



A Pregnant Woman Never Drinks Alone: Helping Prevent Alcohol-Exposed Pregnancies

**“FADAA on Demand”
February 5, 2010**

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New York State Office of Alcoholism &
Substance Abuse Services**

Learning objectives for today's session

- Learn how women of child-bearing age are at risk for Fetal Alcohol Spectrum Disorders (FASD)
- Understand the effects of prenatal alcohol exposure on the developing fetus and across the lifespan
- Become familiar with evidence-based practices to prevent alcohol-exposed pregnancies
- Review a “toolbox” of resources to assist your efforts



What is FASD and Why should we care about Preventing it?



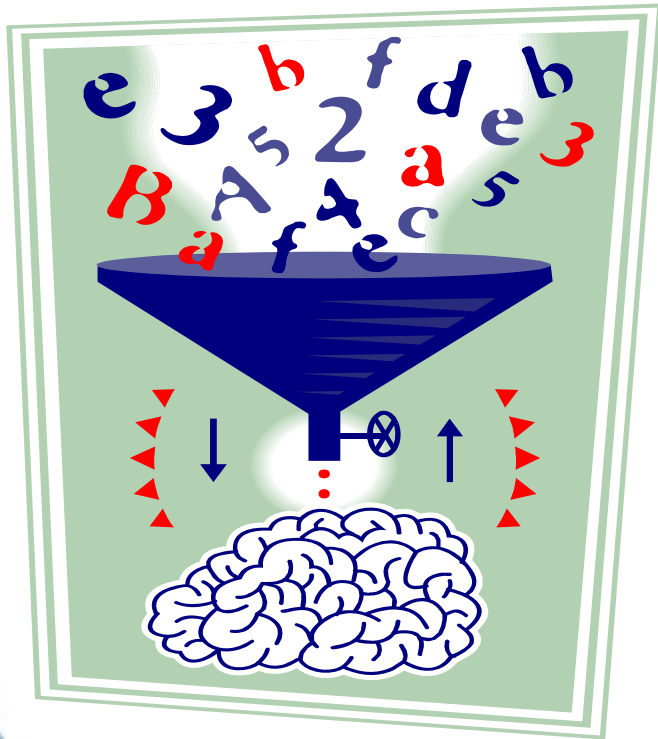
Fetal Alcohol Spectrum Disorders (FASD)

- Umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy
- May include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications
- ***FAS is the clinical diagnosis part of the Spectrum***



Number of People With an FASD

(May and Gossage, 2001 – <http://www.niaaa.nih.gov/publications/arh25-3/159-167.htm>).



- No one knows for certain how many individuals are born each year with an FASD or living with an FASD.
- It is estimated that 1 in every 1,000 births has FAS.
- It is estimated that 1 in every 100 births has an FASD.



Why should we care about FASD?

- This is a lifelong disability, requiring a lifetime of services across various systems.
- Individuals affected by FASD are found in every system of care.
- Lifetime health costs for an FAS birth can range from \$860,000 to \$4.2 million.
- The cost of FASD in the USA exceeds \$5 billion annually.
- If FASD goes undiagnosed and/or unaddressed, secondary disabilities, such as substance abuse, mental health, unemployment, dependent living and criminal behavior can result.



FAS Annual Costs by State, 2004

(\$ in millions)

Alabama	\$59.0	Kentucky	\$26.1	North Dakota	\$13.2
Alaska	\$11.3	Louisiana	\$54.3	Ohio	\$178.5
Arizona	\$98.5	Maine	\$26.5	Oklahoma	\$43.7
Arkansas	\$29.7	Maryland	\$71.5	Oregon	\$68.3
California	\$581.3	Massachusetts	\$125.3	Pennsylvania	\$207.3
Colorado	\$78.8	Michigan	\$182.9	Rhode Island	\$20.5
Connecticut	\$52.0	Minnesota	\$107.4	South Carolina	\$61.1
Delaware	\$17.6	Mississippi	\$26.0	South Dakota	\$17.9
Dist. Columbia	\$14.8	Missouri	\$95.7	Tennessee	\$43.7
Florida	\$259.4	Montana	\$17.1	Texas	\$330.3
Georgia	\$96.7	Nebraska	\$30.7	Utah	\$27.0
Hawaii	\$10.4	Nevada	\$46.0	Vermont	\$9.9
Idaho	\$18.3	New Hampshire	\$23.1	Virginia	\$118.3
Illinois	\$226.3	New Jersey	\$97.4	Washington	\$99.3
Indiana	\$102.9	New Mexico	\$22.1	West Virginia	\$15.4
Iowa	\$65.2	New York	\$361.0	Wisconsin	\$133.8
Kansas	\$40.3	North Carolina	\$81.4	Wyoming	\$9.3



FASD Facts

- **100 percent preventable**
- **Leading known cause of preventable mental retardation**
- **Not caused on purpose**
- **Can occur anywhere and anytime pregnant women drink**



Cause of FASD

- **The sole cause of FASD is a woman drinking alcohol during pregnancy**
- **Alcohol is a teratogen**
- **FASD is not caused by biological father's alcohol consumption**

“Of all the substances of abuse (including cocaine, heroin, and marijuana), alcohol produces by far the most serious neurobehavioral effects in the fetus.”

—IOM Report to Congress, 1996



FASD and Alcohol

- All alcoholic beverages are harmful.
- Binge drinking is especially harmful.
- There is no proven safe amount of alcohol use during pregnancy.



Women, Alcohol and Pregnancy



Drinking Among U.S. Women (age 15 - 44)

- 1 in 2 reports any alcohol use during the past month
- Approximately 1 in 4 reports binge drinking (defined for women as five or more drinks on one occasion)
- About 1 in 20 reports heavy alcohol use (binge drinking on at least 5 days in the last month)

SAMHSA FASD Center for Excellence: www.fascenter.samhsa.gov



2008 SAMHSA **National Survey on Drug Use and Health**

Among pregnant women aged 15 to 44, an estimated 10.6 % reported current alcohol use, 4.5 % reported binge drinking, and 0.8 % reported heavy drinking.

These rates were significantly lower than the rates for non-pregnant women in the same age group (54.0, 24.2, and 5.5 %, respectively).

Binge drinking during the first trimester of pregnancy was reported by 10.3 % of pregnant women aged 15 to 44. All of these estimates by pregnancy status are based on data averaged over 2007 and 2008.

The 2007-2008 estimate for first-trimester binge drinking is higher than in 2005-2006, when it was 4.6 %.

<http://oas.samhsa.gov/nsduh/2k8nsduh/2k8Results.cfm#3.1.3>



State Rates of Female “At Risk” Drinking Females age 18-44 years, Past Month Binge or Heavy Drinking

Alabama	12.6%	Kentucky	6.0%	North Dakota	20.7%
Alaska	16.9%	Louisiana	11.3%	Ohio	15.3%
Arizona	17.1%	Maine	20.4%	Oklahoma	12.2%
Arkansas	10.7%	Maryland	12.1%	Oregon	18.8%
California	15.3%	Massachusetts	18.2%	Pennsylvania	17.0%
Colorado	16.0%	Michigan	17.7%	Rhode Island	17.8%
Connecticut	14.8%	Minnesota	20.0%	South Carolina	14.0%
Delaware	20.0%	Mississippi	8.4%	South Dakota	23.6%
Dist. Columbia	21.1%	Missouri	16.1%	Tennessee	7.0%
Florida	15.5%	Montana	19.2%	Texas	13.7%
Georgia	9.9%	Nebraska	17.3%	Utah	10.0%
Hawaii	8.6%	Nevada	19.2%	Vermont	16.1%
Idaho	12.9%	New Hampshire	17.3%	Virginia	15.0%
Illinois	17.0%	New Jersey	11.0%	Washington	15.2%
Indiana	16.2%	New Mexico	11.5%	West Virginia	8.7%
Iowa	22.0%	New York	17.7%	Wisconsin	23.6%
Kansas	14.5%	North Carolina	9.1%	Wyoming	18.7%

Estimated from 2002 BRFSS; U.S. average was 14.9%, or 8.4 million females



Why do Pregnant Women Drink Alcohol?

Holly Graham, RN,BA,BScN, MN

- Unaware that they are pregnant
- Social norm
- Know other women who drank during pregnancy and who have children who appear outwardly to be healthy.
- Common when celebrating festive seasons or special events
- May not know how much harm alcohol can cause
- Use alcohol to cope with difficult life situations such as poverty, violence, isolation, despair, or depression
- Struggling with addiction



Who is at Risk of Giving Birth to a Child with an FASD?

- Women with co-occurring disorders
- Families with a history of multigenerational alcohol use
- Women who have experienced stressors that increase the risk of alcohol use or abuse
- Women who have an FASD
- Women who have given birth to a child with an FASD

All women of childbearing age who drink

Dan Dubovsky- FASD Specialist



Persons Most Likely To Drink While Pregnant

- Employed or a student
- College educated
- Annual income < \$10,000 or > \$50,000
- Smoker
- African American or Native American
- No prenatal care

Ebrahim, et al. (1998)

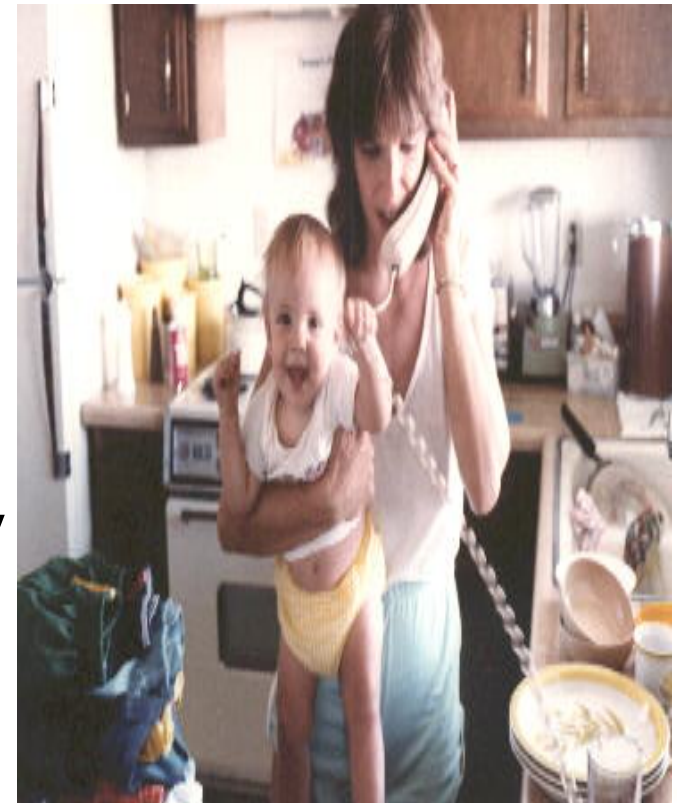
According to a CDC study, the population most at risk is women of child-bearing age with a college degree and earning an average of \$50,000 per year.



Profile of 80 Birth Mothers of Children With FAS

(Astley et al 2000)

- 96% had one to ten mental health disorders
 - 77%: PTSD
 - 59%: Major depressive episode
 - 34%: Generalized anxiety disorder
 - 22%: Manic episode/Bipolar disorder
 - 7%: Schizophrenia
- 95% had been physically or sexually abused during their lifetime
- 79% reported having a birth mother with an alcohol problem



<http://fasday.com/busymom.jpg>



Effects of Prenatal Alcohol Consumption



How Much Alcohol Causes Damage?

- There is no way to predict how much alcohol will cause how much damage in any one individual
 - People absorb and metabolize alcohol differently
 - The ability of the liver to process alcohol has an effect
 - Genetics has an effect
 - Age of mother
 - Parity (number of previous children)
 - Co-occurring issues e.g., tobacco use, other substance use; nutrition

Dan Dubovsky-FASD Specialist



A Variable: Gestational Timing

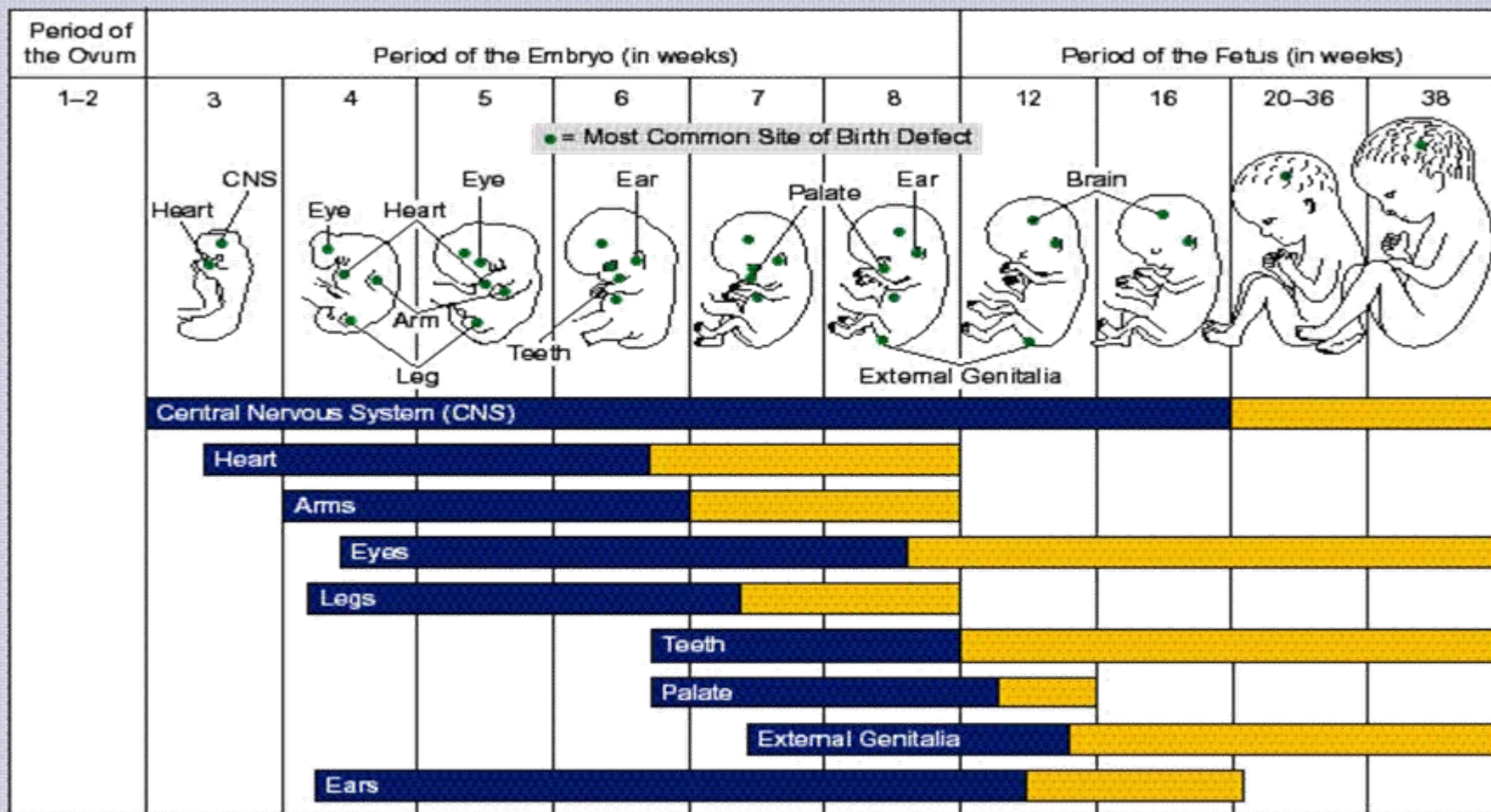


Figure 1 Vulnerability of the fetus to defects during different periods of development. The black portion of the bars represents the most sensitive periods of development, during which alcohol-induced (i.e., teratogenic) effects on the sites listed would result in major structural abnormalities in the child. The gray portion of the bars represents periods of development during which physiological defects and minor structural abnormalities would occur.

SOURCE: Adapted from Moore and Persaud 1993.

New York State Office of Alcoholism & Substance Abuse Services

Unplanned Pregnancies Pose A Great Challenge for FASD Prevention

- An estimated 40% of the 60 million US women in their childbearing years do not practice contraception
- Half of all pregnancies in the US are unplanned
- Often women do not know they are pregnant for several weeks (or even months) during which time they may drink alcohol

SAMHSA FASD Center for Excellence: www.fascenter.samhsa.gov



Identifying FAS: What to Look For



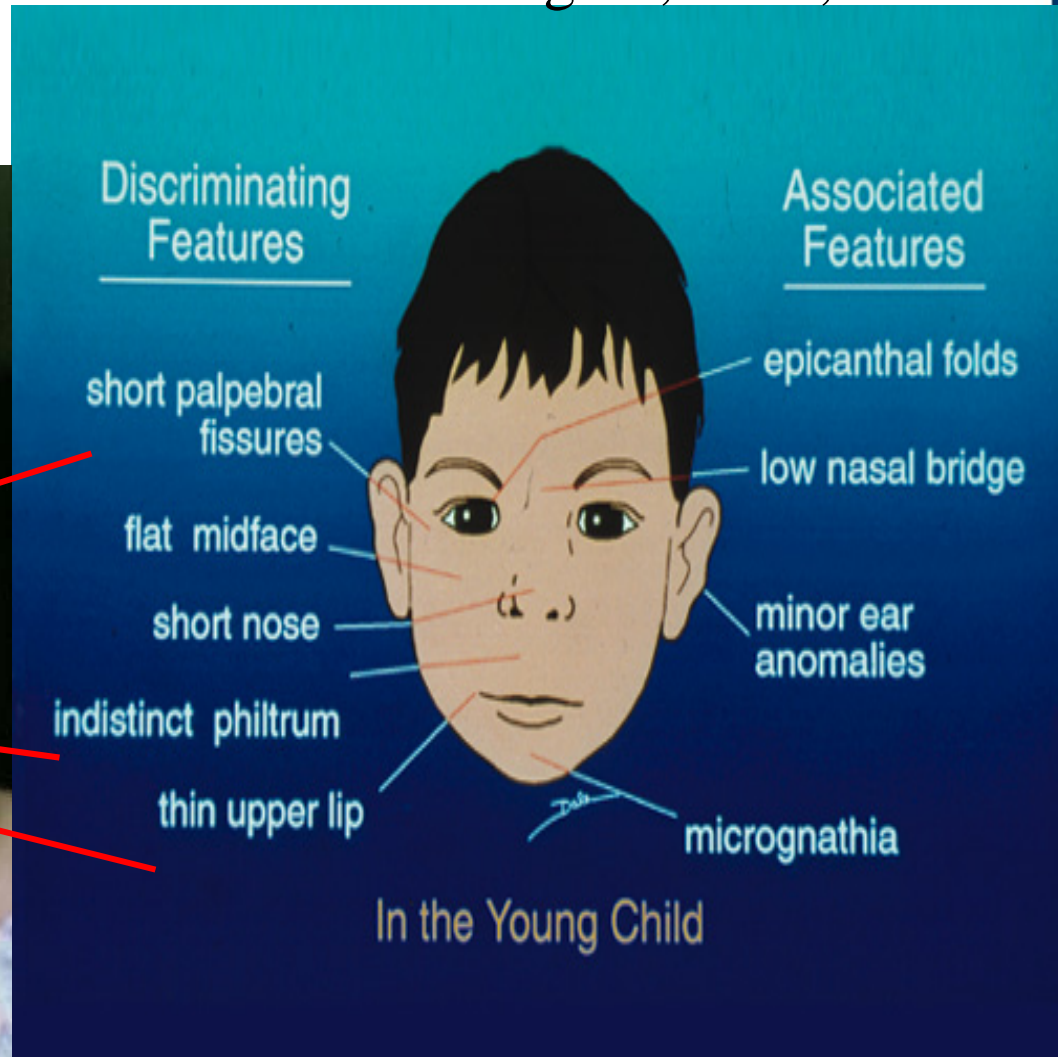
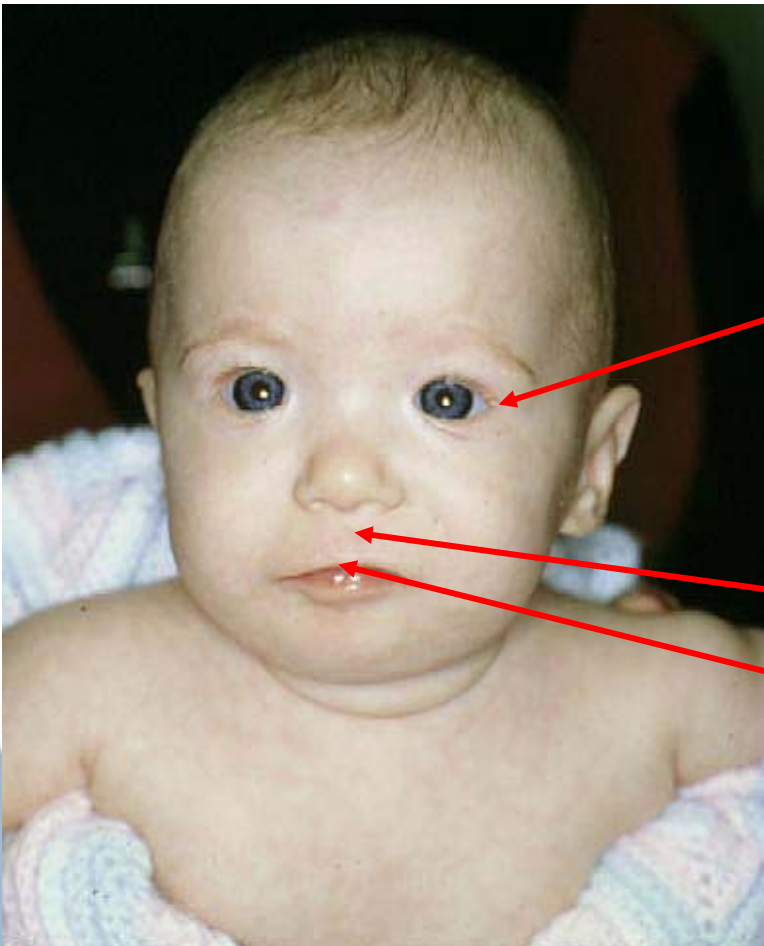
- **Growth deficiency in height and/or weight**
- **Specific differences in facial characteristics**
- **Damage to the central nervous system**
- **Evidence of mother drinking while pregnant**

http://www.cdc.gov/ncbddd/fas/documents/FAS_guidelines_accessible.pdf

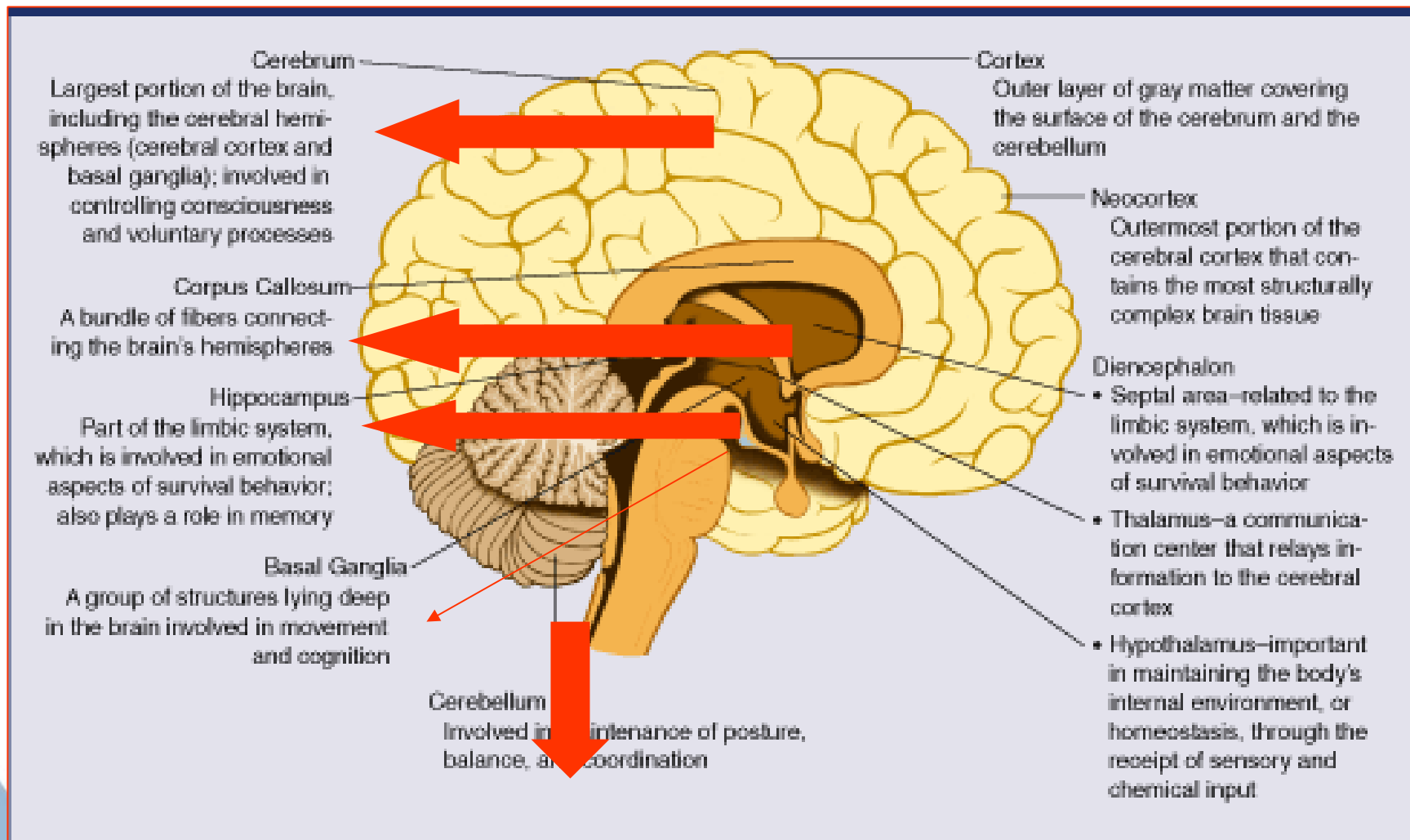


Facial Characteristics: FAS

Panel: Streissguth, 1994, 1996



Brain areas that can be affected by alcohol exposure



Primary Disabilities in Persons With an FASD

- Lower IQ
- Impaired ability in reading, and arithmetic
- Lower level of adaptive functioning; more significantly impaired than IQ



Age 21: Graduation from high school

Photo courtesy of www.fasstar.com

Streissguth, et al. (1996)



Overall Difficulties for Persons With an FASD

- Taking in information



- Storing information

- Recalling information when necessary



- Using information appropriately in a specific situation



Developmental Skills

Developmental Skills Adapted from research findings of Streissguth, Clarren, et al., by Diane Malbin, 1994

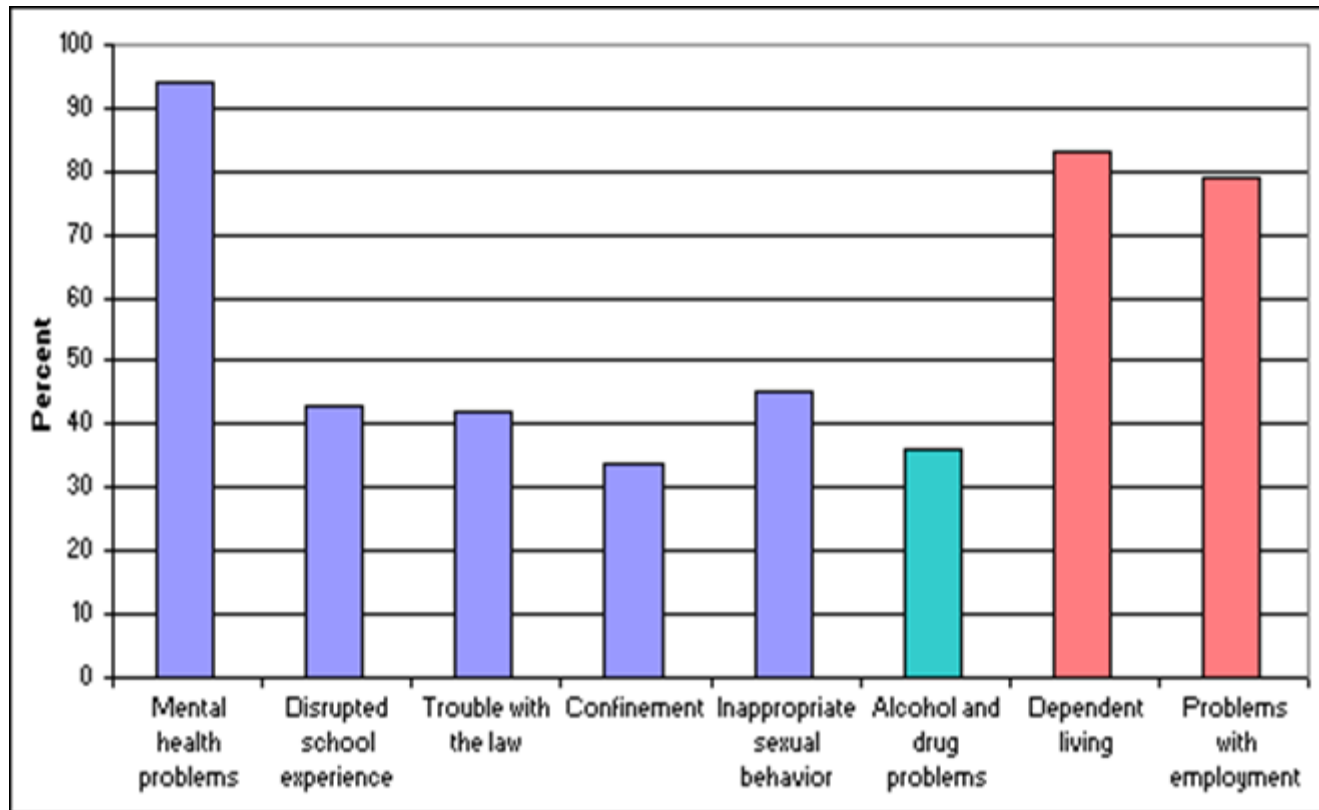
Skill	Developmental Age Equivalent
Comprehension.....	6 years
Emotional maturity.....	6 years
Social skills.....	7 years
Money and time concepts.....	8 years
Living skills.....	11 years
Reading ability.....	16 years
Physical maturity.....	18 years
Actual age.....	18 years
Expressive language.....	20 years



Secondary Disabilities of Persons With an FASD

Percent of Persons With FAS/FAE with Secondary Disabilities

University of Washington, (<http://www.cdc.gov/ncbddd/fas/secondary.htm>)



◆ = Age 6+

◆ = Age 12+

◆ = Age 21+



How We Can Help Women



Prevention Is the Best Cure

Ask all women of childbearing age about alcohol use:

- Ask routinely at every medical appointment.
- Ask at appointments in various systems.
- Ask in a nonjudgmental, respectful manner.
- Use effective screening tools.
- Ask about possible prenatal exposure.

Indicate that stopping drinking at any time during pregnancy will help the fetus.

Convey the message: If you're pregnant, don't drink. If you drink, don't get pregnant.



Pregnancy is a highly motivating factor

- Women want to have a healthy baby
- Most women do know something about the adverse affects of alcohol, drugs & cigarettes on pregnancy—but there are often missing pieces and misconceptions
- When informed about FASD, pregnant teens will quit drinking or reduce the number of drinks they consume
- **HOWEVER**, Education alone is not enough!!



Screening Tools to Help Women

Problem drinking and binge drinking can be determined by screening. Interview-based or self-administered screening tools are the most effective. Can take 5-10 minutes. Examples:

- CAGE
- TWEAK
- T-ACE
- AUDIT-C
- 4 P's



<http://pubs.niaaa.nih.gov/publications/arh25-3/204-209.htm>

Grace Chang, M. D. , M. P. H.



Utilizing evidence based practices in the prevention of alcohol-exposed pregnancies is important in reducing the incidence

- Alcohol Screening & Brief Intervention (NIAAA)



- Project CHOICES -- Motivational Interviewing (CDC)

Fidelity is key to successful outcomes with these practices



Alcohol Screening & Brief Intervention

Alcohol screening and brief intervention is conducted with pregnant women. This is a 15-minute brief intervention with follow-up assessment and intervention.

Article: Brief Intervention for Alcohol Use by Pregnant Women Mary J. O'Connor, PhD and Shannon E. Whaley, PhD (American Journal of Public Health, 2007; 97(2):252-258)

<http://www.ajph.org/cgi/content/abstract/97/2/252>

Pregnant women are less likely to drink if their partners are involved



O'Connor-Whaley Brief Intervention

- For pregnant women
- Screens for alcohol use
- Provides intervention with a workbook
- Prompts thinking of the con's of drinking during pregnancy and the pro's of stopping
- Reviews risky drinking situations & coping strategies
- Asks for a commitment to not drink in the next month
- For those not willing to stop, discusses cutting down



Alcohol Screening & Brief Intervention

- Goal is not increasing knowledge—goal is to obtain agreement or intention to stop drinking
- Found effective with at least two sessions with adult drinkers (US Preventive Services Task Force, 2004)
- Ask, Advise, Agree, Assist, Arrange
- Can be successfully provided by non-medical professionals

Low-cost and effective in reducing risk for alcohol-exposed pregnancy



Project CHOICES -- Motivational Interviewing (CDC)

Project CHOICES is conducted with women of child-bearing age participating in community settings (residential/outpatient substance abuse treatment, jail, primary care, OB-GYN clinic, etc.). This is a four-session intervention, plus a contraceptive counseling visit. Targets BOTH behaviors that place women at risk for an alcohol-exposed pregnancy

Article: **Reducing the Risk of Alcohol-Exposed Pregnancies: A Study of a Motivational Intervention in Community Settings**
American Journal of Preventive Medicine, 2007; 32(1):1-10
<http://download.journals.elsevierhealth.com/pdfs/journals/0749-3797/PIIS0749379706004004.pdf>



Project CHOICES -- Motivational Interviewing

- For non-pregnant women of childbearing age who are: sexually active, drinking at-risk levels, and not using effective contraception
- Grounded in “stages of change” and based on Motivational Interviewing concepts
- Four 45-60 minute sessions & one contraceptive counseling session plus daily journal to track behaviors
- Reviews pro’s/con’s of drinking & contraception use
- Reviews risky situations and plans ways to resist or avoid



Our APPROACH is Key to Helping A Woman Change

- When women are asked about the kinds of approaches that have been the most effective for them, a supportive, non-stigmatizing relationship with a service provider is among the most helpful and effective
- Substance-involved women report that the biggest barriers to getting help are guilt, fear of being judged, and fear of losing their children
- Research shows that our ability to engage the woman in a supportive relationship can be just as important as the woman's personal characteristics and behavior

Mary Marden Velasquez, PhD



- The relationship between the provider and the patient is one of the biggest predictors of successful outcome
- An empathic style is more likely to result in positive behavior change
- Providers should examine their personal strengths and potential biases to ensure that they develop a respectful and collaborative relationship with the women they treat

Mary Marden Velasquez, PhD



Tips for Working with Addicted Women

- Provide positive feedback for her decision to seek care
- Make encouraging statements at each contact
- Highlight the woman's ability to make choices
- Ask about her substance use in direct/straight-forward and non-judgmental manner
- Ask questions more than once & use open-ended questions
- Provide accurate information/dispel myths
- Express empathy & build self-efficacy
- Elicit her ideas to make change, determine her readiness & encourage small steps
- Avoid blame
- Present range of options
- Remove barriers to change

Mary Marden Velasquez, PhD



Prevention & Treatment Resources to help you!



Drinking and Reproductive Health: A FASD Prevention Tool Kit

Available from the American College of Obstetricians & Gynecologists (ACOG)
http://www.acog.org/from_home/misc/dept_pubs.cfm Contains:

- Clinician's Guide Drinking and Reproductive Health
- **Patient Handouts - Drinking and Reproductive Health**
 - Before You Get Pregnant
 - Contracts
 - If You're Pregnant
 - If You Are Not Planning to Get Pregnant
 - Is Someone Special Having a Baby
 - My Plan for Alcohol
 - My Plan for Birth Control
- **Clinician Tools - Drinking and Reproductive Health**
 - Additional Screening and Intervention Tools
 - Assess Readiness to Change
 - Standard-Sized Drink Equivalents Card
 - Strategies for Change



“Recovering Hope” DVD

- For use by women in treatment and/or recovery programs
- Is shown in two ½ parts (one hour total)
- Comes with Facilitator’s Discussion Guide and client brochures
- Can be ordered on-line (while supplies last) from: <http://www.ncadi.samhsa.gov>



TIPS- Treatment Improvement Protocols

- [Treatment Improvement Protocols \(TIP #2\) "Pregnant, Substance-Using Women"](#). This report defines guidelines that reflect state-of-the-art scientific and clinical knowledge on effective treatment practices and care for pregnant addicts. The information in this TIP is intended to guide and instruct a broad spectrum of service providers who care for pregnant, substance-using women and their families.
- [Treatment Improvement Protocol \(TIP #5\) "Improving Treatment for Drug-Exposed Infants"](#). Guidelines and standards of care in monitoring and evaluating programs treating drug-exposed infants are examined in this report. Although the substantial crisis of *in utero* exposure to alcohol is discussed, it is not the focal concern of this TIP. In addition, this TIP highlights medical and psychosocial services for drug-exposed infants up to 18 months of age and their families.
- [A Training Manual: TIPs on Assisting Service Providers to Appropriately Respond to the Needs of the Pregnant and Substance-using Woman and Her Alcohol/Drug-exposed Infant](#) This training, based on SAMHSA TIPS Manuals 2 and 5, is designed for all individuals addressing the special needs of the pregnant and substance-using woman as well as her alcohol or alcohol/drug exposed infant. The training consists of seven modules.



NIAAA resources

Information on screening tools for women (NIAAA):

http://pubs.niaaa.nih.gov/publications/Practitioner/Clinicians_Guide2005/clinicians_guide.htm

<http://pubs.niaaa.nih.gov/publications/arh25-3/204-209.htm>

Helping Patients Who Drink Too Much: (see next slide)

http://pubs.niaaa.nih.gov/publications/Practitioner/Clinicians_Guide2005/clinicians_guide.htm

Drinking and Your Pregnancy (2006): This NIAAA brochure for pregnant women explains the dangers of drinking alcohol while pregnant.

http://pubs.niaaa.nih.gov/publications/DrinkingPregnancy_HTML/pregnancy.htm



Using the NIAAA *Clinician's Guide*

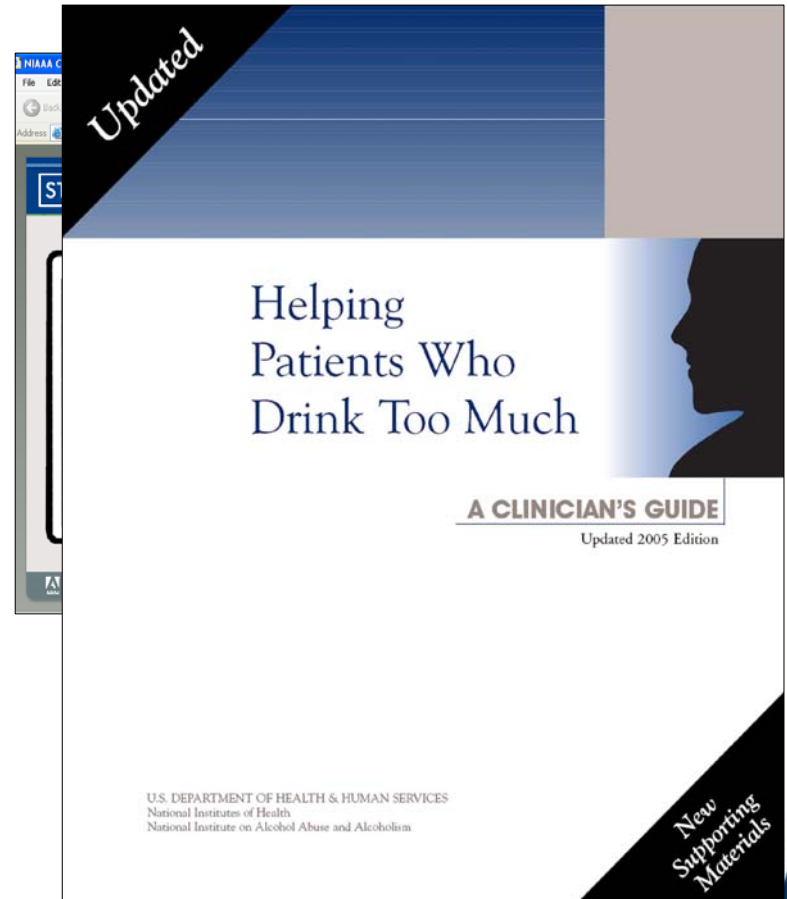
A note to Instructors:

This slide show is a companion to the *NIAAA Clinician's Guide*. For best results, distribute copies of the *Guide* for students to review in conjunction with the presentation.

To order free copies of the *Guide*, or to download the full-text PDF, visit

www.niaaa.nih.gov/guide.

www.niaaa.nih.gov/guide



NIAAA also offers a condensed **Pocket Guide**. It features the same step-by-step format and includes the medications chart and other supporting materials.

Updated

A POCKET GUIDE FOR Alcohol Screening and Brief Intervention

Updated 2005 Edition



This pocket guide is condensed from the 34-page NIAAA guide, *Helping Patients Who Drink Too Much: A Clinician's Guide*.

Visit www.niaaa.nih.gov/guide for related professional support resources, including:

- patient education handouts
- performed program notes
- animated slide show for training
- materials in Spanish

Or contact:

NIAAA Publications Distribution Center
P.O. Box 10686, Rockville, MD 20849-0686
(301) 443-3860
www.niaaa.nih.gov

HOW TO SCREEN FOR HEAVY DRINKING

STEP 1: Ask About Alcohol Use

Ask: Do you routinely drink beer, wine, or other alcoholic beverages?

Screening questions:

Ask the screening questions about heavy drinking days. How many times in the past year have you had...?

3 or more drinks in a day (for men) 4 or more drinks in a day (for women)

One standard drink is equivalent to 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits.

Is the answer 1 or more times?

NO

- Advise staying within these limits:
 - Maximum Drinking Limit for healthy men up to age 65—no more than 4 drinks in a day AND no more than 14 drinks in a week
 - For healthy women and healthy men over age 65—no more than 3 drinks in a day AND no more than 7 drinks in a week
- Recommend lower limits or abstinence as indicated. For example, for patients who take medications (that impact with alcohol), have a health condition associated with alcohol, or are pregnant (before drinking)
- Discuss abstinence

GO TO STEP 2

HOW TO ASSESS FOR ALCOHOL USE DISORDERS

STEP 2: Assess for Alcohol Use Disorders

Note, determine if there is a maladaptive pattern of alcohol use, causing clinically significant impairment or distress.

Determine whether, in the past 12 months, your patient's drinking has repeatedly been or attributed to:

- risk of bodily harm (drinking and driving, operating machinery, swimming)
- relationship trouble (family or friends)
- role failure (interference with home, work, or school obligations)
- non-use with the law (arrest or other legal problems)

If you're one or more — your patient has alcohol abuse.

In other use, proceed to assess for dependence symptoms.

Determine whether, in the past 12 months, your patient has:

- not been able to cut down, or stop (against failed attempts)
- not been able to stick to drinking limits (especially gone over them)
- shows tolerance (needed to drink a lot more to get the same effect)
- shows signs of withdrawal (tremor, sweating, nausea, or insomnia when trying to quit or cut down)
- large drinking despite problems (academic, physical, or psychological problems)
- spent a lot of time drinking (or anticipating or recovering from drinking)
- spent less time on other activities (because that had their importance or pleasure)

If one or three or more — your patient has alcohol dependence.

Does patient meet criteria for abuse or dependence?

NO → GO TO STEP 3 & 4

YES → GO TO STEP 3 & 4

HOW TO CONDUCT A BRIEF INTERVENTION

FOR AT-RISK DRINKING (no abuse or dependence)

STEP 3: Advise and Assist

- Give your evaluation and recommendation clearly and leave them to make choices or findings.
- Change readiness to change drinking habits.

Is patient ready to commit to change?

NO

- Reuse your message.
- Exchange reflection.
- Address barriers to change.
- Build on their willingness to help.

YES

- Help on a goal.
- Agree on a plan.
- Provide educational materials (for educational self-help only).

FOR ALCOHOL USE DISORDERS (abuse or dependence)

STEP 3: Advise and Assist

- State your evaluation and recommendation clearly and leave them to make choices or findings.
- Negotiate a drinking goal.
- Consider evaluation by an addiction specialist.
- Consider recommending a mutual help group.
- For patients who have dependence, consider:
 - the need for medically managed withdrawal (detoxification) and more assessment;
 - providing a medication for alcohol dependence for patients who continue drinking as a goal.
- Arrange follow-up appointments, including medication management support if needed.

STEP 4: At Followup: Continue Support

REMEMBER: Document alcohol use and review goals at each visit.

Was patient able to meet and sustain drinking goal?

NO

- Acknowledge that change is difficult.
- Support efforts to cut down or abstain.
- Refer to drinking or ongoing problems as appropriate.
- Consider (if not yet done):
 - consulting with an addiction specialist;
 - recommending a mutual help group;
 - engaging significant others;
 - prescribing a medication for alcohol dependence for patients who continue drinking as a goal.
- Address continuing disorders—medical and psychiatric—as needed.

YES

- Reinforce and support continued abstinence.
- Coordinate care with specialists as appropriate.
- Monitor medications (for alcohol dependence) for at least 3 months and as clinically indicated thereafter.
- Treat continuing medical dependence.
- Address continuing disorders—medical and psychiatric—as needed.

New York State Office of Alcoholism & Substance Abuse Services Addiction Services for Prevention, Treatment, Recovery

More resources

The National Center for Education in Maternal and Child Health has produced a set of guidelines called ["Screening for Substance Abuse During Pregnancy: Improving Care, Improving Health"](#) (*PDF link on the OASAS website*)

FASD Center for Excellence. "Task 6: Identifying Promising FASD Practices: Review and Assessment Report"
<http://fascenter.samhsa.gov/index.cfm>

The National Abandoned Infants Assistance Resource Center has a monograph on "Prenatal Alcohol Exposure"
http://aia.berkeley.edu/publications/fact_sheets.php



Web Links

- **NYS Office of Alcoholism & Substance Abuse Services (NYS OASAS):** www.oasas.state.ny.us/fasd
- **SAMHSA FASD Center for Excellence:** www.fascenter.samhsa.gov
- **Centers for Disease Control and Prevention FAS Prevention Team:** www.cdc.gov/ncbddd/fas
- **National Institute on Alcohol Abuse and Alcoholism (NIAAA):** www.niaaa.nih.gov/
- **HRSA Maternal and Child Health Bureau:** <http://www.mchb.hrsa.gov/>



Organizations

- [National Organization on Fetal Alcohol Syndrome](http://www.nofas.org/) (NOFAS) is committed to raising public awareness of FAS and to developing and implementing innovative ideas in prevention, education, intervention, and advocacy in communities throughout the nation. NOFAS affiliates exist in many states. www.nofas.org/
- [March of Dimes \(MOD\)](http://www.marchofdimes.com/) provides a health library with fact sheets on a variety of subjects including FAS, public policy, programs, and research. www.marchofdimes.com/
- [The Arc](http://www.thearc.org/NetCommunity/Page.aspx?pid=1541&srcid=217) (formerly Association of Retarded Citizens) has a website that offers a curriculum, fact sheets, action alerts, etc. on alcohol-related issues including FAS and drinking during pregnancy. www.thearc.org/NetCommunity/Page.aspx?pid=1541&srcid=217
- [FASlink](http://www.acbr.com/FAS/index.htm) is a Canadian FAS on-line Internet support, information, advocacy and discussion forum. FASlink maintains both an extensive Web site and a discussion listserv. www.acbr.com/FAS/index.htm



Other Organizations

- [FAS Community Resource Center](http://www.come-over.to/FASCRC/) is a non-profit organization that provides support to families and works to raise public awareness to reduce the incidence of FASD. www.come-over.to/FASCRC/
- [University of Washington: Fetal Alcohol and Drug Unit](http://depts.washington.edu/fadu/) This unit of the Department of Psychiatry and Behavioral Sciences conducts research and training, and disseminates information on intervention for substance-related birth defects. The site provides access to a range of resources. <http://depts.washington.edu/fadu/>
- [FAS and Other Alcohol-Related Disabilities Resource Links](http://www.rsoa.org/fas-related.html) - sponsored by the Research Society on Alcoholism (RSA) www.rsoa.org/fas-related.html



Thanks for listening!!

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