NEAFAN
Northeast Alberta FASD Network

Strengthening FASD-Informed Practice.

Building FASD Knowledge in Health and Social Services.

Fetal Alcohol Spectrum Disorder is widely discussed in health and social care, but that does not always mean professionals feel confident recognizing it or responding well to it. Many people working in healthcare, social services, and related fields receive only limited education about prenatal alcohol exposure and the ways it can affect development, behavior, communication, and daily functioning. That gap matters, because people living with FASD often encounter systems that misunderstand their needs.

A 2026 study examined an online training program called “The Fundamentals of Fetal Alcohol Spectrum Disorder,” designed for health and social care professionals. Researchers looked at whether the training improved participants’ knowledge and attitudes about prenatal alcohol exposure and FASD. The results were encouraging. People who completed the training showed meaningful improvement right afterward, suggesting that even a relatively focused educational intervention can increase awareness and understanding.

The study also found something important for service planners and employers: gains did not remain equally strong over time. While participants still scored above their starting point at follow-up, some knowledge had declined. That suggests one-time awareness training helps, but refresher learning may be needed if organizations want lasting change in practice. The authors point to continuing professional development as one way to support that.

For NEAFAN readers, this finding is especially relevant. FASD-informed practice is not only about knowing a definition. It affects how professionals interpret missed appointments, communication difficulties, emotional regulation challenges, and struggles with memory or organization. Without training, those signs may be misread as non-compliance or lack of motivation. With training, the response can shift toward structure, patience, clarity, and more realistic expectations.

This matters across many sectors. A social worker, teacher, outreach worker, nurse, physician, or justice professional may all interact with someone whose disability is not immediately visible. Better training can support earlier recognition, reduce stigma, and improve how services are delivered. It can also help professionals work more effectively with families and caregivers who are often trying to navigate complex systems with limited support.

The study does not suggest that a single webinar solves everything. Instead, it makes a practical point: training improves knowledge and attitudes, but organizations need to treat that learning as ongoing. Awareness is not a box to tick. It is a skill base that needs to be built, reinforced, and applied.

A 2026 study found that online FASD training improved professionals’ knowledge and attitudes, but refresher training may be needed to maintain those gains over time.

FASD PREVENTION in EVERYDAY CARE.

Discussion about Fetal Alcohol Spectrum Disorder often focuses on diagnosis after a child is already showing developmental challenges. But prevention and early identification begin much earlier than that. They often begin in routine conversations during pregnancy care, primary care, and early child monitoring, where professionals have repeated opportunities to talk about alcohol use, answer questions, and notice signs that follow-up may be needed.

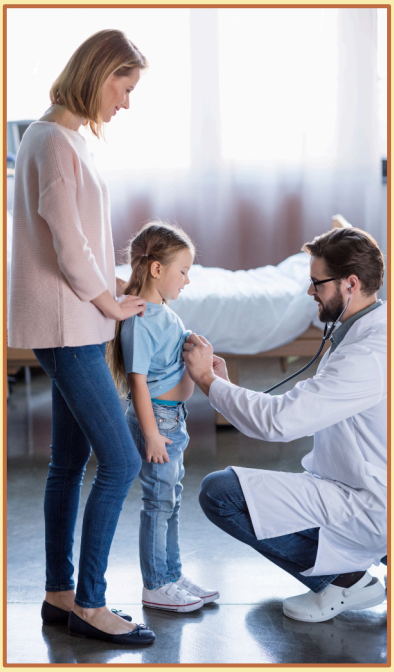
A 2024 article in Frontiers in Medicine looks at actions that can help prevent and identify FASD in general practice. The authors highlight the role of general practitioners in both pregnancy monitoring and child follow-up. Because these clinicians often see patients over time, they are in a strong position to discuss alcohol use during pregnancy, provide prevention messaging, and support early recognition when developmental concerns arise.

The article makes clear that prevention is not only about one public message repeated in the abstract. It is about practical contact points within the healthcare system. Pregnancy visits, preconception care, and early childhood appointments all create opportunities for supportive conversations. These moments can be especially important when people have questions about risk or may not have received clear information before.

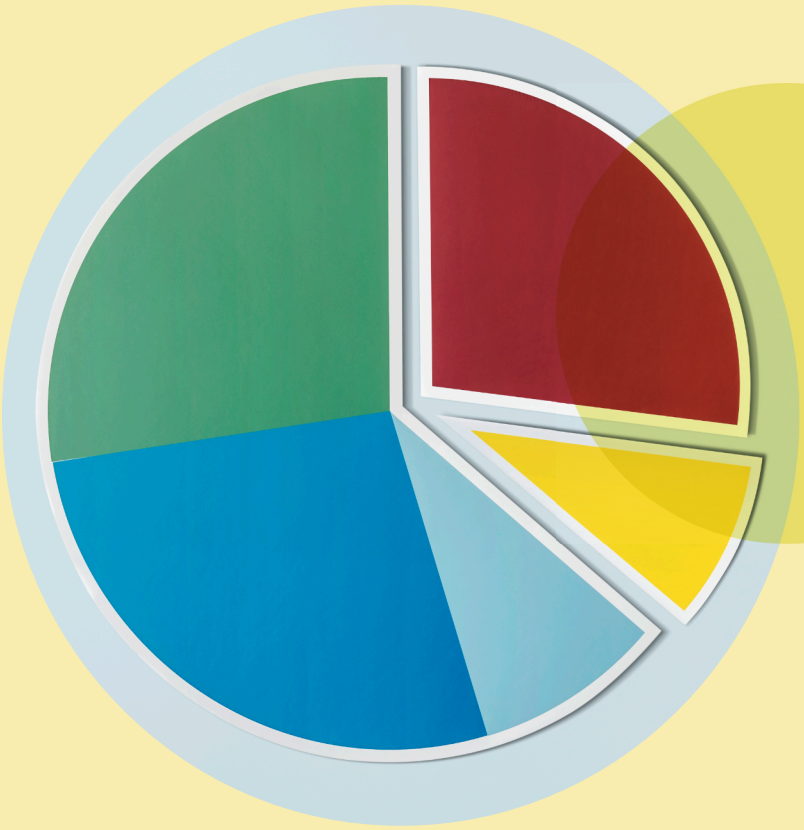
The authors also connect prevention with identification. General practitioners are often among the first professionals to observe developmental concerns or hear family questions about a child's behavior, learning, or regulation. That does not mean diagnosis happens in a family doctor's office, but it does mean primary care can play a key role in noticing patterns and making referrals.

For community networks and service providers, the article emphasizes that prevention and identification are strongest when they are integrated into everyday practice rather than treated as separate activities.

When professionals understand FASD better, service delivery improves. And when service *delivery* improves, individuals and families are more likely to encounter support that is informed, respectful, and effective.



Improving Access to FASD Care and Support



Understanding Barriers to FASD Care

People with FASD often face major barriers to diagnosis and services, including stigma, low provider awareness, and fragmented systems.

Improving Access to FASD Care and Support.

For many individuals and families, the hardest part is not simply living with the effects of Fetal Alcohol Spectrum Disorder. It is trying to access systems that are often fragmented, inconsistent, or difficult to navigate. Delays in recognition, lack of provider awareness, stigma, and limited services can all stand in the way of meaningful support.

A 2025 article in Frontiers in Pediatrics looks closely at those barriers. The authors describe how underdiagnosis and delayed diagnosis can interfere with access to healthcare and social supports. The paper also points to low awareness among healthcare providers, educators, and social workers as a factor that can delay intervention and increase the risk of poor outcomes over time.

The article connects service barriers with real-life consequences. When people do not get timely diagnosis or informed support, difficulties can ripple outward into education, social participation, housing, employment, and involvement with the justice system.

The authors note that specialized FASD clinics are important but not sufficient on their own. Schools, primary care, mental health services, social programs, and disability supports all need to become more FASD-informed.

The paper concludes that improving awareness, coordination, and service pathways may be one of the most important steps communities can take to support individuals living with FASD.

Beyond Diagnosis

Real Experiences of FASD

A 2024 survey study highlights how people living with FASD experience health, social, and system challenges that extend beyond clinical descriptions.

Lived experience perspectives should play a stronger role in shaping services and policy.

FASD Supports thst are more practical and respectful.

Research on Fetal Alcohol Spectrum Disorder often focuses on the brain, behavior, and diagnosis. While these are important, they do not always capture what it is actually like to live with FASD day to day.

A 2024 article in the journal Disabilities takes a different approach by centering the lived experience of people with FASD themselves. Participants in a survey described a wide range of challenges extending beyond clinical descriptions.

The study highlights how people living with FASD often face physical health issues, social barriers, stigma, and difficulties navigating systems that do not always understand the disability.

These realities shape everyday life in ways that are not always visible in clinical research.

The authors argue that lived experience perspectives should play a stronger role in shaping services and policy. When people with FASD describe their own experiences, they provide insights that can help professionals design supports that are more practical and respectful.

For service providers, the message is clear: listening to lived experience can help create better responses, improve service design, and support more effective long-term outcomes.

Strengthening FASD Prevention

Effective FASD prevention goes beyond awareness, combining education with social supports, screening, and coordinated services. Non-stigmatizing, system-wide approaches better address the complex factors influencing alcohol use during pregnancy.

Efforts to prevent fetal alcohol spectrum disorder have often focused on raising awareness about the risks of alcohol use during pregnancy. While awareness remains important, research increasingly shows that information alone does not lead to meaningful change. Public health approaches that consider the broader context of people's lives are more effective in supporting prevention.

A 2022 review of prevention interventions highlights the importance of moving beyond single strategies toward coordinated, multi-level approaches. Campaigns that rely only on messaging—particularly those that emphasize risk without context—tend to have limited impact. In some cases, they may unintentionally reinforce stigma, making it more difficult for individuals to seek support.

More effective prevention strategies recognize that alcohol use during pregnancy is influenced by a range of factors, including mental health, trauma, housing instability, poverty, and social isolation. When prevention efforts address these realities, they are more likely to support meaningful change. This includes providing access to healthcare, strengthening social supports, and creating environments where individuals feel safe to have open, non-judgmental conversations.

Screening and brief intervention also play an important role. When healthcare providers are trained to ask about alcohol use in a respectful and routine way, it creates opportunities for early support. These conversations are most effective when they are grounded in trust and focused on understanding, rather than judgment. Integrating screening into regular care helps normalize the conversation and reduces barriers to disclosure.

The review also emphasizes the value of targeted supports for individuals who may be at higher risk. Programs that provide outreach, case management, and connection to

services such as housing, mental health care, and substance use treatment demonstrate stronger outcomes than generalized messaging alone. These supports acknowledge that prevention is not simply about knowledge, but about access to resources and stability.

Another key finding is that prevention works best when it is embedded within broader systems. When public health messaging aligns with healthcare services, community programs, and social supports, individuals receive consistent information and guidance. This reduces confusion and reinforces key messages across multiple settings. In contrast, fragmented approaches can lead to mixed messages and missed opportunities for support.

Importantly, the review underscores the need for non-stigmatizing approaches. Messaging that focuses on blame or individual responsibility can discourage engagement and contribute to shame. By contrast, prevention strategies that are respectful, culturally safe, and grounded in compassion are more likely to be effective. These approaches recognize the complexity of people's lives and create space for supportive conversations.

For service providers and policymakers, the implications are clear. Effective prevention requires coordination, consistency, and attention to the broader conditions that influence behaviour. Public health approaches that integrate education with practical supports are more likely to reduce risk and improve outcomes over time.

Prevention, in this context, is not a single message or program. It is an ongoing, system-wide effort to create conditions where healthier choices are possible and supported.

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AWARENESS
PREVENTION
ASSESSMENT
SUPPORT

Alberta's FASD Priorities

Alberta's work on FASD focuses on strengthening awareness and prevention, improving access to high-quality assessment, and ensuring individuals and caregivers receive coordinated support across the lifespan. These priorities reflect an understanding that FASD is both preventable and lifelong, requiring consistent, compassionate action across systems.

Prevention efforts emphasize respectful, non-judgmental approaches that recognize the social and personal factors influencing alcohol use during pregnancy, including trauma, poverty, housing instability, mental health challenges, and social isolation. Rather than relying on blame-based messaging, initiatives promote culturally safe, relationship-based supports that reduce stigma and create environments where healthy choices are possible.

Another key focus is improving access to timely, accurate assessment and strengthening supports after diagnosis. Because FASD is complex, diagnosis depends on multidisciplinary teams using trauma-informed communication and functional assessment. Alberta is also working to improve equitable access across the province, including rural and northern communities.

Following diagnosis, the emphasis shifts to long-term, practical supports that help individuals succeed in school, employment, relationships, and daily life. Families and caregivers benefit from consistent guidance and recognition of their essential role. Together, these efforts strengthen a compassionate, evidence-informed system that promotes stability, dignity, and meaningful participation for individuals living with FASD.

Let's Talk

The Prevention Conversation

It's time to talk about alcohol and pregnancy

NEAFAN.CA

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Amy Tobin, B. Ed, is the FASD Prevention Conversation Facilitator with NEAFAN (Northeast Alberta FASD Network) and an adoptive mother of two. Prior to motherhood, she was an elementary school teacher with the Fort McMurray Public School District for six years. Her passion for FASD, and its prevention, began nine years ago when she became a mother via adoption and was introduced, personally, to the beauty and perplexity of parenting those with prenatal alcohol exposure. Since then, she has dedicated much of her time to learning about, and educating others, on the effects of alcohol during pregnancy and Fetal Alcohol Spectrum Disorder. Her approach is one that takes into consideration the complexities that adoption, generational, and cultural trauma can play within FASD.

PREVENTION CONVERSATION

The Prevention Conversation program aims to raise awareness of FASD and FASD Prevention among target populations including Healthcare and Social Service Providers, Women of Childbearing Age, Partners, Families, Friends and Caregivers. The Project is geared towards highlighting the importance of screening all women in child bearing age for alcohol use and the risks associated with FASD, improving supports for these women and promoting involvement of community members and primary care providers.

The Prevention Conversation is aimed at encouraging a community wide awareness of FASD and prevention, developing the skills within the community to engage in non-judgmental, empathetic conversations about alcohol use during pregnancy. The Prevention Conversation is centered around increasing knowledge of FASD through training service providers on the use of screening tools to engage women in the Prevention Conversation.

To book a **Prevention Conversation** presentation, please contact:

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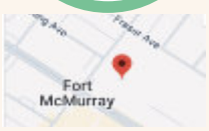

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