

What is FASD?

Fetal Alcohol Spectrum Disorder (FASD) is a term used to describe a range of conditions associated with pre-natal alcohol exposure. Previously, there have been many different terms used, including FAS, pFAS, FAE, PEA, ARBD, and ARND. These terms are still used but are considered sub-types of FASD. FASD was not recognized by the medical profession until 1973. It is estimated that the incidence of FASD is approximately 10 per 1000 people.

FASD is a spectrum of lifelong physical, mental, and neurobehavioural effects that can have a profound impact on a person's life. While individuals with full Fetal Alcohol Syndrome (FAS) may have specific physical characteristics, most people with FASD do not have any symptoms and are undiagnosed. Almost all people with FASD have learning disabilities, memory deficits, problematic social development, and behavioural concerns. FASD is the leading cause of mental retardation, but most people with FASD have IQs in the normal range.

Many people with FASD have other secondary disorders. These include: attention deficit disorder (ADD or ADHD), depression, Reactive Attachment Disorder (RAD), bipolar disorder, obsessive-compulsive disorder (OCD), pervasive development disorder (PDD) and asperser syndrome. It is important to remember that not all people with FASD behave or react in the same manner. A person's secondary disabilities will greatly affect how a person functions in various settings.

Studies have shown that people with FASD are at risk for disrupted school experiences (60%), alcohol and drug problems (35%), inappropriate sexual behaviour (49%), and mental health problems (95%). It is estimated that up to 60% of people with FASD come in conflict with the law at some point in their lives.

FASD and the Criminal Justice System

There are many aspects of FASD which make it especially difficult for a person in the criminal justice system. These include:

Social Development: Studies have shown that regardless of age, regardless of IQ, a person with FASD may have a social development that remains at that of a six-year-old child.

Communication Skills: A person with FASD may be unable to read social cues and this may interfere with their ability to understand the expectations of others. They may understand rules and consequences, but not why they are in trouble.

Sensory Integration Disorder: Persons with FASD might be extra sensitive to external stimuli like sound and touch. They may feel overwhelmed by being arrested, jostled with other prisoners, by noise and lights, and they may feel the need to push back or lash out in defense.

Behaviour issues: People with FASD have difficulty handling every day stress, may have trouble controlling their temper, and may be self-abusive.

They may be unable to assess risk or danger, and may have overwhelming fears. They may also have difficulty accepting the limitations of their disability.

Prevention not Criminalization

In BC, most of the community activism on behalf of prisoners with FASD has focused in three directions:

- **Lobbying federal (CSC) and provincial correctional institutions to design special institutional programs for prisoners affected by FASD.**

As this reform effort relies entirely on the goodwill of prison staff, it may do little to reduce the length of time that such prisoners serve in solitary confinement and/or the abuse suffered at the hands of guards or even other prisoners. Prison abolitionists state that even well intentioned initiatives have, in fact, already served to further criminalize people with mental and cognitive disabilities.

- **Creating a Mental Health Court in Vancouver (similar to Toronto or Seattle), to reduce lengthy delays and increase access to court-diversion programs.**

Currently, in BC, a supportive lawyer will commonly avoid any mention of FASD (or any other cognitive or mental health disability) when defending a client facing minor charges, even when the disability was the primary cause for the charge. Otherwise, the

prisoner is most likely to serve a longer sentence, awaiting a mental health evaluation (i.e. fitness to stand trial) in Remand or a forensic facility.

While a Mental Health Court may reduce the rate of incarceration and length of time served, some prison reform groups fear that it may inadvertently force people with FASD to come into conflict with the law in order to access crucial services (via court order). In addition, prison abolitionists warn that court-ordered 'treatment' may be the next "colonial control of choice".

- **Treating FASD in the community rather than in prison. Prisons *are not* and *can not* be treatment or healing centres.**

Remember that FASD is an entirely *preventable* medical condition! But the State has not yet chosen to address the underlying systemic issues, which push women into problem drinking in the first place! Instead, women-at-risk of having FASD-affected-children, and adults with FASD, are increasingly subjected to punitive measures, while government and community supports are slowly being eroded, day by day.

For prison activists, the question remains: Should we continue to lobby for funds to build **(a)** a more humane prison system or **(b)** FASD-specific housing with 24-7 staffing and comprehensive, community-based supports? You be the judge.

For info, support and education about FASD, contact **FAS/E Support Network of BC** at (604) 507-6675, or visit <http://fetalalcohol.com>.

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This leaflet produced by Vancouver Prison Justice Day Committee, August 2004. Visit www.prisonjustice.ca for more prisoner-related news, events and information.