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FETAL ALCOHOL SPECTRUM DISORDER

A Leading Cause of Preventable Developmental Disabilities

BY JENNIFER FARINGER

It is indisputable that using alcohol at any time during pregnancy may impact the developmental, cognitive or physical health of the child, yet still one in

10 women report alcohol use during their pregnancy.

Despite efforts to educate about fetal alcohol spectrum disorder (FASD),

research indicates that the rates being reported are significantly higher than previously thought.

In order to ensure a healthier pregnancy outcome, there is no accepted level of drinking at any time during pregnancy with binge drinking being especially harmful.

FASD impacts one in 20 newborns in the United States, which is two and a half times more than autism, according to the Center for Disease Control and Prevention.

Raising a child with FASD costs 30 times more than the cost of prevention efforts. The annual cost in New York state is over \$12 billion which includes health care, special education, residential care, productivity losses, and correctional system costs.

Older youth and adults impacted by FASD often struggle with living independently and experience higher levels of incarceration. Ninety percent of those with FASD will develop co-morbid mental health conditions.

Eighty-five percent of children seen in diagnostic clinics are children who have been adopted or are in foster care due to the many challenges presented by children impacted by FASD. If the parent has not gotten help for their own addiction, the likelihood that the child born with FASD is placed in adoption is higher.

FASD can affect three primary areas:

- Growth deficiency both in height and weight
- Brain injury, central nervous system dysfunction or injury
- Cranial or facial abnormalities (although the majority may not have these features)

The most severe consequence of FASD is its impact on brain development including brain structure, pathways, and communication. This may present problems associated with:

- Input (how the brain records information)
- Interpreting information and coding it for storage
- Retrieval of stored information
- Output (appropriate use of information)

A person with FASD may have trouble translating information from one sense or modality into an appropriate behavior for example translating hearing into doing, thinking into speaking, and feelings into words. There will often be difficulty in generalizing information, so links may not be formed automatically.

Learning may happen in isolated clumps and thoughts may be disconnected or loosely connected. Additionally, there may be difficulties perceiving similarities and differences. Without the ability to generalize or the capacity to compare and con-

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trast, it may be difficult for a person impacted by FASD to see patterns and to be able to predict outcomes.

Important protective factors for children with FASD include:

- Receiving a diagnosis to better understand challenges
- Being diagnosed before age 6
- Being found eligible for Developmental Disability Services

The primary gaps in services include early identification of children with a FASD diagnosis, early intervention, support to prevent secondary disabilities, and the lack of availability of services for diagnosis. Locally we are fortunate to have one of the few statewide diagnostic resources at the Developmental and Behavioral Pediatrics division of Golisano Children’s Hospital of the University of Rochester Medical Center. With limited resources state-wide, the wait time is long.

For contact information for diagnostic and intervention services and to learn more about FASD, visit the National Council on Alcoholism and Drug Dependence – Rochester Area’s (NCADD-RA) website at www.ncadd-ra.org/resources/awareness-campaigns/fetal-alcohol-spectrum-disorder/.

The NCADD-RA hosts monthly FASD Parent Network and Support Group meetings and offers educational presentations upon request.

For more information contact NCADD-RA Director Jennifer Faringer jfaringer@depaul.org or call 585-719-3480.