



NCADD

NATIONAL COUNCIL ON ALCOHOLISM AND
DRUG DEPENDENCE, INC.

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NCADD FACT SHEET: ALCOHOL AND OTHER DRUG RELATED BIRTH DEFECTS

DEFINITIONS/SYMPTOMS

- Fetal Alcohol Syndrome (FAS) is an alcohol-related birth disability and the number one cause of mental retardation in the United States. The condition results from maternal alcohol use during pregnancy.¹
- FAS includes growth deficiency before and after birth, muscle tone and poor coordination, delayed development and significant functional problems in three or more major areas: thinking, speech, movement, or social skills (as expected for the baby's age).² Other deficiencies are heart defects such as ventricular septal defect (VSD) or atrial septal defect (ASD). Additionally, symptoms involve structural problems with the face, including: narrow, small eyes with large epicanthal folds; small head; small upper jaw; smooth groove in upper lip and a smooth and thin upper lip.³
- Children with significant prenatal alcohol exposure may experience marked deficits including: discrepancy between verbal performance and effective communication, conversational skills ("shallow speech"), impaired social skills, inattention, and general learning difficulties.⁴
- Although many of the physical characteristics associated with FAS become less prominent after puberty, problems endure including deficits in the child's general intellectual functioning, difficulties with memory, attention, and problem solving, as well as problems with mental health and social interactions.⁵

USE OF ALCOHOL AND OTHER DRUGS DURING PREGNANCY

- Combined data for 2008-2009 indicated that past month illicit drug use for pregnant women, aged 15-44, was (4.5%) and cigarette use (15.3%).⁶
- Data for 2008-2009 indicated that among pregnant women, aged 15-44, an estimated (10%) reported current alcohol use (past month), (4.4%) binge drinking and (0.8%) heavy drinking.⁷
- While most pregnant women do not abuse illicit drugs, combined 2008 and 2009 data found that pregnant women aged 15 to 44 reported the greatest substance use. Pregnant women, ages 15 to 17, had similar rates of illicit drug use (15.8% or 14,000 women) as women of the same age who were not pregnant (13.0% or 832,000 women).⁸
- The rate of past month cigarette use, 2008-2009, for pregnant women aged 15 to 44 was (15.3%); 18 to 25, (22.0%); and 26 to 44, (10.8%). Among pregnant women aged 15-17, the rate of cigarette use (20.6%), was higher than non-pregnant women (13.9%).⁹

"GOVERNMENT WARNING" (1). According to the Surgeon General, women should not drink alcoholic beverages during pregnancy because of the risk of birth defects. (A warning label, as advocated by NCADD, is required by law on alcoholic beverage containers, effective November, 1989).

INCIDENCE/PREVALENCE OF ALCOHOL-AND OTHER DRUG-RELATED BIRTH DEFECTS

- Prevalence of FAS, alcohol-related neurodevelopmental disorder (ARND), and alcohol-related birth defects (ARBD), combined is at least 10 per 1,000, or (1%) of all births.¹⁰
- Prevalence of FAS in the United States is estimated to be between 0.5 and 2 per 1,000 births.¹¹
- A diagnosis of FAS has three major components: distinctive facial features, growth deficiencies, and brain damage. Associated behavioral or cognitive problems may include mental retardation, learning disabilities, attention deficits, hyperactivity, poor impulse control, social language, and memory deficits.¹²
- According to estimated rates of Fetal Alcohol Spectrum Disorders (FASD) per live births, FASD affects nearly 40,000 newborns each year.¹³

RISK AND CONSEQUENCES

- The adverse effects of smoking during pregnancy can include increased risk for stillbirth, infant mortality, Sudden Infant Death Syndrome (SIDS), preterm birth, respiratory problems, slowed fetal growth and low birth weight—an important risk factor for later developmental delays.¹⁴
- Studies have shown that prenatal use of illegal drugs during pregnancy can result in miscarriage, low birth weight, premature labor, placental abruption, fetal death, and even maternal death.¹⁵
- The prevalence of FAS and FASD is thought to be disproportionately high among some African Americans, American Indians, and Alaska Natives. These disparities may reflect high alcohol consumption rates and associated socioeconomic, genetic, or environmental susceptibility factors.¹⁶
- Cocaine use can precipitate miscarriage or premature delivery because it raises blood pressure and increases contractions of the uterus. The long-term effects of prenatal cocaine exposure are yet to be established. The most consistent findings show obstetrical complications, low birth weight, smaller head circumference, abnormal neonatal behavior, and dead brain tissue at birth. Children with this exposure are easily distracted, passive, and face a variety of visual-perceptual problems and difficulties with fine motor skills.¹⁷

COST

- According to researchers, approximately \$5 million are the expected lifetime costs for one child with FAS.¹⁸
- Since fetal alcohol syndrome (FAS) was first identified, billions of dollars have been spent caring for those affected. Additionally, before FAS was diagnosed, billions were spent treating birth defects and other symptoms that were probably related to prenatal alcohol exposure, but were not directly attributed to it. Other research suggests that FASD costs \$6 billion annually in the United States.¹⁹
- Many children with prenatal alcohol exposure need special education. The expected lifetime costs for special education for one child are approximately \$240,000.²⁰

PREVENTION

“Fetal Alcohol Spectrum Disorders (FASDs) are 100% preventable if a woman does not drink alcohol during pregnancy. There is no known safe amount of alcohol to drink while pregnant, no safe time during pregnancy to drink alcohol, and no safe kind of alcohol to drink.”

Sources

¹ Texas Adoption Resource Exchange “A Closer Look At Fetal Alcohol Syndrome” ²Ibid. ³Kenneth R. Warren, Ph.D; Brenda G. Hewitt; and Jennifer D. Thomas, Ph.D. Spectrum Disorders, Research Challenges and Opportunities Vol. 34, No. 1, 2011 ⁴National Organization on Fetal Alcohol Syndrome, <http://www.nofas.org/faqs.aspx?id=15> ⁵Ibid. ⁶US Department of Health and Human Services Substance Abuse Mental Health Services Administration (2010), Studies: Results from the 2009 National Survey on Drug Use and Health: Volume I Summary of National Findings Office of Applied Studies, NSDUH Series H-38A, HHS-38A, HHS Publication No. SMA 10-4856 Findings www.samhsa.gov ⁷Ibid. ⁸Ibid. ⁹Ibid. ¹⁰U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration: Fetal Alcohol Spectrum Disorders by the numbers. www.samhsa.gov ¹¹Ibid. ¹²Ibid. ¹³Ibid. ¹⁴American Pregnancy Association: Using Illegal Street Drugs During Pregnancy <http://www.americanpregnancy.org/pregnancyhealth/illegaldrugs.html> ¹⁵Ibid. ¹⁶National Institute on Alcoholism and Alcohol Abuse 2009-2013 Health Disparities Strategic Plan.doc www.niaaa.nih.gov ¹⁷U.S. Department of Health and Human Services, Office of Substance Abuse Prevention, Identifying the Needs of Drug Affected Children: Public Policy Issues, HHS Pub. No (ADM) 92-1814. ¹⁸Chuck Lupton, The Financial Impact of Fetal Alcohol Syndrome 2003 <http://fasdcenter.samhsa.gov/publications/cost>. ¹⁹Ibid. ²⁰Ibid.