THE SAMHSA FETAL ALCOHOL SPECTRUM DISORDERS CENTER FOR EXCELLENCE

Prenatal alcohol exposure is the most preventable cause of developmental disabilities. Yet 1 in 10 U.S. women drinks alcohol while pregnant. As a result, nearly 40,000 babies are born each year with fetal alcohol spectrum disorders (FASD). FASD is lifelong, so hundreds of thousands of adults are living with the effects of prenatal alcohol exposure.

THE FASD CENTER FOR EXCELLENCE

Congress authorized creation of the FASD Center for Excellence in 2001. The FASD Center is operated by the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA is part of the U.S. Department of Health and Human Services.

SAMHSA's two key strategies for preventing and treating FASD are:

- 1. Identify, support, and promote effective prevention practices.
- 2. Build capacity of States, communities, and other groups to apply such practices.

FASD CENTER MANDATES

The Children's Health Act of 2000, Sec. 519D (42 USC 290bb-25d), authorized the FASD Center for Excellence to:

- 1. Study adaptations of innovative clinical interventions and service delivery improvement strategies for children and adults with FASD and their families.
- **2.** Identify communities with exemplary comprehensive systems of care for such individuals.
- **3.** Provide technical assistance to communities without comprehensive systems of care.
- **4.** Provide training to individuals in various service systems dealing with persons and families affected by FASD.
- **5.** Develop innovative techniques for preventing alcohol use by women in childbearing years.
- **6.** Perform other functions, to the extent authorized by the Secretary.

PRODUCTS AND SERVICES

The FASD Center is a national focal point for information and resources. Center activities include:

 Comprehensive Web-enabled database on FASD resources and research, with more than 3,000 entries

- Meetings to help build State capacity
- Women in recovery summits and birth mother network
- Web site (fascenter.samhsa.gov)
- Toll-free information line (866-STOPFAS)
- Training and technical assistance, with more than 6,000 participants so far
- Regional Town Hall meetings with nearly 1,000 service providers, persons with FASD, caregivers, and government staff

PREVENTION PARTNERS

The FASD Center partners with a variety of organizations and individuals, including:

- Federal, State, and local agencies
- National organizations and experts
- Family and grassroots groups
- Persons and families affected by FASD

CONTACT INFORMATION

Mailing Address:

1700 Research Boulevard, Suite 400 Rockville, MD 20850

Phone Number: 866-STOPFAS (786-7327)

Web site: fascenter.samhsa.gov

WHAT IS FASD?

FASD refers to a group of birth anomalies. Signs and symptoms can include:

- Distinctive facial features
- Growth deficits
- Brain damage³
- Physical problems, such as heart, lung, and kidney defects
- People with FASD often have behavior and learning problems. They also lack social skills.

WHO GETS FASD?

FASD occurs in about 10 per 1,000 births in the United States.² Some communities, such as American Indians and Alaska Natives, have higher rates.⁴

WHAT CAUSES FASD?

The sole cause of FASD is a woman drinking alcohol while pregnant.

How BAD Is ALCOHOL?

Alcohol causes more damage to the fetus than any other substance. It can be worse than heroin, cocaine, and marijuana. Caring for someone with FASD can cost as much as \$5 million.

WHY DOES FASD OCCUR?

Despite warnings, pregnant women continue to drink. Many drink frequently (5+ drinks per week) or binge drink (4+ drinks in one sitting). This type of drinking quadrupled in the early 1990s⁶ and has not changed since.⁷

How Can FASD Be Prevented?

First and foremost, women should stop drinking when they are pregnant or planning a pregnancy. Everyone can play a part in FASD prevention. For example:

- Physicians can advise patients to abstain from drinking during pregnancy.
- Spouses, partners, friends, and families can support pregnant women who choose not to drink.
- Alcohol treatment programs can give priority to pregnant women.
- Schools can teach young people about the dangers of drinking while pregnant.

REFERENCES

- 1. Flynn, H.A.; Marcus, S.M.; Barry, K.L.; et al. 2003. Rates and correlates of alcohol use among pregnant women in obstetrics clinics. Alcoholism: Clinical and Experimental Research, 27:81–87.
- 2. May, P.A., and Gossage, J.P. 2001. Estimating the Prevalence of fetal alcohol syndrome: A summary. Alcohol Research & Health, 25(3): 159–167.
- 3. Lemoine, P., et al. 1968. Les enfants de parents alcooliques: Anomalies observées à propos de 127 cas. Quest Medical, 21:476–482.
- 4. Stratton, K.; Howe, C.; and Battaglia, F., eds. 1996. Fetal Alcohol Syndrome: Diagnosis, Epidemiology, Prevention, and Treatment. Institute of Medicine. Washington DC: National Academy Press.
- 5. Kellerman, C., and Kellerman, T. 1999. The Five Million Dollar Baby: The Economics of FAS. come-over.to/FAS/EconomicsFAS.htm.
- 6. Alcohol consumption among pregnant and childbearing-aged women—United States, 1991 and 1995. 1997. Morbidity and Mortality Weekly Report, 46(16):346–350.
- 7. Alcohol use among women of childbearing age—United States, 1991-1999. 2002. Morbidity and Mortality Weekly Report, 51(13):273-276.

If you're pregnant, don't drink. If you drink, don't get pregnant.

For more information, visit fascenter.samhsa.gov or call 866-STOPFAS.



