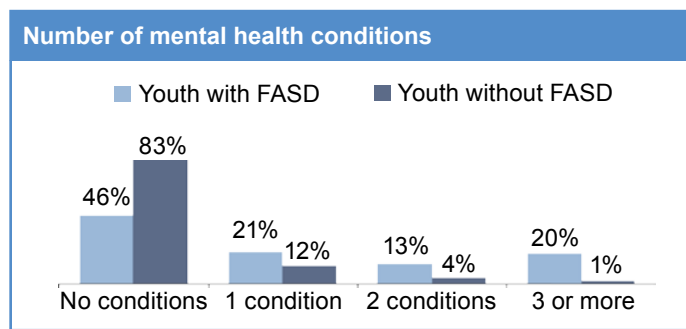


Source: 2012 Custody survey

Youth with FASD were also more likely to have multiple conditions. For example, 20% of youth with FASD in mainstream schools had three or more conditions, compared to 1% of their peers without FASD.

Service providers said that mental health challenges coupled with substance use was common among the youth with FASD they worked with. Similarly, survey findings showed that youth with FASD were more likely than their peers without FASD to report having both a mental health challenge and a drug addiction.

Feelings of anger were higher among youth with FASD than their peers without it. For example, youth with FASD in alternative-to-custody programs were more likely to report having a “hot temper” (77% vs. 56% of those without FASD), feeling irritated (70% vs. 51%), and feeling angry and resentful (65% vs. 45%) at least sometimes in the past six months.



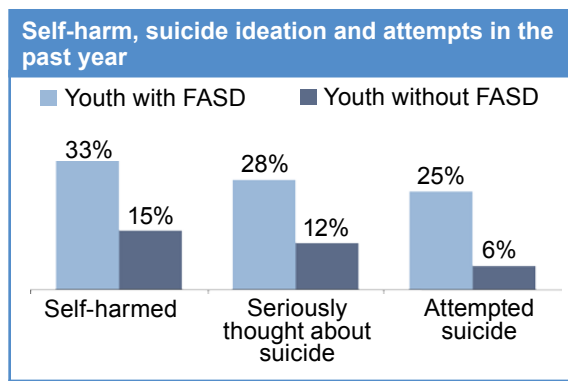
Source: 2013 BC AHS

Compared to their peers without FASD, those with the condition reported greater feelings of anxiety (58% vs. 39%) and nervousness (73% vs. 51%). Also, males with FASD were more likely than males without it to fear that something bad might happen to them (43% vs. 26%), but this difference was not found among females.

Consistent with results among all youth who completed the BC Adolescent Health Survey, females with FASD were more likely than males with the condition to have self-harmed without trying to kill themselves (43% vs. 24%), to have seriously thought about suicide (41% vs. 16%), and to have attempted suicide in the past year (36% vs. 16%). Rates of self-harm, suicide ideation, and suicide attempts were higher among males and females with FASD than those without it.

Findings from youth across the province (2013 BC AHS) indicated that males were more likely than females to feel good about themselves and to feel competent in at least one area. However, these gender differences were not present among youth with FASD.

Males with FASD were less likely than males without the condition to feel good about themselves (76% vs. 89%), to feel they could do things as well as most others (75% vs. 91%), and to feel competent in at least one area, such as sports, school, the arts, or relationships (62% vs. 81%). Among females, there was no difference between those with FASD and those without in their self-confidence and sense of competence.



Source: 2013 BC AHS

“Our kids are already traumatized prenatally, then it continues. – Caregiver”

Victimization

Many of the youth talked about experiences with physical and sexual abuse and other trauma, in the context of why young people with FASD might use alcohol or other drugs and get involved in illegal activity. Service providers and caregivers also said that youth with FASD are particularly vulnerable to abuse and exploitation. Given that many youth with FASD have experienced various traumas, program participants felt that substance-use treatment approaches should be trauma-informed.

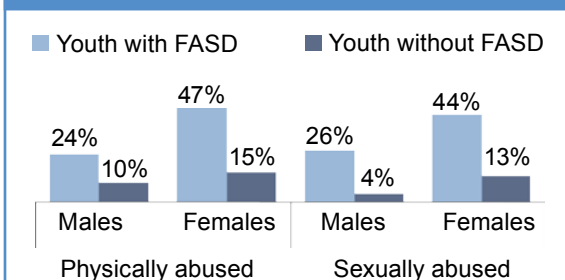
Survey findings indicated that both males and females with FASD were more likely than those without the condition to have ever been physically or sexually abused. They were also more likely to have been forced into sexual activity by another youth or adult.

Youth with FASD in alternative-to-custody programs were also more likely than their peers without FASD to have traded sex for money or goods (e.g., clothing, shelter, transportation, alcohol or other drugs) in the past six months (20% vs. 11%).

In addition, youth with FASD in mainstream schools were more likely to have had a boyfriend or girlfriend in the past year (61% vs. 38% without FASD) and to have been the victim of physical violence within that relationship (22% vs. 6%; among youth who had been in a dating relationship).

Being bullied was also a reality among youth with FASD. For example, 30% of those in mainstream schools reported having been physically assaulted in the past year, compared to 7% of youth without FASD. They were also more likely to have been cyberbullied (34% vs. 14%) or to have met someone through the internet who made them feel unsafe (32% vs. 14%). In addition, youth with FASD were over five times as likely as those without the condition to have experienced three or more types of bullying in the past year (teasing, social exclusion, assault, cyberbullying; 21% vs. 4%).

Youth who were ever physically or sexually abused



Source: 2013 BC AHS

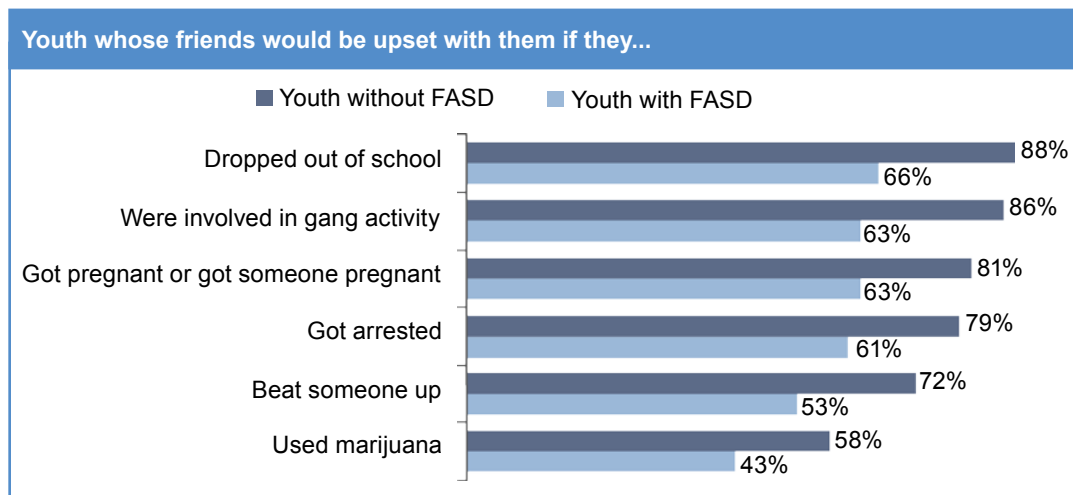
Note: 'Sexually abused' includes being forced into sexual activity by another youth or adult, or being the younger of an illegal age pairing the first time they had sex.

Negative Peer Influences

Service providers said that youth with FASD are particularly vulnerable to negative peer influence. For example, they talked about youth who had been exploited by peers because they were very loyal and willing to do anything to be accepted. A few workers recounted having had clients with FASD who took the blame in court for their peers' criminal activity in order to gain or maintain the respect of those peers. Some felt that youth with FASD should be kept out of typical custody centres as much as possible because these settings increase their likelihood of becoming involved in a negative peer group.

Parents and other caregivers reported that they were sometimes hesitant to allow youth in their care to socialize with peers because they feared they would be exploited. This situation, however, often increased youth's sense of isolation and their desire to feel connected to others.

Youth with FASD were less likely than those without the condition to report having one or more close friends in their school or neighbourhood (90% vs. 97%; 2013 BC AHS). Further, they were less likely 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. The only exception was that they were equally likely as youth without FASD to indicate that their friends would be upset with them for getting drunk (44% overall).



Source: 2013 BC AHS

Criminal Involvement

Youth participants had varied experiences with the justice system. Some had been involved in one incident, and most of these youth said that this one incident had scared them enough that they avoided engaging in crime again. Others had long histories of involvement in the criminal justice system, with some having been in custody many times over the course of several years, and a few having served a multiple year sentence.

A few youth with long histories of criminal involvement said that nobody had ever explained to them what was happening while they were in the justice system or how the process worked. One said that his lawyer had told him to plead guilty to crimes he had not committed in order to avoid jail time. Some youth explained that their history of criminal involvement was long because they had made one mistake, such as shoplifting (which they attributed to peer pressure), and had been placed on probation. They had not understood the conditions of their probation order and found themselves back in custody repeatedly due to breaches. Given these experiences, participants felt that court papers and probation orders should be written in a way that youth with FASD can understand.

Youth who had been successful on probation noted that it was because they had one clear condition which they knew how to follow. Others said they had encountered challenges following their probation orders even when they understood the conditions, especially when it came to abstaining from drugs. One youth commented that he had realized he needed help with his substance use but said that approaching his probation officer for help would have meant admitting he had breached his probation order.

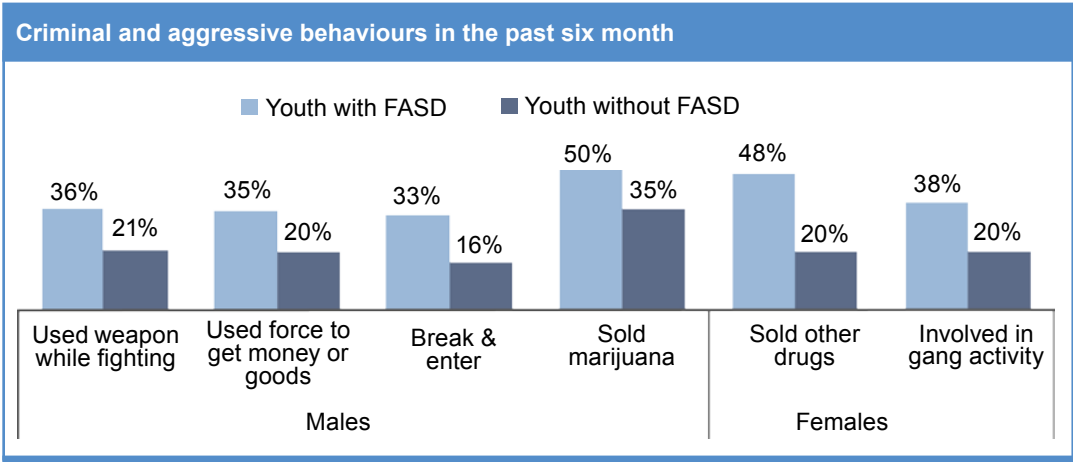
Survey findings showed that among youth in mainstream schools, those with FASD were more likely than their peers without the condition to have ever stayed in a custody centre (17% vs. 1%).

Among youth with FASD in custody, the majority (59%) indicated that they were currently serving a sentence of at least 30 days. Most (86%) reported that it was not their first time in custody, and 68% had been in custody three or more times. Around half (48%) were first detained and held in police cells or a custody centre at the age of 12 or younger.

Youth in custody were asked about the crimes they had been charged with or found guilty of (they could mark all that applied). Youth with FASD most commonly reported that their current charge or conviction was a breach or administration of justice offence (64%), or an assault or uttering threats (41%). These were also their most common charges or convictions in the past. Criminal charges were similar among youth without FASD.

Survey findings among youth attending alternative-to-custody programs showed that those with FASD were more likely than their peers without the condition to have taken part in a number of aggressive and illegal activities in the past six months. There were different patterns of results when males and females were looked at separately. For example, among males, those with FASD were more likely than those without the condition to have sold marijuana, whereas there was no such difference among females. However, females with FASD were more likely than females without the condition to have sold other drugs (e.g., heroin, cocaine, LSD), whereas this difference was not found among males.

Project participants felt that youth with suspected FASD who come in contact with the justice system should complete a comprehensive assessment and receive a diagnosis if warranted. As well, the time gap between a crime being committed and sentencing should be as short as possible, given that youth with FASD have memory challenges.



Source: PLEA alternative-to-custody survey

“ You don’t understand the world, it’s cruel, so you think you have the right to do illegal things. – Youth participant ”

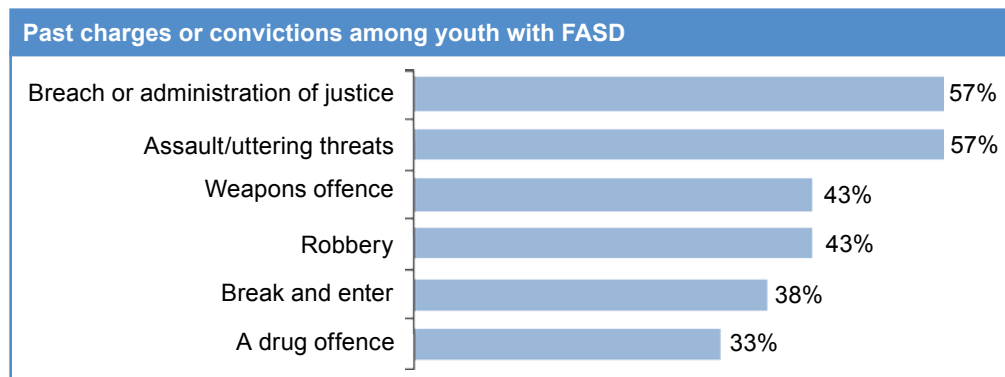
REPORTED REASONS FOR GETTING INVOLVED IN CRIME

When asked why they got involved in criminal activity, some youth said they did so because of poverty and the stress caused by having no food, no clothing, and nowhere to sleep. These youth felt that the drug trade or theft was the only way they could meet their basic needs in order to survive.

A small number of youth said they did not get involved for material gain but because they enjoyed the adrenaline rush, and a few said they got involved in crime because they did not see it as wrong. Others said that boredom and not having a sense of purpose in life contributed to their involvement in illegal activity.

Some youth said that a sense of isolation from the community led to anger, which they thought influenced their involvement in crime. A few explained that young people who experienced adverse life experiences such as trauma, and those who felt rejected or mistreated, might lash out through crime.

“ A lot of times it’s family issues, being abandoned, being abused that lead people to get involved with crime. – Youth participant ”



Source: 2012 Youth in Custody Survey
Note: Youth could mark all that applied.

Substance Use

Most youth participants openly acknowledged using alcohol or other drugs, but did not think that substance use was a problem for them. Only a minority specifically identified as having a drug addiction and felt that their substance use had created problems in their lives. Some thought their drug use might be a problem but were not ready to stop using. Several others said they had never used substances, but their support workers later made it clear that the youth used regularly and had a serious addiction.

A couple of youth said they did not use illicit substances because their parents closely monitored them, and they were too busy with other activities to consider using drugs. A few remarked that while they did not use drugs, they thought that behaviours they engaged in, such as self-harm, were similar to a drug addiction.

One youth said that her foster parents had taught her she could have non-alcoholic versions of drinks and that nobody needed to know that she was not drinking, which enabled her to navigate social situations more easily.

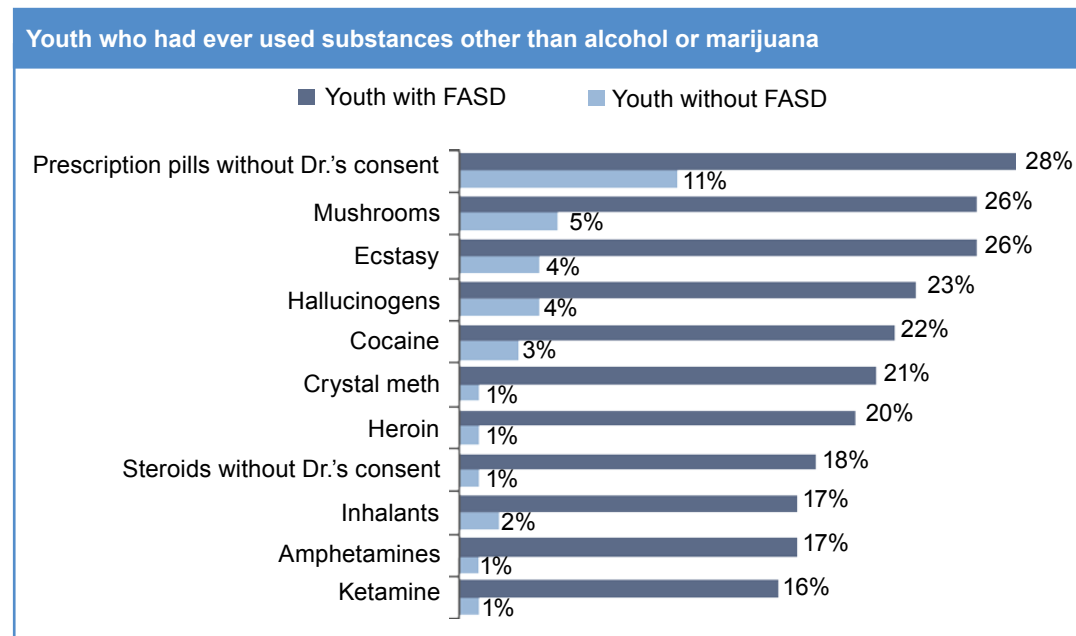
Survey findings showed that among youth in mainstream schools, 54% of those with FASD had tried alcohol, which was similar to the percentage among youth without FASD. However, youth with FASD were more likely to have had their first drink at a younger age. For example, 27% of youth with FASD had their first drink at age nine or younger, compared to 5% of youth without FASD (among youth who ever drank). They were also more likely to report binge drinking in the past month (62% vs. 38% of youth without FASD; among those who ever drank).



Also, youth with FASD were more likely to have ever used marijuana (52% vs. 25% without FASD) and to have first done so at age nine or younger (22% vs. 2%). Among those who had ever used this substance, youth with FASD were more likely to have done so in the past month (78% vs. 57% of youth without FASD) and on the Saturday before completing the survey (61% vs. 32%).

When youth who used marijuana were asked where they got it from (they could mark all that applied), 77% of youth with FASD reported getting their marijuana from a young person outside their family, which was comparable to the percentage among youth without the condition. However, those with FASD were more likely to report getting it from a young person in their family (18% vs. 6% of those without FASD), an adult outside their family (37% vs. 17%), and an adult in their family.

The use of other substances was also more common among youth with FASD than those without the condition. For example, youth with FASD in alternative-to-custody programs were more likely to have ever used heroin (31% vs. 18%).



Source: 2013 BC AHS

“The feeling I get from using drugs makes it hard to stop using them; it’s hard to go without the effect. – Youth participant”

Lifetime rates of substance use were generally high among youth with FASD in custody. For example, the majority has tried alcohol (96%), marijuana (91%), cocaine (82%), mushrooms (75%), ecstasy (71%), prescription pills without a doctor’s consent (71%), and hallucinogens (60%). Percentages were comparable for youth with and without FASD. However, youth with FASD were more likely to have been diagnosed with a drug addiction (46% vs. 20%).

Similarly, youth with FASD in mainstream schools were more likely to report having a substance use addiction (28% vs. 2% of those without FASD) and were more likely to have felt or been told that they needed help for their alcohol use (19% vs. 2%), marijuana use (15% vs. 3%), and use of other substances (14% vs. 1%) in the past year.

Youth in mainstream schools were asked about the consequences of their substance use in the past year. Those with FASD were more than three times as likely as their peers without the condition to indicate that using alcohol or other substances had led to negative consequences.

REPORTED REASONS FOR USING

When asked why they used alcohol and other substances, youth who were interviewed commonly identified the influence of peers and a desire to belong. They said that youth with FASD who faced additional challenges, such as homelessness, were particularly vulnerable to negative peer influence because their desire for a sense of belonging was even stronger.

Consequences of substance use in the past year (among youth who used alcohol or other substances during that time)		
	Youth with FASD	Without FASD
Passed out	63%	28%
Was told I did something I couldn't remember	59%	37%
Argued with family members	40%	13%
Had sex when I didn't want to	39%	6%
Damaged property	34%	7%
Got injured	34%	14%
Got in trouble with police	31%	7%
Got into physical fight	29%	6%
Schoolwork or grades changed	26%	9%
Overdosed	23%	2%
Lost friends or broke up with romantic partner	22%	8%
I used alcohol or other drugs but none of these happened	16%	51%

Source: 2013 BC AHS

“ *I started using [drugs] when I became homeless because it was safer to stay awake than sleep on the street.* – Youth participant ”

Other youth said they had started using substances because they had grown up with adults who used drugs so saw it as normative behaviour. Some mentioned boredom as a major factor, especially in smaller communities where few activities were available for young people. A few youth said they had used drugs to stay awake for safety reasons when they were living on the street. Some said they liked the feeling they experienced from the drugs.

Several youth explained that they used drugs to escape from their problems or to self-medicate. For example, many talked about using substances to manage their symptoms of anxiety and ADHD, as well as feelings of anger. Some also said that using drugs helped to alleviate their depression and gave them more energy and motivation to get up in the morning. Many mentioned using marijuana specifically to help them sleep. A number of youth also discussed using substances to cope with past trauma, including physical and sexual abuse or the loss of someone close to them.

Service providers also described many youth with FASD self-medicating, particularly with marijuana, to reduce symptoms of ADHD and anxiety. They commented that if mental health challenges were not effectively addressed and treated, youth with FASD would continue to self-medicate with alcohol and other drugs.

“ *People take drugs to escape.* – Youth participant ”

Survey results showed that among youth in mainstream schools who used substances, those with FASD were more likely than those without the condition to report having used the last time because they felt down or sad (32% vs. 16%), there was nothing else to do (23% vs. 10%), or because of an addiction (20% vs. 2%). They were also more likely to report using substances to help them focus, to change the effects of some other drugs, and because they did not mean to (e.g., someone spiked their drink).

STOPPING DRUG USE

Youth who were interviewed had varied definitions of what it meant to successfully overcome addictions or to stop using drugs. Many perceived marijuana use as different from the use of other substances, and felt they could be ‘substance-free’ but still use marijuana.

Others saw being ‘clean’ as not using a specific drug that had been negatively influencing their life, rather than as being completely drug-free. For example, some youth had accessed treatment for their crystal meth use and successfully quit using that drug, but continued using MDMA which they saw as less of an issue for them. Others said they were currently using crystal meth but had stopped using crack cocaine, which they deemed a success.

“
I can't see my kids if I'm not clean. It would be twice as hard [to not use] without that. – Youth participant
”

A few youth thought that occasional use or relapses did not mean they had been unsuccessful at quitting, and some felt that using less or less problematically should be the goal. Only a small minority said that successful treatment meant completely abstaining from alcohol or other drugs.

Youth noted that their definition of overcoming addictions was at odds with the framework used in traditional substance use treatment programs, where abstinence is often the goal.

Service providers said that it was often difficult to help youth with FASD to understand that drugs were having a negative effect on them, and for youth to see any benefits in stopping to use. Almost all youth felt that the only way to stop using drugs was to make the choice themselves. They said that supports and services were often ineffective in getting youth to quit if they were not ready to do so.

Some youth said they had quit using substances on their own. For example, one participant explained that he had smoked marijuana to manage his anxiety, and when his anxiety decreased he stopped using marijuana because he no longer felt the need. Others said they had decided to stop using for health reasons, such as fear that they were gaining weight or harming their bodies.

Some youth participants, and particularly young fathers, mentioned that they were motivated to quit because they did not want to lose access to their children. They felt that seeing their children and having a solid relationship with them outweighed any positive effects they might experience from using drugs.

Barriers to Accessing & Receiving Services

Project participants discussed barriers that young people with FASD faced when trying to access substance use treatment programs. They also identified obstacles within some programs which they felt impeded successful outcomes.

LACK OF SERVICES & AVAILABILITY

A number of youth said that long wait times created problems for them, as did services and programs that closed on evenings and holidays. They felt that opportunities and motivation were lost when treatment programs and services were not available immediately when youth were ready to access them. Many caregivers and service providers also said that wait times were long for appropriate services, and some workers remarked that families must currently wait two years to access their services. Others commented that many of the existing services for youth with FASD did not offer enough time to meet with individuals in a way that was meaningful and helpful.

Participants felt there were not enough services overall to support youth with FASD, and particularly in smaller communities. They said there should be no wait times for youth with FASD to access any needed services (substance use treatment programs, mental health services, etc.), and that youth with FASD should have access to a broad range of disability-specific services to reduce their risk of substance use and justice involvement. Participants said that more funding is needed to develop new services and to expand successful existing services to other communities, to ensure that youth with FASD have access to the services they need.

“*The waiting time was too long.* – Youth participant”

“
[Youth with FASD] may present as fairly competent. They may therefore be misunderstood by service providers and others who don't recognize the challenges of their disability. – Service Provider
”

LACK OF FLEXIBILITY & KNOWLEDGE ABOUT FASD

Overall, youth's experiences with accessing traditional treatment programs were negative due to a lack of flexibility and sense that the programs could not properly meet their needs.

Caregivers and service providers felt that the absence of program flexibility stemmed in part from a lack of recognition that youth with FASD have unique challenges and needs and that programs must be modified accordingly. They added that community agencies and services often did not have enough education or knowledge about FASD to recognize and address it appropriately. They felt that for youth with the condition to succeed in substance-use treatment programs, the programming needed to be FASD-informed.

A few youth said they had been told by staff at a treatment centre that they would not have been allowed to enroll had staff known they had FASD. These youth felt that the treatment programs were not open to helping them, and one recounted running away from a residential program because he did not feel accepted.

Although having FASD was seen as a barrier to accessing some services, not having this diagnosis was identified as a barrier to accessing other services. A few service providers explained that the condition was often misdiagnosed as ADHD or Asperger's, which prevented youth with FASD from accessing needed services.

CHALLENGES NAVIGATING HEALTH & SOCIAL SERVICES SYSTEMS

Service providers said that health and social services systems were difficult for professionals to navigate and incomprehensible for youth with FASD. Caregivers also recounted their challenges trying to access services and support for youth with FASD. They described the application forms for disability funding as particularly challenging and felt that this process would be impossible for someone with FASD to complete without an advocate.

Youth said that some mental health programs would not treat youth who were actively using substances, which prevented young people with substance use challenges from attending and getting the mental health support they needed.

MENTAL HEALTH CHALLENGES

Caregivers and service providers discussed how co-existing mental health challenges present additional obstacles. They felt that youth's mental health issues need to be addressed in order to treat their substance use, but said that common therapeutic techniques must be adapted for youth with FASD in order to be effective.

Service providers felt there was generally a lack of understanding among psychiatrists, counsellors, and other related professionals about the mental health challenges and needs of youth with FASD. For example, although talk therapy and confronting past trauma were common therapeutic techniques, they were not viable treatment options for youth with FASD. Service providers felt that looking forward, rather than focusing on the past, was important when supporting this group of youth.

“ *Age limits need to be raised [on services]. – Youth participant* ”

UNREALISTIC EXPECTATIONS

Some youth disliked that traditional programs saw relapse as failure. They felt that many services imposed unrealistic expectations on youth with FASD. These youth preferred low-barrier programs that adhered to a harm-reduction model. However, others voiced preference for programs with a zero-tolerance policy on drug use, and thought that harm-reduction services could exacerbate a young person's substance use and other challenges.

One challenge associated with FASD is difficulty understanding the concept of time. Therefore, even when youth were willing to connect to needed services, many struggled to attend appointments, especially when there were rigid appointment times.

“ *If I relapse I can't go back [to the program], so I spend the night on the street. – Youth participant* ”

AGE-RELATED BARRIERS

Youth felt that ageing out of youth services was a barrier to accessing needed support. Some said they did not want to access services with adults and chose to go without support instead.

Many youth mentioned that programs which aim to engage young people should be youth-only. One youth said he had accessed a mixed-age treatment program but for the young people's safety they had to be kept separate from the adults. As a result, he had spent the duration of the program in his room, unable to access the services or programs that the adults were using and which would have been beneficial to him.

Caregivers and service providers also mentioned that some community services only provided supports for individuals with FASD who were aged 19 and older, yet the earlier young people received specialist support the more positive it was for them.

“ *Once you're 22 you lose a lot of services. – Youth participant* ”

“*The appointments, the concept of time, having to go and make the appointments, just going up to an office and a big building can be quite intimidating.* – Service provider”

RELUCTANCE TO ACCESS SERVICES

Service providers and caregivers explained that even when services were available, youth with FASD did not always understand or accept their diagnosis or the challenges that came with the condition, which could prevent them from recognizing where they needed support and from accessing appropriate services.

In small communities, concerns about confidentiality also stopped youth with FASD from connecting to needed support.

NEGATIVE PEER INFLUENCES

Caregivers were sometimes reluctant for youth with FASD to access peer support groups for substance use reduction because of fears about the negative influence that peers could have on them. Similarly, a few youth said they had tried to get help for their substance use by accessing programs such as Narcotics Anonymous, residential treatment or youth drop-ins, but felt that these programs had only introduced them to other young people with whom they could use drugs.

TRADITIONAL GROUP SETTINGS

Many of the youth who had accessed traditional treatment programs said that these programs were ineffective for them because there were too many group discussions about drugs. Although these discussions had a therapeutic purpose, youth with FASD had a hard time following the content and concepts. They instead perseverated on using drugs, which made them want to use even more.

In addition, youth commented that some traditional treatment programs were over-stimulating for them because there were frequent group meetings in which they had to regularly meet new people. Youth described this experience as exhausting and that it made them feel “overloaded” and want to leave.

Participants explained that the physical environment should be calming in order to avoid over-stimulation. For example, the lighting should be soft instead of overly bright or flickering. Also, breaks should be encouraged whenever needed, such as by giving youth ‘break tickets’ which they could use to leave a group session to take a five minute break in a calming room. As well, youth with FASD should be encouraged to use ‘fidget toys’ (e.g., stress ball, silly putty) to release energy and help with concentration if needed.



OTHER OBSTACLES

A few youth said that the programs they were in had allowed clients to watch television shows that glamorized drug use, which increased their desire to use substances.

Others had accessed programs that provided free cigarettes, and some felt that this was a bad idea because if they were going to quit one substance they wanted to quit all substances at once.

Another youth said that his program had insisted he go on methadone, even though he did not think he needed to because he had no withdrawal symptoms. He thought that methadone had made his addiction worse instead of better.

SURVEY FINDINGS

A little under half (46%) of youth with FASD in alternative-to-custody programs had accessed drug and alcohol counselling in the past six months, and 33% had accessed detox during that time (vs. 21% of those without FASD). Most youth with FASD who accessed these services found them helpful.

Although the 2013 BC AHS did not specifically ask about accessing substance use treatment programs, it asked youth if they had missed out on mental health services or medical care that they felt they needed in the past year. Males and females with FASD were more likely than their peers without the condition to have missed out on needed medical care (23% vs. 8%) and mental health services (24% vs. 11%). As was the case among all youth, females with FASD were more likely than males to have foregone these needed services.

Consistent with findings among all youth, young people with FASD most commonly reported foregoing needed services because they thought or hoped the problem would go away and because they did not want their parents to know. However, youth with FASD were more likely than those without the condition to report missing out on needed mental health services because they had a negative experience doing so in the past (34% vs. 12%), they had no transportation to get there, they could not go when it was open, and the service was not available in their community.

Promising Supports & Practices for Youth with FASD

“
*I want to not use [substances]
and I want to be successful in
life. – Youth participant*
”

Youth, caregivers and service providers identified supports that they saw as helpful in the lives of young people with FASD. They felt these supports can contribute to reducing youth's substance use and other risk behaviours and can promote their successful transition to adulthood.

Individualized Support

Many youth felt that individualized support was the most important aspect to consider when designing a substance-use treatment program for youth with FASD. They explained that every youth with FASD has unique needs and might even need different types of support on different days.

They felt that many youth services forced young people with FASD to fit the program, rather than tailoring the program to fit the youth. A few said they were unwilling to change their behaviour to be accepted into a treatment program while others acknowledged having difficulty following strict program requirements, such as abstaining from all substances.

Program participants added that individualized treatment programs should take a holistic approach and address the core issues that might be leading to a youth's substance use. They felt that doing so was the only way that meaningful and long-lasting change could take place.

Caregivers and youth also spoke about the importance of someone advocating on youth's behalf to help them navigate the various health and social service systems and to access the specific services they needed. They also felt it was important for someone to help youth with FASD organize information in their environment and make sense of their experiences. For example, given that many youth with FASD face challenges with memory and time management, it could be helpful to remind youth ahead of time about an appointment with a drug and alcohol counsellor (e.g., through visual cues on a large calendar), and to support them in showing up at this meeting on time, such as by clarifying the time they need to leave the house rather than the time at which the appointment starts.

Given the time and energy involved in providing individualized support, service providers said it was important to ensure that program staff are well supported within the organization and that caregivers in residential programs receive sufficient support and respite to avoid burnout.

“
*We all come from different
backgrounds, different experiences,
so [the support] needs to be
customized – Youth participant*
”

“

*I want to be helped towards
a better choice, not pushed
towards it. – Youth participant*

”

Flexibility & Involvement in Goal Setting

Youth said that treatment approaches needed to be flexible. They wanted to be able to make mistakes, from missing meetings to relapsing, without fear that they would be asked to leave a program. They wanted staff to work with them to help them become more successful in the future.

Service providers highlighted that relapses should be seen as part of the process to recovery, particularly among youth with FASD who tend to act impulsively and need repetition for learning to take place. They felt that treatment programs should celebrate all progress and successes, however small these might seem.

Youth liked programs that were not prescriptive and that supported young people in what they themselves felt they needed, rather than what program staff thought they needed. Caregivers and service providers also discussed the importance of flexibility and responsiveness to youth's feelings and wishes. One suggestion was to have meetings with youth somewhere the youth felt comfortable, rather than exclusively in an office setting. Participants also felt there should be a move away from traditional techniques, such as Cognitive Behavioural Therapy, because these techniques do not work for youth with FASD. Counsellors should consider incorporating alternative approaches, such as music therapy, outdoor activities, and pet therapy.

Youth talked about the importance of young people being involved in their own treatment planning and goal setting if they did agree to take part in a substance-use treatment program. A few discussed their involvement in an alternative-to-custody program at PLEA Community Services in Vancouver, where they set their own treatment goals with support from program staff. They said that setting their own goals motivated them to successfully achieve those goals, including a reduction in their substance use as well as improvements in other areas (e.g., reduced criminal justice involvement, improved life-skills).

Service providers added that treatment plans should be kept as simple and concrete as possible. There should be a few clear goals, represented through pictures as well as words, to maximize a youth's chance of success.

Structure & Clear Boundaries

Youth talked about the value of structure and clear boundaries, which they felt helped them to stay on a healthy path. However, they said that although structure was important it should be combined with flexibility to meet youth's individual needs. Caregivers and service providers had observed that structure and routine within substance use interventions can help to reduce anxiety and facilitate positive change.

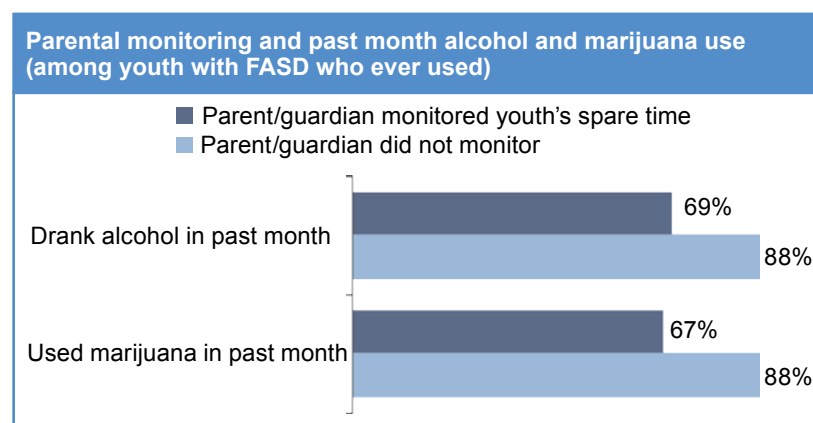
Youth added that for those young people who attend residential treatment programs, there should be a transition plan to ensure that supports and structure are in place when they leave the program and return to their home community.

Participants felt that structure included supervising youth and knowing what they were doing in their spare time so that substance use and other risk behaviours could be identified and addressed as soon as possible. Caregivers added that 'community surveillance' was an advantage of living in smaller communities, where people helped one another by looking out for each other's children and communicating when any problems arose.

Survey findings showed a link between parental monitoring and reduced substance use among youth with FASD. For example, among youth with FASD in mainstream schools who ever used alcohol or marijuana, those whose parents or guardians knew what they were doing in their spare time were less likely to have used these substances in the past month than those whose parents were not monitoring their spare time.

Parental monitoring was also associated with a greater likelihood of youth with FASD reporting good or excellent mental health (84% vs. 45% of those whose parents were not monitoring their spare time) and of feeling calm (61% vs. 29%) and happy (75% vs. 34%) in the past month.

As well, there were benefits among youth with FASD who experienced supervision and structure through regularly eating an evening meal with their parents. For example, those who usually ate their evening meal with their parents or guardians were less likely than those who ate with their caregivers less frequently to have used marijuana in the past month (72% vs. 82%; among those who ever used marijuana). They were also less likely to have ever used prescription pills without a doctor's consent (21% vs. 44%), hallucinogenic mushrooms (18% vs. 51%), inhalants, and amphetamines. In addition, they were more likely to have slept for eight or more hours the night before completing the survey and to rate their overall health and mental health as good or excellent, compared to youth with FASD who ate with their parents or guardians less often.



Source: 2013 BC AHS

Supportive Relationships with Adults

Youth talked about the importance of building relationships with trusted adults. They identified various supportive people in their lives, such as parents (including foster and adoptive parents), extended family, youth workers, volunteer mentors, and probation officers. However, many said it took them a long time to trust others. They spoke highly of the people whom they felt connected to and who took the time to understand and help them.

It was important for many of the youth to have supportive relationships beyond their parents, such as an adult outside their family with whom they could discuss topics they felt uncomfortable talking about with their parents (e.g., sex, relationships).

Youth felt that substance-use treatment programs should be staffed by young adults who could understand youth's experiences and who had struggled with substance use and other challenges themselves but who were now successful. They added that staff should be honest with youth and give them accurate information about substance use, rather than giving them inaccurate information in an attempt to scare them, as some had experienced.

Youth also voiced appreciation for adults they could approach with questions and who gave them open and honest answers in a way they could understand.

Having at least one consistent caregiver or worker who has spent time building a relationship with a young person was repeatedly described as making a marked difference in the lives of individuals with FASD. Participants acknowledged that these trusting relationships take time to develop, particularly among youth with histories of abuse or other trauma, or among those who had experienced multiple moves from one foster placement to another and are leery of forming attachments. However, if this secure relationship is established, youth with FASD are better equipped to learn to regulate their anxiety and other emotions, as well as their behaviours.

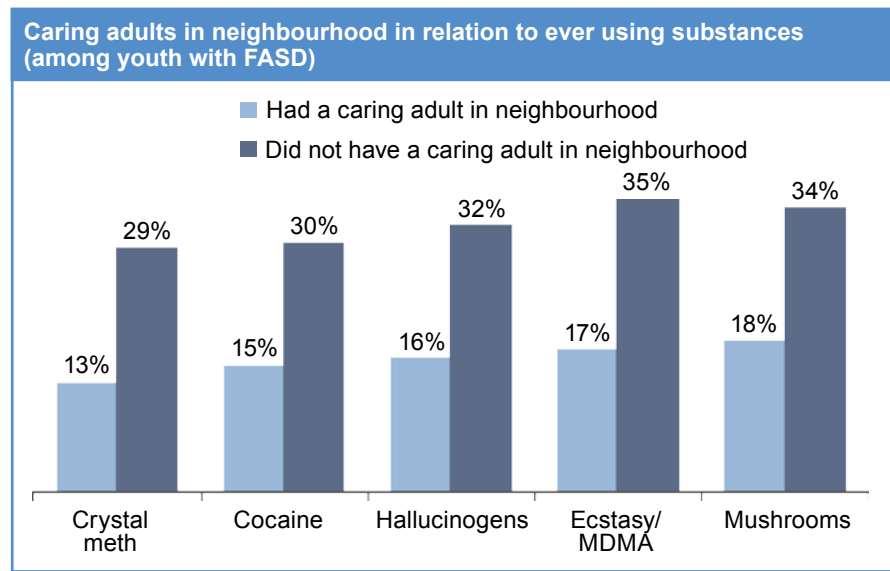
Survey findings mirrored participants' views about the importance of supportive and stable relationships. For example, among youth with FASD attending alternative-to-custody programs, those who indicated by discharge that they had an adult to turn to if faced with a problem were more likely than those who did not have such an adult in their lives to report reduced substance use (59% vs. 0%) and improved mood (75% vs. 0%) six months later.

Similarly, youth with FASD in custody who had an adult outside their family to whom they could turn were more likely to report good or excellent health and were less likely to report extreme despair, compared to those who did not have such an adult in their life. Also, if they felt there was an adult connected to the custody centre who cared about them (e.g., staff member, volunteer), they were more likely to indicate that this would be their last time in custody.

Youth with FASD in mainstream schools were less likely than those without FASD to feel they could turn to any adult for support (68% vs. 82%). However, when they did have an adult to turn to, there seemed to be benefits. For example, among youth with FASD who had tried alcohol, those who felt they could turn to an adult inside their family for support reported lower rates of binge drinking in the past month (50% vs. 71% of those who did not feel they could turn to an adult relative for support).

Also, there were benefits for youth with FASD who felt that their family understood them. For example, they were less likely to have used marijuana in the past month than those who did not feel this way about their family (56% vs. 86%; among those who had ever used marijuana). They were also less likely to have ever used other substances if they felt their family understood them or paid attention to them, including prescription pills without a doctor's consent, cocaine, hallucinogens, ecstasy, mushrooms, inhalants, amphetamines, crystal meth, and heroin.

Further, youth with FASD who felt they had an adult in their neighbourhood or community (beyond their school or family) who cared about them were less likely to report binge drinking in the past month and to have ever used a variety of other substances, compared to those who did not have such an adult in their lives. They were also more likely to report good or excellent mental health (81% vs. 58%), and were less likely to have self-harmed (24% vs. 45%) and attempted suicide (16% vs. 36%) in the past year.



Source: 2013 BC AHS

“

I like a good relationship. [My Big Sister] understands what I'm saying. Some people don't and that's hard for me. – Youth participant

It's important to have a place where you feel that you're supported. – Youth participant

There are a few staff here that, in any situation I'm in, I can go to for advice. – Youth participant

I want people to take the time to tell me something, and help me figure it out. – Youth participant

If you can keep [youth with FASD] in the same foster home and not bump them around and cause those attachment issues....then you're going to solve a lot of problems, because they'll have a family. – Caregiver/ service provider

Creating a safe environment that youth feel they can run to, instead of run from, and a sense of belonging is crucial. – Caregiver/ service provider

”

Strengths-Based

Caregivers and service providers discussed the importance of gaining an understanding of the interests and strengths of individuals with FASD. They explained that focusing on their strengths and providing them with praise can help to increase their self-confidence and sense of competence, which in turn can reduce their risk of using substances and taking part in illegal activity. Some service providers noted that it was important to provide youth with a realistic appraisal of their strengths.

Consistent with interview participants' comments, survey findings showed that self-confidence and sense of competence were linked to reduced risk of substance use. For example, among youth with FASD in alternative-to-custody programs, those who felt as competent as their peers were less likely to have ever used inhalants (12% vs. 67%) and were more likely to report reduced substance use one year later, compared to those who did not feel competent.

Also, youth with FASD in mainstream schools who felt good about themselves were less likely than their peers who did not feel this way to report ever using crystal meth (14% vs. 32%), heroin (14% vs. 31%), inhalants, or amphetamines. As well, those who felt competent in at least one area were less likely to report extreme stress and despair in the past month.

“*Work on strengths, praise their strengths...to build self-esteem.* – Service provider”



Life-Skills Development

Project participants said that in addition to focusing on youth's current strengths, it was important to help them improve their skills in various areas.

Youth said it was critical for them to develop their independent living skills, including skills in budgeting, banking, shopping, healthy eating, and personal hygiene. Communication and relationship skills were also mentioned, such as maintaining healthy boundaries and learning to say no to peers who pressured them to engage in risky activities, such as using substances.

Service providers and caregivers said that ideally programs would offer sessions for youth to learn independent living skills (e.g., cooking classes), as part of a wrap-around approach to support youth with FASD. They added that youth with FASD learn best when activities are modelled and not when lessons are only explained verbally. For example, it would be more effective to teach youth how to budget and shop by taking them to the grocery store and showing them how to read price tags, rather than simply telling them what they should do. They also stressed the importance of repetition and patience when teaching life-skills.

Survey findings showed that youth with FASD in alternative-to-custody programs who accessed life-skills training while in their program were more likely than those who did not access this training to report improved anger management skills (92% vs. 44%) and family relationships (85% vs. 44%) six months later.

“ I don’t need to use [drugs] because there is other stuff I can do, like work or work out. – Youth participant ”

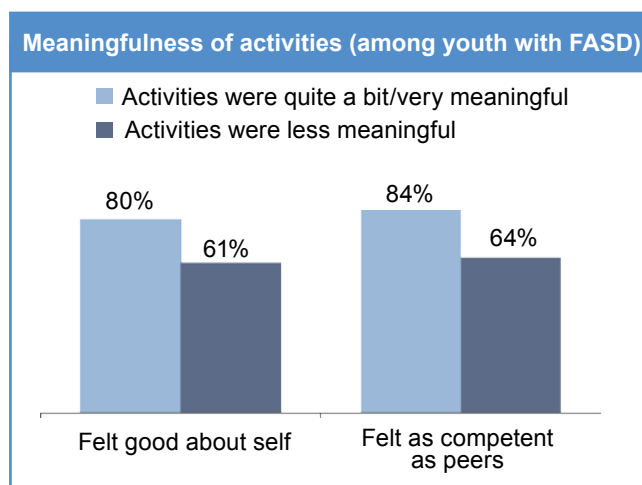
Meaningful Activities

Youth felt that the key to supporting young people with FASD who have substance use challenges is to offer them healthy and meaningful alternatives to drug use. They explained that keeping busy and taking part in personally meaningful activities helped to reduce their opportunities as well as desire to be involved in substance use and crime. Many also said that being actively engaged in such activities can help youth with FASD to feel less isolated and more connected to their community, and can provide them with a sense of belonging.

Caregivers and service providers echoed youth’s views on the importance of connecting youth to meaningful activities and programs in the community that have a stronger pull on them than substance use and other risk behaviours.

Similarly, survey findings showed a link between involvement in meaningful activities and health benefits. For example, youth with FASD who took part in activities they found meaningful were less likely than those who did not find their activities meaningful to report binge drinking in the past month. They were also more likely to feel good about themselves and as competent as their peers.

Meaningful engagement in activities includes youth making decisions about programs they participate in. Youth with FASD in custody who reported being involved in programming decision-making were less likely to have experienced extreme stress in the past month compared to those who had not been involved in such decision making (39% vs. 86%).



Source: 2013 BC AHS

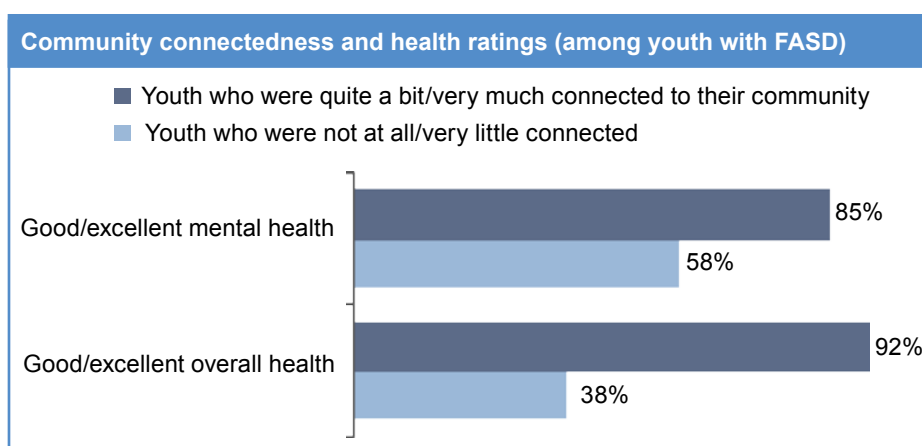
Community & Cultural Connectedness

Some interview participants discussed the importance of youth with FASD feeling connected to their community, and survey results confirmed this. For example, among those who completed the BC AHS, those who felt quite a bit or very much connected to their community were less likely to report binge drinking in the past month than those who did not feel as connected. They were also less likely to have been held in a custody centre.

In addition, youth with FASD who felt connected to their community were more likely to report good or excellent overall health and mental health compared to those who felt less connected. Feeling connected to the community was also linked to a lower risk of youth missing out on needed medical care and to a greater likelihood of expecting only positive circumstances in five years, such as having a job, having a home of their own, and/or being in school.

Youth also talked about the benefits of linking Aboriginal youth in particular to culturally relevant programming in their community. Similarly, survey findings showed that among Aboriginal youth with FASD, those who were connected to their community were less likely than those who were not connected to have used marijuana in the past month. They were also more likely to report good or excellent health and to indicate feeling good about themselves. Also, those who took part in cultural activities on a weekly basis were less likely than those who never took part to have seriously thought about suicide or to have attempted suicide in the past year.

Among Aboriginal youth with FASD in custody, those who found Aboriginal programming helpful while in custody were more likely than those who did not find the programming helpful to rate their mental health as good or excellent.



Source: 2013 BC AHS

Work & Employment Programs

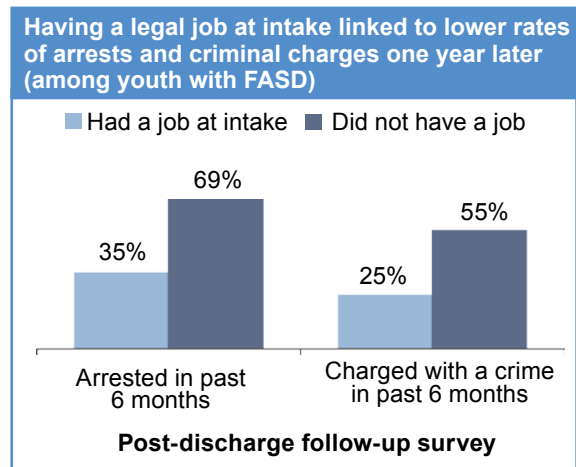
Some youth talked about their job or involvement in a work program as providing them with a sense of connection to their community. For example, youth participating in Street Youth Job Action (SYJA) in Vancouver said that the program made a significant difference in their lives because it motivated them to get out of bed every morning, to participate in something meaningful, and to not use substances. The program offered structure but also flexibility because there were no repercussions if they did not turn up for work.

Youth described a successful work placement as one where managers were aware and understanding of the extra challenges that youth with FASD face. Participants felt that employers should be trained to better understand FASD so they can support youth on site and improve the youth's chance of success. Also, if youth master the skills required of a position, they should be encouraged to maintain that position so they can enjoy continued success and routine, rather than looking to move on quickly to master another task.

“ I get to make money and feel like I'm doing something good. – Youth participant

”

Survey findings indicated that having a legal job was linked to positive outcomes. For example, among youth with FASD in alternative-to-custody programs, those who had a job at the start of their program were more likely to report satisfaction with their current life circumstances (97% vs. 81% of those who were not working). Further, they were less likely to report having been arrested, charged with a crime, or detained in a custody centre one year later.



Source: PLEA alternative-to-custody survey

“ Boredom is what gets me...if I didn't have this work program during the day I'd feel like I didn't have a purpose. – Youth participant ”

EMPLOYMENT PROGRAMS

Interview participants also discussed the value of teaching youth with FASD employment-specific skills, if appropriate, such as writing a résumé and other skills associated with finding and keeping a job. Participants stated that youth with FASD need access to specialized and appropriate employment programs.

Youth said that they particularly liked employment programs that relied less on reading and verbal instruction, and more on hands-on activities where they were able to repeatedly practice skills.

Some youth had attended a carpentry program, housed at North Island College in Port Alberni, which was geared specifically to young people with FASD. Youth particularly appreciated the hands-on and practical component of the program, which was only later followed by a classroom-based learning component. Program staff and youth felt that the hands-on piece was the hook that motivated participants to get involved and stay involved in the program. Staff also felt it might be useful for participants to take part in the program more than once, so that youth could benefit from the repetition and extended support.

Other youth had attended an employment program in Burnaby, where there was flexibility for youth to attend when they were able, and where staff understood their challenges and did not judge or criticize them. One youth who had taken part in this program described thriving in this setting and was able to secure a job in the community afterwards.

A few youth had taken part in the Future Cents program in Prince George which offered employability workshops and job exposure experience, as well as life-skills workshops. They appreciated the skills they learned as well as the opportunity to socialize with peers and receive other support. Staff explained that the program is located in a multi-service building that includes drug and alcohol counsellors and other youth services. This structure allows program staff to connect youth to other services by walking them down the hall and personally introducing them to the relevant service providers.

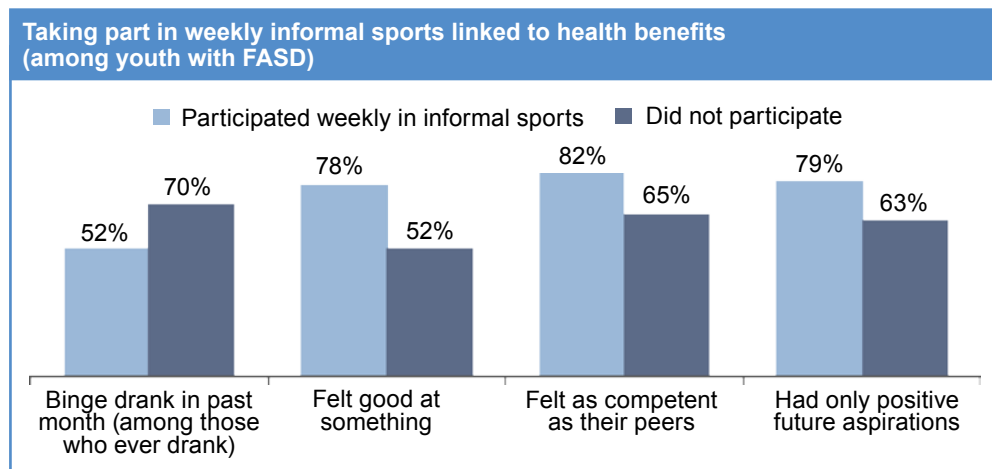
Survey findings suggested positive benefits associated with taking part in work programs. For example, among youth with FASD in custody, those who accessed programs to hone their work skills while at the centre were more likely to report good or excellent mental health than those who did not access such programs.

“ The more I’m around nature, the calmer I am. – Youth participant ”

Physical Activity & Time Outdoors

Youth with FASD spoke of involvement in sports and other activities as helping them to feel good about themselves and diverting them from substance use. Horseback riding was mentioned as an activity that helped to improve youth’s mental health, including an increased sense of happiness and self-confidence. Several youth said that spending time around animals and connecting to their natural environment made them feel calmer and happier.

Survey findings also showed that involvement in sports and outdoor activities was protective for youth with FASD. For example, those in mainstream schools who spent time outdoors at least weekly doing informal sports, such as hiking, cycling or skateboarding, were less likely to report binge drinking in the past month than their peers who never took part in such activities. They were also more likely to feel competent in at least one area (e.g., sports, relationships), to feel they could accomplish things as well as their peers, and to have only positive aspirations for the future.

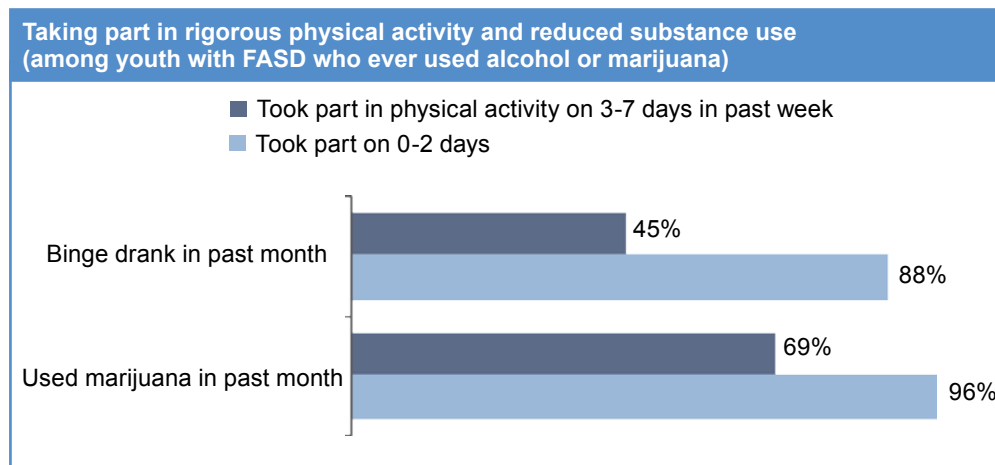


Source: 2013 BC AHS

Similarly, youth with FASD who played organized sports on a weekly basis were less likely than their peers who never took part to report ever using prescriptions pills without a doctor's consent. They were also less likely to report extreme levels of stress and despair, and were more likely to feel calm (60% vs. 31%) and happy (81% vs. 45%) in the past month, to rate their overall health as good or excellent (84% vs. 59%), and to have slept for eight or more hours the night before completing the survey (67% vs. 43% of those who never played organized sports).

Additionally, youth with FASD in alternative-to-custody programs who took part in organized sports were more likely to report reduced substance use and improved mood six months post-discharge, compared to youth who did not take part.

Participating in at least 60 minutes of rigorous physical activity on three or more days in the past week was also linked to health benefits. These benefits included lower rates of binge drinking and marijuana use in the past month (among youth with FASD who ever used these substances).



Source: 2013 BC AHS



“ Youth with substance abuse problems might benefit from a change in the environment with different friends. – Youth participant ”

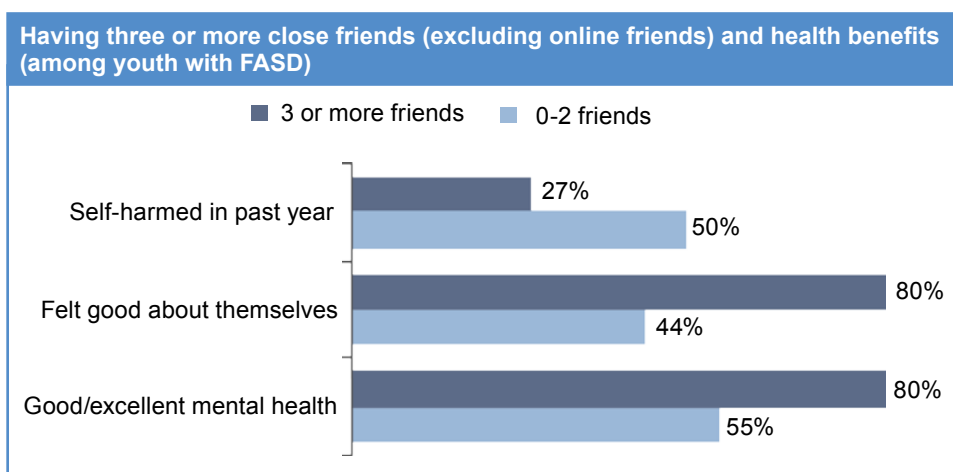
Pro-Social Peers

Several youth said that severing ties with their peer group and finding new friends who did not use substances was the biggest step they had taken to managing their substance use. For some youth, this had meant moving to another community or even province.

However, other youth said that it was their friends who had influenced them to stop using substances. Some were approached by friends or romantic partners who said that they were concerned for the participant’s welfare, which was enough to encourage them to stop using. Others said that friends had helped them quit by recommending detox or accompanying them on trips away from the community in order to self-detox.

Participants also discussed the positive impact that peer mentors can have, when there is appropriate adult supervision. Examples included youth with FASD engaging in youth-led community projects where they worked alongside a peer mentor who modeled pro-social behaviour.

Survey findings showed that 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. However, having even one close friend was also protective. For example, youth who had one friend as opposed to no friends were more likely to feel good about themselves.

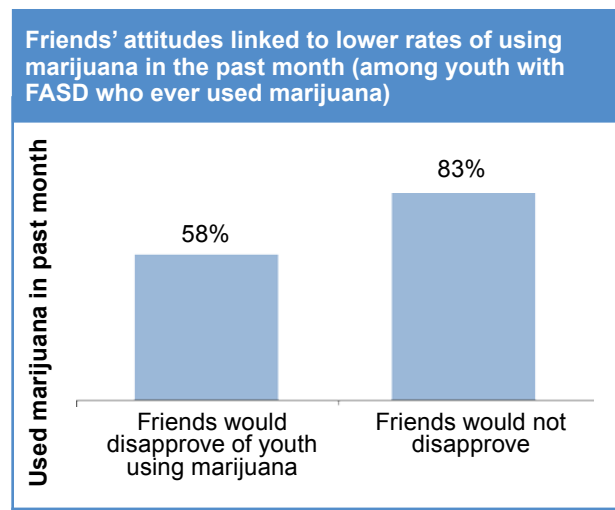


Source: 2013 BC AHS

Youth with FASD in mainstream schools who approached a friend for help and found the assistance helpful were less likely to report binge drinking in the past month than those who did not find their friend's support to be helpful (57% vs. 89%; among those who ever drank).

Among youth with FASD in alternative-to-custody programs, those who felt they could turn to a peer for support by discharge from their program were more likely to report reduced suicidal ideation and custody detentions six months later, compared to youth who did not have a supportive peer to turn to.

Further, having friends with pro-social attitudes was a protective factor among youth with FASD. For example, those with friends who 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.



Source: 2013 BC AHS



Collaboration Among Services & Professionals

Service providers and caregivers felt that youth with FASD were more likely to succeed when there was collaboration among professionals and services. Creating a network of supports, including AA and NA sponsors, can also help youth with FASD feel more connected to their community and ensures that they have a number of people they can turn to for assistance. A well-coordinated network can also help to ensure that probation officers who work with youth with FASD are aware of other supports in the youth's life, and work with those individuals to help the youth meet the conditions of their probation.

Caregivers and service providers from smaller communities felt there was more communication and collaboration in these communities than they had experienced in Vancouver.

Survey responses indicated that youth with FASD in mainstream schools had asked a variety of individuals for help in the past year, and the most common were a friend (71%), family member (57%), teacher (46%), school counsellor (43%), other school staff (32%), doctor (32%), youth worker (29%), and/or a friend's parent (29%). Also, 30% of Aboriginal youth with FASD had turned to an Aboriginal education worker for help, and 30% had sought support from an Aboriginal Elder. The majority of youth with FASD (85%) had turned to at least one relative, friend or professional for support, with youth most commonly having turned to one to five people (54%). Eight percent had accessed help from fifteen different sources.

Among youth with FASD who had turned to people for support in the past year, those who had asked two or more people for help reported better health than those who had asked only one person. For example, those who had sought help from multiple people were less likely than those who had asked only one person to have self-harmed or to have attempted suicide in the past year. They were also more likely to feel happy and calm in the past month. These findings were in line with interview participants' remarks about the importance of multiple supports that operate within a collaborative network.

“ *Everybody needs to realize that FASD is cradle-to-grave, it doesn't go away at any age... it's always there.* – Caregiver ”

Life-Long Support

Caregivers and service providers felt there should be greater understanding and acknowledgement that FASD is a lifelong disorder and that individuals with this disorder often need life-long support.

They said that coordination among services could help to ease young people's transition between youth and adult services. They added that transitioning out of care at age 19 was a very stressful experience for many youth with FASD. Participants explained that it was challenging for young people with the condition to leave their foster homes, sever the attachment relationships they had developed, and try to live independently. They noted that as a result, many workers maintained contact with the youth and supported them into adulthood, despite this continued support being outside their agency's mandate or role.

“ *Criteria need to be expanded so that individuals with an FASD diagnosis automatically become eligible for life-long supports.* – Service provider ”



Summary & Conclusions

“ *Success is much easier when the right supports are in place.* – Caregiver ”

Findings from this project showed 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 substance use and other risk behaviours, and improve their overall health and well-being.

Substance-use programming for youth with FASD should take into account their cognitive challenges and unique learning needs, as well as their strengths, to create an individualized and integrated plan of care for each youth.

Although program activities and supports should be individually tailored to each youth, the program model can still be evaluated to measure the extent to which expected outcomes have been achieved. Such evaluations would help to inform future substance-use programming for youth with FASD, including those involved in the justice system, and would help to ensure that they receive the support they need to lead healthy and meaningful lives in adolescence and beyond.



Summary of participants' suggestions for substance-use treatment programs

- Provide individualized support & flexibility
- Provide structure & consistency
- Focus on youth's strengths
- Take a holistic approach and address the core issues contributing to substance use
- Offer FASD-informed & trauma-informed programming
- Involve youth in their own treatment planning and goal setting
- Keep treatment plans as simple and as concrete as possible
- Foster supportive relationships with adults and pro-social peers
- Offer healthy & meaningful activities as an alternative to substance use (e.g., job, employment program, physical activities)
- Move away from traditional techniques and incorporate alternative approaches (e.g., music therapy, pet therapy, outdoor activities) as part of a comprehensive plan of care
- Focus on concrete skill-development
- Use more than one modality, with particular emphasis on visual and hands-on approaches
- Create a calming physical environment (e.g., soft lighting)
- Provide 'fidget toys' if needed to help with concentration and to release energy
- Encourage breaks
- Celebrate all progress and successes a youth makes
- Accept that relapses are part of the process to recovery
- Ensure that transition services are in place to support youth's success after discharge
- Provide support and respite to program staff
- Ensure collaboration among professionals and services
- Offer youth with FASD access to life-long support if needed
- Provide more funding to develop new services and to expand successful existing services to other communities

Additional McCreary Resources

For any of these reports, or other materials by McCreary Centre Society, visit our website at www.mcs.bc.ca.

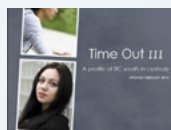
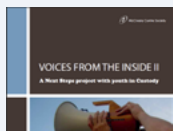
If you would like to join our community mailing list to receive updates about when new reports are released, when webinar presentations are scheduled, and other McCreary news, please contact community@mcs.bc.ca



From Hastings Street to Haida Gwaii - This report offers a comprehensive picture of the health and health behaviours of BC youth.



Becoming Whole: Youth voices informing substance use system planning (2013) - This report profiles the experiences of young people who have struggled with substance use and mental health challenges, and shares their suggestions for creating and supporting youth-engaged services.



Time Out III: A Profile of BC youth in custody (updated 2014) - This report looks at the health and experiences of 114 young people aged 12-19 who were in BC custody centres between August, 2012 and January, 2013. The report identifies risks and challenges, as well as protective factors among youth in custody that are linked to health benefits. Key findings from the report were taken back to youth in custody through a two-part Next Steps workshop curriculum. Youth discussed the findings and provided suggestions for custody services, social workers, probation officers, and community organizations on how to support youth in conflict with the law and help them stay out of custody. Youth's feedback is in the report *Voices from the Inside II: A Next Steps project with youth in custody (2014)*.



PLEA Evaluation Report: PLEA programs for youth in conflict with the law (2012) - This report shares findings from a longitudinal evaluation of PLEA Community Services' addiction and youth justice programs. Program participants were surveyed at intake, discharge, and six months post-discharge. The evaluation was funded by the Department of Justice Canada's Youth Justice Fund and stemmed from a community research partnership between McCreary, PLEA, and Douglas College's Faculty of Child, Family, and Community Studies.

