FASt Facts: FASDs in the media

The links to news articles and opinion pieces presented below are provided for the purposes of discussion; they do not necessarily reflect the views or position of the Arctic FASD RTC.

Alaska

Pandora’s Bottle: Ending the cycle of Fetal Alcohol (text & video)
KTUU, March 4, 2010

Pandora’s Bottle: The hidden disabilities of FASD (text & video)
KTUU, March 3, 2010

Pandora’s Bottle: Unleashing the effects of alcohol into the womb (text & video)
KTUU, March 2, 2010

Fetal alcohol syndrome rate in Alaska is declining
Anchorage Daily News, February 20, 2010

Alaska Native fetal alcohol syndrome rates drop sharply
The Arctic Sounder, February 18, 2010

Alaska News Nightly: Conference opens on fetal alcohol (audio)
APRN, February 18, 2010

United States

Alcohol sign rules could change soon
Lubbock Online, March 12, 2010

Preconception plan: Zero alcohol
The Hays Daily News Online, February 25, 2010

APA Announces Draft Diagnostic Criteria for DSM-5

For more information, please see our website:

www.uaa.alaska.edu/arcticfasdrtc
**Dubovsky**

*When:* March 19, 2010  
8:30 a.m. to 5:00 p.m.  

*Where:* RADACT, University Center Mall, Suite 8  

*Cost:* $25.00  

Register through RADACT by calling (907) 563-9202. Space is limited.

More information is available through our website:  
www.uaa.alaska.edu/arcticfasdrtc

**FASD Foundations Spring Training Opportunities**

FASD Foundations workshops will be held on the following dates:  

- March 19  
- April 16  
- May 21  

*Where:* UAA/APU Consortium Library Room 302a.

*When:* 1:00 p.m. to 5:00 p.m.

Participants will be eligible to receive continuing education (CE) credits for completion of these workshops.

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**American Psychiatric Association, February 10, 2010**

**International**

*Mixing medical advice, alcohol and pregnancy*  
CBC News, March 5, 2010

*Revealed: Shocking legacy of drinking in pregnancy*  
Herald Scotland, March 1, 2010

*New Normative Data Will Improve Diagnosis of Fetal Alcohol Syndrome*  
CNW, February 17, 2010

**Research FASt Facts:** International research


Abstract: Background: Adults with foetal alcohol spectrum disorder (FASD) require support to be part of the community; however, most have few supports other than family and friends. The purpose of this study was to assess caregiver perceptions of community integration of adults with FASD living in British Columbia. Method: The Assimilation, Integration, Marginalization and Segregation (AIMS) Interview and Functional Assessment were used to assess community integration and the level of support needed respectively. Results: Scores on the AIMS indicated that most of the adults with FASD were integrated (i.e. disability related needs were identified and supported) in the following domains: medical, dental and housing; however, a large percentage were marginalized in other domains. Living with a caregiver had the greatest positive impact on integration while a history of incarceration or confinement had a negative impact. Conclusion: Although most of the adults with FASD had achieved community integration in some areas; this was, to some extent, because of the support of family and friends. ISSN:1468-3148; DOI: 10.1111/j.1468-3148.2007.00414.x


Abstract: Background: Fetal alcohol syndrome (FAS) has been identified as a major cause of impairment to normal physical and intellectual development among Indigenous children in Far North Queensland; however, little is known of the pregnancy characteristics of mothers of those children diagnosed with FAS or of interventions that might assist in lowering the prevalence of the syndrome. Aim: To review the pregnancy records of women whose infants were subsequently diagnosed with FAS by the Paediatric Outreach Service (POS) of the Cairns Base Hospital, and to determine how such women might be identified prospectively in pregnancy and offered intervention to reduce alcohol consumption. Methods: A retrospective case–control study involving all children diagnosed with FAS by the POS between 1994 and 2006; maternal pregnancy records were accessed and details...
workshops ($25.00 processing fee).

To register and for more information, please visit our website at www.uaa.alaska.edu/arcticfasdrtc or call (907) 561-2880.

**New FASD Diagnostic Team in Anchorage**

A new FASD diagnostic team, sponsored by Assets, Inc., is ready to start seeing their first ‘test' clients. For more information, please visit their website, click on the Services tab on their homepage then follow the links.

**Become a trainer!**

The Arctic FASD RTC is planning a series of Train the Trainer events in early 2010. Training will cover the CDC’s FASD Competency-Based Curriculum:

- Competency I: Foundation
- Competency II: Screening and Brief Interventions
- Competency III: Models of Addiction
- Competency IV: Biological Effects of Alcohol on Fetus
- Competency V: Screening, Diagnosis, and Assessment

obtained. Results: Mothers of cases were older, of higher parity, smoked more cigarettes, attended fewer antenatal visits and experienced more antenatal and delivery complications than mothers of controls. The average gestational age at booking was not statistically significant between the two groups. There was a significant difference between the two groups in self-reported alcohol consumption both before and during pregnancy and in numbers of women who decreased alcohol consumption once the diagnosis of pregnancy was known to them. Conclusions: There is the potential to identify prospectively women presenting for antenatal care who are heavy drinkers and risk FAS in their infants, using the self-reported information about alcohol intake already being collected by our service; such women may then be offered specific interventions to try to reduce alcohol consumption in pregnancy. DOI: 10.1111/j.1479-828X.2008.00861.x; ISSN: 1479-828X


Abstract: Aims: The study researched alcohol consumption and drinking patterns before and during pregnancy. Method: This was a 1 month self report survey of postnatal women from 21 May–22 June 2006. A multiple choice questionnaire was handed out to them on the first or second postnatal day. Results: There were a total of 117 deliveries. The questionnaire was completed by 100 of the 104 women who received it. Before pregnancy, 80% of women reported drinking alcohol; 66% binge drinking. Twenty-eight percent continued consuming alcohol throughout pregnancy. Twenty-eight percent reported alcohol consumption, 7% however did not. Ten percent were drinking more than 2 units per typical day and more than 7 units per week during pregnancy. Four percent was drinking a lot more than this. Nine percent of the total cohort reported binge drinking during pregnancy. Conclusion: Just over a quarter of women drink alcohol throughout pregnancy. A significant minority of women drink relatively heavily (more than 4 units per occasion and multiple times per week) during pregnancy. Many women do reduce their alcohol use because of the pregnancy, but often only after they become aware of it. In New Zealand there is a real risk of fetal alcohol spectrum disorders. ISSN: 1175-8716; PMID: 20145684


Abstract: Background: Accurate estimates of the prevalence and characteristics of fetal alcohol syndrome (FAS) and fetal alcohol spectrum disorders (FASD) in a Western European population are lacking and are of particular interest in settings where the usual pattern of alcohol consumption is thought to be daily drinking with meals. To address these issues, an epidemiology study of FAS and other FASD was undertaken in Italian schools. Methods: Primary schools (n=25) in 2 health districts of the Lazio region were randomly selected and recruited for the study. Five hundred forty-three children, 50% of those enrolled in first-grade classes, received parental permission to participate in a 2-tiered, active case ascertainment screening process. Detailed evaluation of children selected in a preliminary screening phase was carried out on those who were small for height, weight, and head circumference and/or referred by teachers for suspected learning and behavioral problems. Detailed
evaluation was carried out on each child’s: (1) physical growth and dysmorphology, (2) psychological
development and behavior, and (3) prenatal exposure to alcohol and other risk factors for FASD via
maternal interviews. A group of 67 randomly selected children without FASD from the same classes
was utilized as a comparison group. Results: Using 2 denominators for prevalence estimation, a
conservative one and a strict sample-based estimate, the prevalence of FAS in this province of Italy
was 3.7 to 7.4 per 1,000 children. When cases of partial FAS (PFAS) and a case of alcohol-related
neurodevelopmental deficits (ARND) were added to FAS cases, the rate of FASD was 20.3 to 40.5 per
1,000 and estimated at 35 per 1,000 overall or between 2.3 and 4.1% of all children. This exceeds
previously published estimates of both FAS and FASD for the western world. Detailed data are
presented that demonstrate the utility of the guidelines of the revised Institute of Medicine diagnostic
criteria for FASD. Children with FASD are significantly more impaired/affected (p<0.05) than
randomly selected comparison children on all measures of growth deficiency, key facial features of
FASD, overall dysmorphology scores, language comprehension, nonverbal IQ, and behavior. Maternal
reports of current drinking were significantly higher for mothers of FASD children than comparison
mothers, but reported rates of overall drinking during pregnancy were not significantly different. In
contrast to expectations, daily drinking among mothers of the comparison group was not common.
However, dysmorphology scores of the children were significantly correlated with drinking in the
second and third trimesters, drinks per current drinking day, and current drinks per month. Finally,
children with the physical features of FASD had lower IQs; nonverbal IQ was significantly correlated
with head circumference and negatively correlated with overall dysmorphology score, smooth
philtrum, and several other facial and physical anomalies characteristic of FAS. Conclusions: Using
careful measures of ascertainment in a primary school setting, these results provide relatively high
estimates of the prevalence of FASD and raise the question of whether FASD is more common in the
western world than previously estimated. DOI: 10.1111/j.1530-0277.2006.00188.x; PMID: 16930219

(2010). Predictors of risk of alcohol-exposed pregnancies among women in an urban and a

Abstract: The study sought to determine the prevalence and predictors of being at risk of an alcohol-
exposed pregnancy (AEP) among women of child-bearing age in an urban and rural location in South
Africa. We conducted a cross-sectional household survey of 1018 women aged 18–44 years in one
urban (n=606) and one rural (n=412) site. The women were interviewed using a structured
questionnaire. We defined the primary dependent variable, being at risk of having an AEP, as current
alcohol use, not being pregnant, being fertile, and no effective use of contraceptives. The independent
variables included demographic, substance use, health perceptions, psycho-social, and partner
characteristics. The rural women (21.84%) were more likely than their urban counterparts (11.22%)
to be at risk of an AEP. In multiple logistic regression analyses, significant predictors of being in the
“at risk” group for the urban women were (a) being ‘white’ as opposed to ‘black/African’, and being
‘coloured’ as opposed to ‘black/African’; and (b) current smoking. For the rural women, significant
risk factors were (a) current smoking and (b) early onset of alcohol use. The significant protective
factors were (a) education; (b) knowledge about Fetal Alcohol Syndrome; (c) parity. Use of stricter
alcohol use criteria (i.e., three or more drinks and five or more drinks per sitting) in the definition of
risk of an AEP yielded slightly different patterns of significant predictors. The results revealed high
levels of risk of an alcohol-exposed pregnancy, especially amongst the rural women, and a need for location-specific prevention programmes. The high burden of AEP in South Africa calls for the establishment of national AEP prevention strategies and programmes as a matter of urgency. ISSN: 1873-5347; PMID: 19932549

**Arctic FASD RTC FASst 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 trainers.

The *Arctic FASD RTC* is honored to have the assistance of national and local experts. Our national consultant team consists of Dr. Susan Astley, Dr. Sterling Clarren, Dr. Truman Coggins, Dr. Heather Carmichael Olson, and Dr. Tracy Jirikowic.

Assisting us with our training is our affiliate faculty: Michael Baldwin, Heidi Brocious, Dr. Thomas Nighswander, Marilyn Pierce-Bulger, Cheri Scott, and Diana Steer.

In addition, we have an advisory board made up of regional experts: Diane Casto, Anne Dennis-Choi, Jeanne Gerhardt-Cyrus, Sally Mead, Eric Noble, Lois Rockcastle, Vickie Tinker, and Michael Jeffrey.

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

If you would like to know more or to find out how to get involved, please email [arcticfasdrtc@uaa.alaska.edu](mailto:arcticfasdrtc@uaa.alaska.edu), visit [www.uaa.alaska.edu/arcticfasdrtc](http://www.uaa.alaska.edu/arcticfasdrtc), or call (907) 561-2880.

**About FASst Facts**

*FASst 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.

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

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