

Prevention plays powerful role in fight against Fetal Alcohol Spectrum Disorders

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Prenatal exposure to alcohol and other drugs is the leading cause of preventable birth defects and intellectual disabilities in Nevada. Children born to women who use alcohol during pregnancy have an elevated risk for a number of lifelong negative health and developmental outcomes.

Despite the documented dangers of prenatal alcohol consumption, surveys consistently reveal that 1 in 10 pregnant women in the US report use of alcohol and an estimated 2 percent of pregnant women binge drink during the course of their pregnancy. These figures probably understate the magnitude of the problem and are undoubtedly higher in Nevada considering our state's above-average levels of adult alcohol consumption and binge drinking, as well as unhealthy levels of alcohol use among women of childbearing age.

Fetal Alcohol Spectrum Disorders or FASD is an umbrella term used to describe adverse health effects that can occur in an individual whose mother drank alcohol during pregnancy. These include stunted or delayed growth, malformed facial features and other physical abnormalities, cognitive impairment and related disabilities, and a host of behavioral problems. The most serious disorder is fetal alcohol syndrome or FAS, which is the leading known cause of mental retardation in the US, surpassing Down syndrome and spina bifida.

An estimated 40,000 babies nationwide are born each year with some type of disorder linked to prenatal alcohol use. Indeed, more children are affected by prenatal exposure to alcohol than juvenile diabetes and cancer combined.

Much remains to be understood about fetal alcohol spectrum disorders. Current research is nonetheless unequivocal on two points: there is *no known safe amount* of alcohol to drink while pregnant and there is *no known safe time* to drink alcohol during a pregnancy. Indeed, a baby's brain and central nervous system are developing throughout pregnancy and can be irreparably damaged at any time.

Preventable disorder

The good news is that the problems associated with prenatal alcohol exposure are 100 percent preventable – if a woman doesn't drink alcohol while she is pregnant, her child will not suffer from an FASD.

Equally encouraging news is the recent success of efforts in Nevada to reduce the number of disorders resulting from prenatal alcohol use through the identification and screening of those women whose pregnancies are at risk from alcohol and other substance abuse.

Over the past three years, the Nevada Fetal Alcohol Spectrum Disorders Project, a collaborative prevention effort spearheaded by public and private agencies across Nevada and the Children's Research Triangle based in Chicago, has screened over 10,000 women seeking pregnancy-related services at clinics in Reno, Carson City, Winnemucca, and Las Vegas.

In its brief existence, the project has demonstrated that a careful screening and brief intervention in the lives of pregnant women using alcohol, tobacco, and illicit drugs can play a powerful role in reducing the number of babies harmed by such exposures, not to mention reducing the costs associated with managing and treating related disorders down the road.

Dr. Ira Chasnoff of the Children's Research Triangle notes that "published studies have indicated that by screening and assessing women in the prenatal period and providing an educational intervention, you can significantly reduce the effects of the alcohol exposure and improve the long term health of the child."

All women seeking prenatal care in participating clinical programs in northern Nevada and Las Vegas are first screened for alcohol, tobacco and drug use. Those women with a positive screen for alcohol or drugs then undergo a more thorough assessment for substance use through a follow up structured clinical interview conducted at the same prenatal visit. The screening process utilized by participating FASD clinic sites in Nevada also represents an opportunity to ensure that infants prenatally exposed to alcohol and illicit drugs are identified and referred into early intervention programs.

Among the nearly 11,000 pregnant women screened thus far, 23 percent were smoking cigarettes in early pregnancy, 28 percent were drinking alcohol, 4 percent were smoking marijuana, and a little over 1 percent were using other illicit drugs, such as cocaine and methamphetamine.

Overall, 38 percent the pregnant women had a positive screen for substance use – that is, they were using alcohol, tobacco and/or marijuana during early pregnancy. From a polydrug use perspective, nearly 2 in 5 pregnant women were using more than one substance, most often a combination of tobacco and alcohol.

High cost of FASD

While interventions and management are available for specific symptoms of FASD, the health effects of FASD are permanent and cost the nation a staggering \$4 to 6 billion annually – an FAS birth, for example, carries lifetime health costs that, on average, exceed \$1 million.

The implications of increased screening on health system costs in Nevada, not to mention preventable suffering for children, parents and other care givers, are thus enormous. Statewide FASD Project Coordinator Shelly Young concludes "the value of this project extend far beyond human and financial boundaries. With continued support and expansion we have an opportunity in Nevada to save lives and to save money during these difficult economic times."

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