

PREVENTION FIRST 

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# FASD 101

Lisa Rahm  
Special Initiative Manager  
Prevention First

Funding statement here

## Fetal Alcohol Spectrum Disorders

- Umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy
- May include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications
- Not a diagnosis



## Other diagnostic terminology

Pregnancy + Alcohol may result in....



- Alcohol-related neurodevelopmental disorder (ARND)
- Partial FAS (pFAS)
- Fetal alcohol effects (FAE)
- Alcohol-related birth defects (ARBD)
- Static encephalopathy (an unchanging injury to the brain)

## FASD is...

- 100 percent preventable
- Leading known cause of preventable mental retardation
- Not caused on purpose
- Can occur anywhere and anytime pregnant women drink
- Not caused by biologic father's alcohol use
- Not a new disorder

## Cause of FASD

- The sole cause of FASD is women drinking alcoholic beverages during pregnancy.
- Alcohol is a teratogen.
- Prenatal alcohol exposure causes brain damage.
- Effects of FASD last a lifetime.

## Cause of FASD

“Of all the substances of abuse (including cocaine, heroin, and marijuana), alcohol produces by far the most serious neurobehavioral effects in the fetus.”

—IOM Report to Congress, 1996



## FASD and alcohol

- All alcoholic beverages are harmful.
- If a woman is pregnant, it does not matter what form the alcohol comes in.
  - Wine
  - Beer
  - Hard liquor
  - Light beer
- Binge drinking is especially harmful.
- There is no proven safe amount of alcohol use during pregnancy.

## Number of People with an fasd

- No one knows for certain how many individuals are born each year with an FASD.
- No one knows how many individuals are living with an FASD.
- Estimated that 40,000 babies are born each year with an FASD.

## Financial cost of fasd

- Very little data is available
- NIAAA estimates a lifetime cost for each child with FAS of \$2 million or more
- Overall annual costs of FASD more than \$6 billion
- The costs justify major prevention efforts

## Primary disabilities

- Lower IQ
- Impaired ability in reading, spelling, and arithmetic
- Lower level of adaptive functioning



## Typical strengths

- Friendly and cheerful
- Likable
- Desire to be liked
- Helpful
- Verbal
- Determined
- Have points of insight
- Hard working
- Every day is a new day!



## Typical difficulties

Sensory: May be overly sensitive to bright lights, certain clothing, tastes and textures in food, loud sounds, etc.

Physical: Have problems with balance and motor coordination (may seem “clumsy”).



## Typical difficulties

### **Information Processing**

- Do not complete tasks or chores and may appear to be oppositional
- Have trouble determining what to do in a given situation
- Do not ask questions because they want to fit in
- Have trouble with changes in tasks and routine

## Typical difficulties

### **Information Processing**

- Have trouble following multiple directions
- Say they understand when they do not
- Have verbal expressive skills that often exceed their verbal receptive abilities
- Cannot operationalize what they've memorized (e.g., multiplication tables)
- Misinterpret others' words, actions, or body movements

## Typical difficulties

### **Executive Function and Decision-Making**

- Repeatedly break rules
- Give in to peer pressure
- Tend not to learn from mistakes or natural consequences
- Frequently do not respond to reward systems (points, levels, stickers, etc.)
- Have difficulty entertaining themselves
- Naïve, gullible (e.g., may walk off with a stranger)
- Struggle with abstract concepts (e.g., time, space, money, etc.)

## Typical difficulties

### **Self-Esteem and Personal Issues**

- Function unevenly in school, work, and development – Often feel “stupid” or like a failure
- Are seen as lazy, uncooperative, and unmotivated – Have often been told they’re not trying hard enough
- May have hygiene problems
- Are aware that they’re “different” from others
- Often grow up living in multiple homes and experience multiple losses

## Identifying an FASD

**Only trained professionals can diagnose a disorder from the FASD spectrum. Ideally, diagnosis is done by a team that may include:**

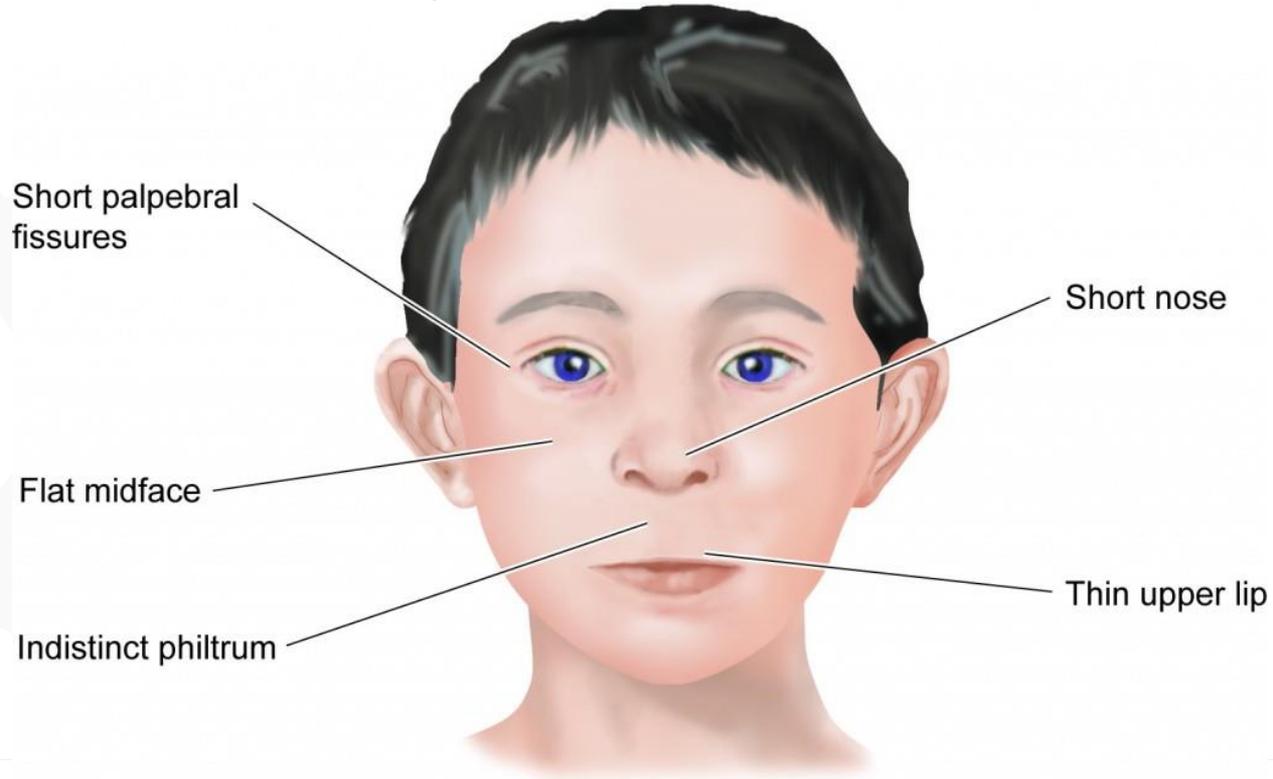
- Geneticists
- Developmental pediatricians
- Neurologists
- Dysmorphologists (physicians specializing in birth defects)
- Education consultants
- Psychologists, psychiatrists, and social workers
- Occupational therapists
- Speech and language specialists

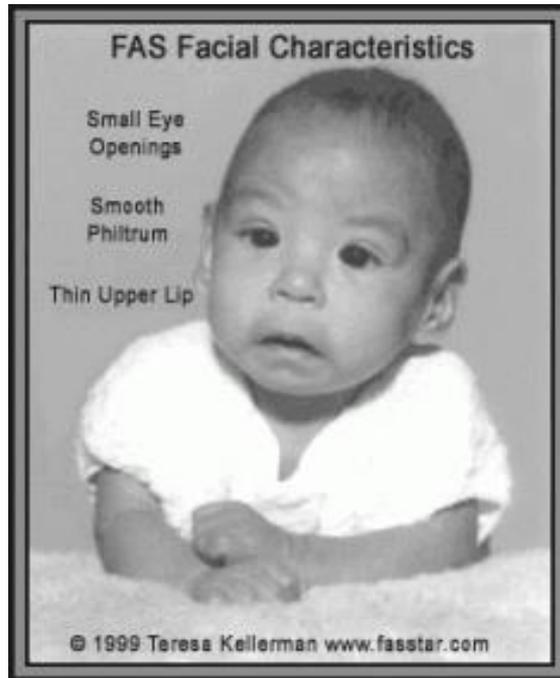
## Possible signs of an fasd

### **Signs that may suggest the need for FASD assessment include:**

- Sleeping, breathing, or feeding problems
- Small head or facial or dental irregularities
- Heart defects or other organ dysfunction
- Deformities of joints, limbs, and fingers
- Slow physical growth before or after birth
- Vision or hearing problems
- Mental retardation or delayed development
- Behavior problems
- Maternal alcohol use

## Facies in fetal alcohol syndrome





## What's a standard drink?

In recent research, frequent drinkers and the majority of women reported drinking larger-than-standard drinks:

- Daily drinkers were consuming drinks that were anywhere from three to six times the size of a standard drink.
- The majority of drinkers underestimated the number of fluid ounces they were consuming by about 30%.

## Pour me a drink



# What's a standard drink?

<p><b>12 oz. of beer or cooler</b></p>  <p>~5% alcohol</p> <p><b>12 oz.</b></p>	<p><b>8–9 oz. of malt liquor</b> 8.5 oz. shown in a 12-oz. glass that, if full, would hold about 1.5 standard drinks of malt liquor</p>  <p>~7% alcohol</p> <p><b>8.5 oz.</b></p>	<p><b>5 oz. of table wine</b></p>  <p>~12% alcohol</p> <p><b>5 oz.</b></p>	<p><b>3–4 oz. of fortified wine</b> (such as sherry or port) 3.5 oz. shown</p>  <p>~17% alcohol</p> <p><b>3.5 oz.</b></p>	<p><b>2–3 oz. of cordial, liqueur, or aperitif</b> 2.5 oz. shown</p>  <p>~24% alcohol</p> <p><b>2.5 oz.</b></p>	<p><b>1.5 oz. of brandy</b> (a single jigger)</p>  <p>~40% alcohol</p> <p><b>1.5 oz.</b></p>	<p><b>1.5 oz. of spirits</b> (a single jigger of 80-proof gin, vodka, whiskey, etc.) Shown straight and in a highball glass with ice to show the level before adding a mixer*</p>  <p>~40% alcohol</p> <p><b>1.5 oz.</b></p>
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## Risk factors

- Dose of alcohol
- Pattern of exposure - binge vs chronic
- Developmental timing of exposure
- Genetic variation
- Maternal characteristics
- Interaction with other substances of abuse

## We can all talk about alcohol use

Talk about the effects of alcohol on an individual and on a fetus:

- Begin at an early age, such as elementary school.
- Indicate that stopping drinking at any time during pregnancy will help the fetus.

**The father can play an important role in preventing FASD by helping the mother avoid alcohol.**

We can all talk about alcohol use



**Convey the message to women:  
Say No to Alcohol.  
For You, and for Your Baby.**

## Prevention starts with asking!

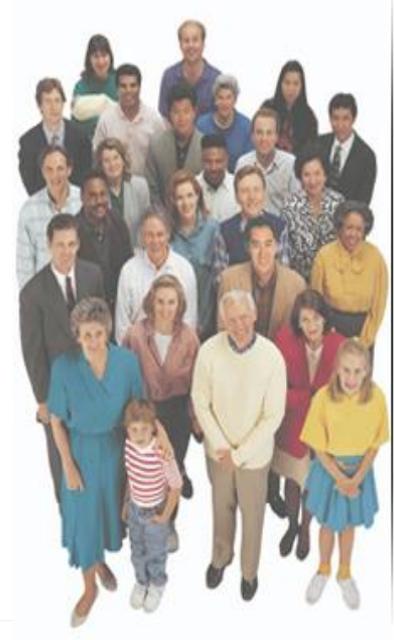
### **Ask all women of childbearing age about alcohol use**

- Ask routinely at every medical appointment.
- Ask at appointments in various systems.
- Ask in a nonjudgmental manner.
- Use effective screening tools.
- Ask about possible prenatal exposure
- Embed questions about alcohol use in general health questions (e.g., wearing seat belts, taking vitamins, smoking, etc.).



## Who needs to know

- Women of childbearing age?
- Women who have a history of alcohol or other drug use?
- Women who are at risk?
- Teenagers?
- Men?
- EVERYONE!



## resources

<http://nofas.org/>

<http://www.cdc.gov/ncbddd/fasd/index.html>

<http://depts.washington.edu/fadu/>

<http://fasstar.com/>

<http://www.fasworld.com/>

## Contact information

Lisa Rahm

Special Initiative Manager

217-793-7353 ext. 107

1-800-252-8951

[Lisa.Rahm@prevention.org](mailto:Lisa.Rahm@prevention.org)

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