
Economic Costs of Fetal Alcohol Syndrome

by

Henrick Harwood
The Lewin Group, Fairfax, Virginia

Thanks to Chuck Lupton of NGIT

Overview

- ◆ FAS costs US \$5.4 billion in 2003
- ◆ An FAS birth carries lifetime health costs of \$860,000 (\$300,000 today!) although can be as high as \$4.2 million
- ◆ Plausible to assume that FAS reduces “discounted” lifetime productivity \$200,000; lost wages & subsidies
- ◆ Even “expensive” FAS prevention may be “cost effective”: up to \$850,000 per child

Methods

- ◆ Project prior estimates by Lewin Group (1998)
 - Cost to the US of FAS in a year

- ◆ Review of literature by C. Lupton of NGIT

- ◆ Update and extend analyses published in 1986
 - Cost of a “child born with FAS”

- ◆ Address cost effectiveness, quality adjusted life years, and willingness to pay

Different Types of Economic Studies

- ◆ Cost of illness
- ◆ Cost effectiveness
- ◆ Cost benefits

Concepts Behind Cost of Illness

- ◆ Assess overall burden on the economy in use and loss of resources per year
- ◆ Consequences (epidemiology)
 - Primary and comorbid health, social/justice system
- ◆ Causality (epidemiology)
 - Attribution factors
- ◆ Costs (economics)
 - Approach to valuation

Components of Economic Costs

- ◆ Direct Costs (actual use of goods and services)
 - Health system
 - Social system (not transfers)
 - Justice System
- ◆ Indirect Costs (foregone potential productivity)
 - Mortality
 - Morbidity
 - Disability
 - Incarceration/crime career

Valuation of Indirect Disease Burden

- ◆ Deaths
- ◆ Morbidity: sickness; lost days; impaired days
- ◆ Human capital
 - Current market value of productivity
 - Present discounted value lost future productivity
- ◆ Willingness to pay (up to \$6 million/life)
- ◆ Quality adjusted life years QALY (\$50-100,000)
- ◆ Disability adjusted life years DALY
- ◆ Years of potential life lost YPLL

Major Direct Cost Components

- ◆ Estimate # needing care, cost of care, ages
- ◆ 2 per 1000 overall; different for services

- ◆ Neonatal intensive care
- ◆ Audiological defects
- ◆ Cleft palate
- ◆ Neurotube
- ◆ Special education services
- ◆ Residential care

Economic Cost of FAS 1998 and 2003

- ◆ In 1998
 - Direct : \$2.9 billion
 - Indirect: \$1.25 billion
 - Total: \$4.15 billion

- ◆ In 2003
 - Direct: \$3.9 billion (6.1% annual increase)
 - Indirect: 1.50 billion (4% annual increase)
 - Total: \$5.4 billion

Lifetime Costs

- ◆ Direct costs
 - Average \$860,000
 - Maximum \$4.2 million
 - Discounted Lifetime (3 percent)
 - Average: \$300,000
 - Maximum: \$1,500,000

Indirect Costs

- ◆ Value of lost potential productivity
- ◆ Human capital approach (PHS Guidelines)
- ◆ Age/gender adjusted valuation: up to \$60,000/yr
- ◆ in 2003 expected > \$2.5 million at birth
 - Discounted \$986,000
- ◆ Mental disability/retardation due to FAS related to 20.5% reduction
- ◆ \$202,000 lifetime discounted loss per child

New Areas for Study

- ◆ Prevalence
 - ARBD Alcohol-Related Birth Defects
 - ARND Alcohol-Related Neurodevelopmental Disorder
 - Mental health: attention deficits; depression; autism
 - Criminal justice involvement

Are FAS Interventions Worth Supporting?

- ◆ IOM and NIAAA: very little strong research
- ◆ Can't rigorously evaluate particular preventions
- ◆ However, can look at potential benefit from successful prevention (Harwood and Napolitano, 1986)
- ◆ What will benefits/savings be if save 1 child?

Cost Effectiveness

- ◆ Standard allows comparison across all of health (PHS Taskforce; Gold et al., 1996)
- ◆ Compares medical interventions on the basis of cost to save a quality adjusted life year (QALY)
- ◆ Medical interventions costing $< \$50,000/\text{QALY}$ are “generally” considered “cost effective”

Quality of Life Preference Scores

- ◆ Perfect health: 1.0
- ◆ Moderate disability: .50
- ◆ Death/vegetative state: 0.0
- ◆ Gen. pop. 35-39: .86
- ◆ Gen. pop. > 75 years: .71
- ◆ Congest. heart failure: .20
- ◆ Legal blindness: .48
- ◆ Profound deafness: .59
- ◆ Depression : .31
- ◆ Schizophrenia .31-.61
- ◆ Children with developmental disability
 - > Severe: .40
 - > Moderate: .60
 - > Mild .80
- ◆ Reading disability: .77

Impact of FAS on Quality of Life

- ◆ Conservative estimate: FAS reduces QALY by 17% or 11 years
- ◆ Potential savings from preventing 1 case of FAS:
 - \$550,000 in value of QALY
 - \$300,000 in medical costs
- ◆ If an intervention cost less than \$850,000 per FAS case prevented it would be considered “generally cost effective”

Summary

- ◆ FAS costs US \$5.4 billion in 2003
- ◆ An FAS birth carries lifetime health costs of \$860,000 (\$300,000 today) although can be as high as \$4.2 million
- ◆ Costs may be low: ARBD, ARND, criminal justice
- ◆ Plausible to assume that FAS reduces “discounted” lifetime productivity \$200,000
- ◆ Even “expensive” FAS prevention may be “cost effective”: up to \$850,000 per child

COI Often Called “Gee Whiz” Numbers

- ◆ More readily grasped than a large variety of diverse impact estimates: a single number
- ◆ These numbers can be “large”
 - Attention commanding
 - Can be compared to other budgets & problems
- ◆ Suggest something SHOULD be done
- ◆ Do not tell us WHAT should be done
 - Prevention versus treatment or other strategies