



FAST Facts

October 2011

Volume 3, Number 3

Announcements

Need FASD training in your agency?

The Arctic FASD Regional Training Center is available to conduct FASD workshops that are tailored to your agency and staff's FASD training needs.

For more information, please contact us at 907.786.6381 or arcticfasdrtc@uaa.alaska.edu.

FASD Foundations Workshop

Our next FASD Foundations workshops will be held:

- Friday, December 9, 9:00 a.m. to 1:00 p.m.

The location for the workshop is [University Center Room 145](#).

Cost: Free!

Registration is recommended. Call 907.786.6381 or check our website for more information:

Special Announcement

The Arctic FASD Regional Training Center has been awarded funding to continue its work through 2014.

UAA's Center for Behavioral Health Research and Services (CBHRS) once again was awarded a highly competitive grant from the Centers for Disease Control and Prevention to continue the work of the Arctic Fetal Alcohol Spectrum Disorders Regional Training Center (Arctic FASD RTC). Under the direction of Dr. Christiane Brems, the Arctic FASD RTC has received funding for an additional three years and will continue its work through September 30, 2014.

The Arctic FASD RTC is one of only four such regional training centers in the nation dedicated to providing training and education to health and allied health care professionals and students on the prevention, diagnosis and assessment, and treatment of fetal alcohol spectrum disorders (FASDs).

Since its inception in October 2008, the Arctic FASD Regional Training Center has provided FASD education and training opportunities to more than 2,500 health and allied health care professionals and students in communities and agencies throughout the state of Alaska. Health and allied health care providers, and students in programs leading to these professions, play a key role in helping to prevent alcohol-exposed pregnancies, as well as in the diagnosis, assessment and treatment of conditions related to prenatal alcohol exposure. By working with women who may be at risk of having an alcohol-exposed pregnancy, health and allied health care providers can contribute to lowering the rate of FASDs in Alaska.

The Arctic FASD Regional Training Center works in close collaboration with statewide agencies such as the State of Alaska Division of Behavioral Health Prevention and Early

www.uaa.alaska.edu/arcticfasdrtc/training/fasdfoundations.cfm

Participants will be eligible to receive continuing education (CE) credits for completion of these workshops (\$25.00 processing fee).

FASD 201 Workshop

Our next FASD 201 workshops will be held:

- Friday, November 11, 9:00 a.m. to 1:00 p.m.
- Friday, December 16, 9:00 a.m. to 1:00 p.m.

The location for the workshop is [University Center Room 145](#).

Cost: Free!

Registration is recommended. Call 907.786.6381 or check our website for more information:

www.uaa.alaska.edu/arcticfasdrtc/training/fasd201.cfm

Participants will be eligible to receive continuing education (CE) credits for completion of these workshops (\$25.00 processing fee).

Helpful Resources

- [CDC: What you should know about alcohol and pregnancy](#)
- [CDC: Lo que debe saber sobre el embarazo y el alcohol](#)
- [Families Moving Forward](#)
- [Stone Soup Group](#)
- [ICEBERG](#)
- [FAS Diagnostic & Prevention Network](#)

Intervention Programs, the Alaska FASD Partnership, and staff at Stone Soup Group and Alaska Children's Services. In recognition of the interdisciplinary nature of FASD diagnosis and assessment, as well as treatment and intervention, the Arctic FASD RTC works with a multi-disciplinary cadre of affiliate faculty, advisors, and national consultants.

Research *FAST* Facts: International Research

Where possible, we provide a link where the article can be purchased and/or downloaded. Research abstracts are provided for the purposes of discussion; they do not necessarily reflect the views or position of the Arctic FASD RTC or the CDC.

[Bakhireva, L.N., Wilsnack, S.C., Kristjanson, A., Yevtushok, L., Onishenko, S., Wertelecki, W. & Chambers, C.D. \(2011\) Paternal Drinking, Intimate Relationship Quality, and Alcohol Consumption in Pregnant Ukrainian Women. *Journal of Studies on Alcohol & Drugs* 72\(4\):536-544.](#)

Abstract: Objective: Maternal alcohol consumption during pregnancy and fetal alcohol spectrum disorders (FASDs) represent a significant public health problem. The influence of the male partner's alcohol consumption patterns and the quality of the partner's intimate relationship might be important factors to consider in the design of successful FASD prevention programs. Method: As part of the Collaborative Initiative on Fetal Alcohol Spectrum Disorders, 166 pregnant women in two regions in Ukraine participated in an in-person interview at an average gestational age of 18-19 weeks. Subjects were classified cross-sectionally as abstainers/light drinkers (n = 80), defined as low or no consumption of alcohol in the periconceptional period and none in the most recent 2 weeks of pregnancy; discontinuers (n = 43), defined as moderate to heavy alcohol use in the periconceptional period but none during the most recent 2 weeks of pregnancy; or continuing drinkers (n = 43), defined as continued moderate to heavy alcohol use within the most recent 2 weeks of pregnancy. Women also reported on their partner's drinking behavior and on the quality of their intimate relationship. Results: Heavy paternal drinking was significantly associated with both continuing maternal drinking in the most recent 2 weeks (adjusted odds ratio [OR] = 34.1; 95% CI [5.9, 195.8]) and being a risky drinker only around conception (adjusted OR = 27.0; 95% CI [5.0, 147.7]). In addition, women who consumed alcohol during pregnancy had lower mean scores for satisfaction with partners' relationship and ability to discuss problems (p < .05) compared with light drinkers/abstainers. Conclusions: This study suggests that development of partner-based interventions, as opposed to those solely focused on maternal drinking, might be warranted as a strategy to prevent FASD. ISSN: 1937-1888 (online)

[Burns, L., Black, E., Powers, J.R., Loxton, D., Elliott, E., Shakeshaft, A. & Dunlop, A. \(2011\) Geographic and Maternal Characteristics Associated with Alcohol Use During Pregnancy. *Alcoholism: Clinical & Experimental Research* 35\(7\):1230-1237.](#)

- SAMHSA FASD Center for Excellence
- State of Alaska Office of FAS

Intervention Corner

Recreation/Active Living

- It is essential that coaches, referees, players, monitors, and gym teachers learn about FASDs. Contact a local FASD trainer about setting up a workshop.
- Coaches and assistants should wear distinctive clothing to be identifiable.
- As the coach to start all instructions using her name first; those instructions should also be short and simple.
- Time is a hard concept – use other words such as “Take two more turns and then the game is finished” rather than “The game is over in ten minutes.”
- Coach slowly and with a lot of repetition: demonstrate, describe the skill, do it, then do it with him.
- Establish 4-5 positively stated rules – these are taught, practiced, modeled, posted in words/pictures, and referred to frequently. Try role-playing to reinforce rules.
- Pair visuals with instructions as this can assist with comprehension and trigger memory.
- Pair skills with music or visual clues.
- Be prepared to give separate and individual instructions after the group’s instructions.
- Ask permission if you are going to touch her to assist with learning a new skill – she might perceive a light of soft touch as painful. Deep pressure touch is more appropriate if she has such sensitivities.
- Provide adequate time for the transition from one activity to another. Allow her to finish what she’s doing, if possible. Rushing her can lead to

Abstract: To date, no studies have used population-level data to investigate whether maternal location of residence (metropolitan vs. regional/remote populations) is associated with alcohol use in pregnancy. This information has important implications for appropriate service provision. Information on all live births in New South Wales Australia was linked to records of alcohol-related admissions for mothers of these births over a 6-year period (2000 to 2006). Cases were women who had at least 1 alcohol-related hospital admission during pregnancy or at birth. Controls were women who had at least 1 live birth over that same time period but no alcohol-related hospital admissions during that time. Admissions were considered to be alcohol-related based on the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM) code. Demographic, obstetric, and neonatal variables were compared. A total of 417,464 singleton birth records were analyzed, 488 of which were coded positive for at least 1 alcohol-related ICD-10-AM diagnosis. Characteristics associated with alcohol-related admissions in pregnancy were residence in a remote/very remote area, being Australian-born, having had a previous pregnancy, smoking in the current pregnancy, and presenting late to antenatal care. Alcohol-exposed pregnancies were associated with a range of poor obstetric and neonatal outcomes, with no geographic differences noted. However, women in regional/remote areas were less likely to attend specialist obstetric hospitals. This study shows the need for standardized screening programs for alcohol use in pregnancy and where problematic use is detected, for clear clinical guidelines on management and referral. ISSN: 0145-6088 (online); DOI: 10.1111/j.1530-0277.2011.01457.x

Leppo, A. & Hecksher, D. (2011) The rise of the total abstinence model. Recommendations regarding alcohol use during pregnancy in Finland and Denmark. *NAT Nordisk Alcohol & Narkotikatidskrift (Nordic Studies on Alcohol and Drugs)*, 28(1):7-27.

Abstract: Aims: Adverse effects of alcohol on the fetus are currently defined as a serious public health problem in all western countries. Exposure of the fetus to alcohol may result in a spectrum of adverse effects, referred to collectively as fetal alcohol spectrum disorders (FASD). Different countries vary in terms of policy regarding alcohol consumption during pregnancy. This paper sets out to examine and compare official recommendations on alcohol intake during pregnancy in Finland and Denmark since the 1970s. In addition, the paper analyses the rationale behind these recommendations. Methods and Data: The method used is qualitative content analysis. The data consists of 1) health education material for pregnant women and 2) reports and guidelines produced by government health authorities. The data comes from Finland and Denmark and covers the period between the 1970's and today. Results: The article demonstrates how the official Finnish and Danish recommendations regarding alcohol intake during pregnancy have in the last decades fluctuated between a more permissive and a total abstinence approach. Both countries have recently adopted a total abstinence message. This policy line is not, however, based on research evidence pertaining to the harmfulness of a small-to-moderate alcohol intake during pregnancy but rather on the

conflict.

- Assist him with selecting weather appropriate or activity appropriate clothing – put up a picture of a thermometer depicting necessary clothing at specific temperatures to guide appropriate clothing selection. A picture of him in the appropriate clothing can also act as a model to facilitate independence. Remember that he may require more time for dressing/preparing.

(Adapted from Trudeau, D. (ed.) (2005) *Trying Differently: A Guide for Daily Living and Working with FASDs and Other Brain Differences*. Published by the Fetal Alcohol Syndrome Society Yukon (FASSY).)

Do you have an idea for the Intervention Corner? Do you have some tips or suggestions for how to help individuals with an FASD be successful? Email *FAST Facts* at arcticfasdrtc@uaa.alaska.edu and let us know!

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principle of precaution. The Finnish data contains very little information about the background of the changing recommendations whereas the Danish trajectories are explained in policy documents and expert debates. The paper suggests that the recent adoption of a total abstinence message in Finland and Denmark is closely linked to a change in the social and cultural climate regarding FASD. Moreover, it is argued that the adoption of the total abstinence model in Finland and Denmark is part of a wider international trend. Conclusions: The knowledge gap with regards to the fetal effect of low-to-moderate levels of alcohol consumption combined with an urge to protect the fetus makes the formulation of health education messages complicated. The paper discusses problematic features in the current Finnish and Danish policy arguing that the recommendations to pregnant women contain contradictory elements. Future research should focus on women's and health professionals' risk perceptions and international trends with regards to the total abstinence model.

ISSN: 1458-6126 (online), 1455-0725 (print); DOI: 10.2478/v10199-011-0002-7

FASDs in the Media

The links to news articles and opinion pieces presented below are provided for the purposes of discussion. The Arctic FASD RTC is not responsible for the titles and/or content of the articles, nor do they necessarily reflect the views or position of the Arctic FASD RTC.

United States

18 year-old's jailing reveals huge hole in mental health system, advocates say
Victoria Advocate, October 15, 2011

More funding, help needed to fight substance abuse in Utah, experts say
Salt Lake Tribune, October 13, 2011

Addicted babies need task force
The News-Press, October 6, 2011

An ocean away, fetal alcohol syndrome surfaces
Times Beacon Record, September 28, 2011

Life is hard on social assistance
The StarPhoenix, September 26, 2011

Deadly trouble reached out for teen who had left troubled life behind
Denver Post, September 22, 2011

Texas to seek universal fetal alcohol syndrome screening: Will it be used to further shame women?
RH Reality Check, September 16, 2011

Murkowski raises awareness of fetal alcohol syndrome to senate colleagues

Indian Country, September 10, 2011

International

Screen for FASD to prevent crime
BClocalnews.com, October 14, 2011

Substance abuse program draws on native values: First Nation community sees a difference
Calgary Herald, October 12, 2011

MoH to take action on alcohol abuse
Ghana/Daily Graphic, October 12, 2011

Portage Friendship Center looks to create awareness with FASD conference
The Daily Graphic, October 7, 2011

FASD – a preventable tragedy
CoastReporter, September 30, 2011

UFV researchers seek kids with FASD
Chilliwack Times, September 20, 2011

Northland women warned not to drink while pregnant
The Northern Advocate, September 19, 2011

Arctic FASD RTC *FAST Facts*

Building on past and current FASD education and awareness efforts in Alaska, the goal of the *Arctic FASD RTC* is to increase FASD knowledge, awareness, and practice competence among health and allied healthcare professionals and students. Using the Centers for Disease Control and Prevention (CDC)'s *FASD Competency-Based Curriculum Development Guide*, we deliver education and training in the form of workshops, seminars, and other resources to professionals and students. We are also certified State of Alaska FASD101 and FASD201 trainers.

The *Arctic FASD RTC* is honored to have the assistance of our [national consultants](#), and our [advisory board](#). Assisting us with our training are our [affiliate faculty](#) and our [speakers' bureau](#).

There are three other RTCs in operation around the United States: the [Frontier FASD RTC](#), the [Great Lakes FASD RTC](#), and the [Southeastern FASD RTC](#). All are funded through the [Centers for Disease Control and Prevention](#).

About *FAST Facts*

FAST Facts is a monthly email newsletter with announcements and information about upcoming training opportunities, a sampling of FASD news and research from Alaska,

the U.S.A., Canada, and around the world, as well as links to helpful resources. Please feel free to forward the newsletter to anyone you know who has an interest in FASDs.

FASt Facts is compiled and edited by the Arctic FASD RTC staff. We make every effort to provide links to original content, and to make sure those links are accurate at the time the newsletter is sent. The Arctic FASD RTC has no control over any links that change after publication of the newsletter. The Arctic FASD RTC is not responsible for the content of external Internet sites. News articles and research abstracts are provided for the purposes of discussion; they do not necessarily reflect the views or position of the Arctic FASD RTC.

We hope you find these newsletters helpful and informative. We welcome your input for content. Please send suggestions to arcticfasdrtc@uaa.alaska.edu.

About this message

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To discontinue receiving these updates, please visit lists.uaa.alaska.edu/mailmain/listinfo/fastfacts. Scroll down to the bottom of the page, enter your email address, then click [Unsubscribe or edit options](#).

Previous issues of *FASt Facts* can be found at our [website](#) or at the [listserv archive](#).

Funding for the Arctic FASD Regional Training Center has been provided by the U.S. Department of Health and Human Services, [Centers for Disease Control and Prevention](#) Cooperative Agreement # CDC U84DD000886-01.

No official endorsement by the CDC for the content of this email is intended or should be inferred.

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