



FASD: The National Agenda

Fetal alcohol spectrum disorders (FASDs) are a group of diagnosable medical conditions that can occur in a person who was exposed to alcohol before birth. Effects are lifelong and can include mental health conditions, learning disabilities, sensory issues, and physical manifestations such as heart defects, hearing and visual impairments, and more.

Alcohol use during pregnancy can cause birth defects and developmental disabilities collectively known as FASDs. Alcohol use during pregnancy is also linked to other outcomes, such as miscarriage, stillbirth, preterm (early) birth, and sudden infant death syndrome (SIDS).



Give FASD a Seat at the Table.

The Prevalence of FASD in the US is a Significant Public Health Concern

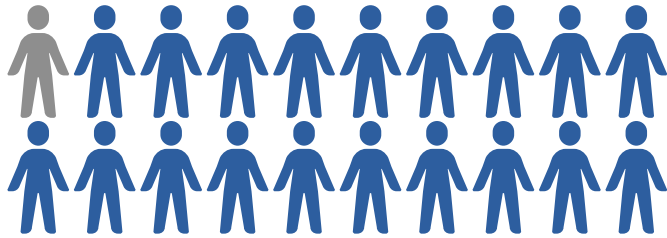
- A 2018 study estimated the prevalence of FASD in the United States is up to to **1 in 20** children. Most people with FASD have not received an official diagnosis.
- Among pregnant people in the United States, **1 in 7** had alcohol in the past 30 days, of whom about a third engaged in binge drinking (4+ drinks on at least one occasion over the past 30 days). Binge drinking puts the fetus at greatest risk for severe issues.
- Studies have shown that heavy drinking among women of childbearing age during the Covid-19 pandemic increased by **41%**.

Prenatal Alcohol and Other Drug Exposures

Current evidence indicates prenatal alcohol exposure is especially harmful:

- The short and long-term effects of prenatal alcohol exposure are more severe and longer lasting than outcomes from prenatal exposure to other drugs.
- Exposure to multiple substances during pregnancy can be especially harmful. Over 40% pregnant people using alcohol report using one or more other substances.

1 in 7 pregnancies are exposed to alcohol in the US.



1 in 20 Americans have an FASD.

A Disproportionate Number of Youths with FASD in Justice/Child Protection Systems

- 30% of school-aged children referred by child welfare agencies for assessment of behavioral problems met the diagnostic criteria for FASD. Significantly, 80% of those referred had **no prior diagnosis** within the FASD spectrum.
- FASD is more actively screened for within child welfare and justice systems, which while important, should not cause us to lose sight of the fact that FASD affects **all communities, everywhere.**

FASD costs on average \$25,000 per person per year, but federal FASD funding has decreased by 56% since 1998, with authorization language expiring in 2007. Funding at the Centers for Disease Control and Prevention (CDC) for FASD has declined to \$11.5 million while funding at the Health Resources Services Administration sits at \$1M.

The U.S. should invest in FASD-specific resources.

Investment in prevention practices, early FASD identification, and targeted FASD-informed interventions can reduce economic costs. Research has found that preventing prenatal alcohol exposure is 30x more cost-effective than raising a child with FASD. Combining support programming with stigma-free prevention messaging will create a more FASD-informed society capable of addressing the needs of individuals with FASD and their families.

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