



National Organization on Fetal Alcohol Syndrome

Helping children & families by fighting the leading known cause of mental retardation & birth defects

FASD: WHAT POLICY MAKERS SHOULD KNOW

The latest studies estimate that 40,000 infants are born each year with Fetal Alcohol Spectrum Disorders (FASD) — 1 out of every 100 births in the U.S.

FASD takes an enormous financial toll on affected families and society as a whole.

- ♦ Fetal Alcohol Syndrome (FAS) alone costs the United States \$5.4 billion annually in direct and indirect costs.

Individual with full-blown FAS incur an average lifetime health cost of \$860,000, although costs can be as high as \$4.2 million.



Costs associated with FAS are just the tip of the iceberg. Individuals with FASD make up a much larger group and the total costs associated with FASD are estimated to be much higher.

Direct costs associated with FAS, estimated at \$3.9 billion annually, include not only healthcare costs, but costs associated with social services and incarceration.

- ♦ Sixty percent of individuals with FASD will end up in an institution (mental health facility or prison).
- ♦ It is estimated that almost 70 percent of the children in foster care are affected by prenatal alcohol exposure in varying degrees.

“I have seen one family of children with full-blown FAS nearly bankrupt a county in my home state of Minnesota. The in-home care, special education, legal fees, and healthcare costs that the state was obligated to pay ran in the millions of dollars, all for one household.”

*The Honorable Susan Carlson,
Juvenile Court Justice, Minnesota*

Policy makers can help prevent FASD and support affected families by introducing and supporting legislation that provides for:

- ♦ FASD research to create an epidemiological basis for surveillance of the disease;
- ♦ Mandates or initiatives to encourage the cessation of drinking while pregnant;
- ♦ Education about the risks of drinking while pregnant in primary and secondary schools;
- ♦ Training for substance abuse counselors and allied health professionals on FASD prevention;
- ♦ Clinical research and development of medical strategies to further understand and prevent FASD;
- ♦ Screening of newborns and children in order to better identify those with FASD;
- ♦ Development of the necessary screening, analysis, and treatment procedures for those with FASD who enter the foster care, juvenile justice, or adult criminal justice system;
- ♦ Intervention training for professionals who work in high risk settings such as clinics, addiction centers, psychiatric wards, orphanages, and jails;
- ♦ Creation and dissemination of avenues through which individuals with FASD will have access to quality health care;
- ♦ Ensuring teacher training and access to special education in and out of school for those with learning disabilities that are associated with FASD; and
- ♦ Creation and implementation of vocational and living support services for individuals with FASD, including psychological and physical care, when needed.