

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.¹ As a result, nearly 40,000 babies are born each year with fetal alcohol spectrum disorders (FASD).² FASD is lifelong, so hundreds of thousands of adults today 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), part of the U.S. Department of Health and Human Services.

FASD CENTER FUNCTIONS

In the Children's Health Act of 2000, Congress authorized the FASD Center for Excellence to:

- Study innovative clinical interventions and service delivery improvement strategies.
- Identify communities with exemplary comprehensive systems of care for such individuals.
- Provide technical assistance to communities to develop comprehensive systems of care.
- Train individuals in service systems dealing with persons and families affected by FASD.
- Develop innovative techniques to prevent FASD.

PRODUCTS AND SERVICES

The FASD Center serves as a national focal point for information and resources related to FASD. Center activities include:

- Comprehensive Web-enabled database on FASD resources and research, with more than 3,000 entries
- Meetings and technical assistance to help build State capacity to prevent and treat FASD
- Women in recovery summits and birth mother network to educate and support women coping with alcohol addiction and raising children with FASD

- Web site (fascenter.samhsa.gov)
- Toll-free information line (866-STOPFAS) for professionals, students, parents, people with FASD, and others interested in FASD
- Training and technical assistance to teach how to prevent and treat FASD, with over 7,000 participants
- Town Hall meetings in 14 States and the District of Columbia

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, who testify at Town Hall meetings, help plan and lead training sessions, and serve on the Steering Committee

CONTACT INFORMATION

Mailing Address:

2101 Gaither Road, Suite 600
Rockville, MD 20850

Phone Number: 866-STOPFAS (786-7327)

Web site: fascenter.samhsa.gov

E-mail: fascenter@samhsa.gov



WHAT YOU NEED TO KNOW



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
www.samhsa.gov



SAMHSA
Fetal Alcohol Spectrum Disorders
Center for Excellence

WHAT IS FASD?

FASD is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.

FASD is not a clinical diagnosis. It includes conditions such as fetal alcohol syndrome, alcohol-related neurodevelopmental disorder, and alcohol-related birth defects.

HOW OFTEN DOES FASD OCCUR?

FASD occurs in about 10 per 1,000 births in the United States.² Some populations, such as American Indians and Alaska Natives, have higher rates.³

WHAT CAUSES FASD?

The sole cause of FASD is drinking alcohol while pregnant.

HOW HARMFUL IS ALCOHOL TO A FETUS?

Of all the substances of abuse (including cocaine, heroin, and marijuana), alcohol causes the most serious neurologic effects in a fetus.³ Caring for someone with an FASD can cost as much as \$5 million.⁴

WHY DOES FASD OCCUR?

Despite warnings, pregnant women continue to drink (9 percent in a recent survey).⁵ 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 as part of underage drinking prevention efforts.

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. 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.
4. Kellerman, C., and Kellerman, T. 1999. The Five Million Dollar Baby: The Economics of FAS. come-over.to/FAS/EconomicsFAS.htm.
5. Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health. Pregnancy and Substance Use. *The NSDUH Report* January 2, 2004.
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.