

The early years: what practitioners and policy makers need to know

Early years briefing

BRIEFING PAPER 1: FETAL ALCOHOL HARM

What is fetal alcohol harm?

Fetal alcohol harm is also known as fetal alcohol syndrome (FAS) and fetal alcohol spectrum disorder (FASD). These terms describe a range of birth defects that can result from prenatal exposure to alcohol causing permanent brain and nervous system damage affecting learning, behaviour and life chances.

Estimates are that there are currently over 10,000 children and young people (birth to 18) affected by fetal alcohol harm in Scotland.¹ Dr Maggie Watts, the Scottish Government's FASD coordinator states: "FASD is common. FASD is expensive. FASD is preventable".² Scotland's Chief Medical Officer jointly with other UK Chief Medical Officers, has issued clear advice that women who are pregnant or trying to conceive should avoid alcohol.³ This pre-pregnancy advice from the Chief Medical Officer is included because fetal alcohol harm can occur during the weeks before a pregnancy is confirmed.

Researchers and practitioners around the world agree that FAS is the tip of the iceberg of fetal alcohol harm.^{4,5,6} FASD has been 'under the radar' or misunderstood across Scotland and the UK. You do not need to be a health professional to play a constructive and important role in raising awareness, preventing, identifying and/or dealing with the consequences of fetal alcohol harm.

The effects of fetal alcohol harm

Exposure to alcohol at any point during pregnancy creates a risk of lifelong damage to the brain and

nervous system of the developing child. Many factors can complicate the identification of FASD. However, decades of laboratory research and animal studies have proved that alcohol alone can cause significant problems.

FASD-affected children often display a variety of learning disabilities and behavioural problems. These primarily are the result of impairment of the brain's 'executive functions', including the ability to plan, learn from experience and control impulses. Children affected might be regarded as being wilful or undisciplined when, in fact, they have little control over their behaviour. For example, FASD-affected children may exhibit behaviour problems despite being repeatedly corrected or disciplined. There can be some physical damage associated with FAS, including facial characteristics. However, these usually are not obvious to non-experts and are present in a small minority of the children affected by FASD. Most often, FASD is an invisible birth defect.

Research into the results of fetal alcohol harm for individuals and for society is all but non-existent in Scotland and the UK and limited internationally.^{4,5,6} However, there is a growing body of evidence from other nations to back up the logical hypotheses of the serious human, social and economic costs and consequences of fetal alcohol harm.

These costly consequences are already being borne by families and a wide range of public budgets. At the moment, these costs are rarely traced back to the underlying problem of fetal alcohol harm. The price of prevention is small by comparison.

The earliest possible identification and intervention may save public funds, as well as enhancing the wellbeing of affected children.

Certainties and risk

Many complex factors are involved, and no test can predict the alcohol-related outcome of an individual pregnancy. For this reason, research has not ascertained safe levels of alcohol intake while pregnant. What is known is that no consumption of alcohol, from conception to delivery, guarantees no fetal alcohol harm.

It is true, of course, that regular heavy drinking is more likely to cause fetal alcohol harm than very occasional or very light consumption. Not all women who drink alcohol (even those who drink large quantities) during pregnancy will give birth to babies harmed by alcohol. There are simply too many influences - for example, genetics, nutrition, metabolism and other substance misuse or health conditions - for anyone to predict which pregnancies will result in fetal alcohol harm.

Identification and management of FASD

With the exception of a formal diagnosis of FAS, the identification and management of care for children and young people who have FASD are not roles limited to medical/health professionals. The children's sector workforce can play a critical role in FASD awareness, although this is a challenge because there is only an emerging body of experience and anecdotal evidence about 'how to tell' and 'what works' from a variety of

other OECD countries.⁶

The most promising ways of helping people with FASD appear to be behavioural, environmental and relationship-driven interventions by educators, youth workers and other non-health children's sector staff. From childcare providers to school staff members, social workers to youth workers, diverse professionals throughout Scotland can play a pivotal role in identifying children with FASD and then, in taking the next steps to treating them. As with all children, building upon strengths and assets is the best approach, rather than focusing solely on difficulties.

Priorities

The top priority is the **prevention** of fetal alcohol harm. It is urgently important to reach prospective mothers and their partners earlier and more persuasively with accurate FASD facts. The next priority is

finding out and **reporting** what is true about the costs and consequences of living with fetal alcohol harm. The final priority is to **identify** and assist those who have FASD. There need to be messages, materials and methods that increase the capacity of our children's workforce to *recognise* when fetal alcohol harm is the cause of (or a contributing factor to) children's and young people's learning difficulties, behaviour and developmental problems – and respond appropriately.

What you can do?

1. **Ask questions about whether, and how, your organisation should become involved in raising awareness, preventing, identifying or otherwise dealing with fetal alcohol harm.** Where does your organisation best fit in this

picture? Is fetal alcohol harm alcohol 'on the radar' in your workplace and community? If not you, then who can lead the way on this issue in your area?

2. **Spread the word** – Please share this Children in Scotland briefing with colleagues and discuss it with others in your networks. The more people who are thinking, learning and talking about fetal alcohol harm, the more people can help to bring about change.
3. Think carefully about how you **raise the issue with children, young people, their mothers/fathers/carers and the prospective parents with whom you work.** Support parents in making better choices and encourage them to take a positive steps towards achieving an unharmed child and a happy parenthood.

If you have any comments about this briefing or suggestions about professional practice or strategy, then please contact: Sara Collier at: scollier@childreninscotland.org.uk or on 0131 222 2412.

This document is one in a series of Children in Scotland briefings that highlight issues, research or areas of policy that have a particular impact on children's early years and on the diverse workforce that provides services for this group. This work is supported through grants from Esmee Fairbairn Foundation and the Scottish Government's Child and Maternal Health Division.

References and notes

1. Between 1992 and 2009, there was an average of 56,679 live births in Scotland annually (according to Scottish Government statistics). International research in other OECD countries indicates that a minimum of 1 in 1,000 babies are born with FAS – and that 1 in 100 have FASD. This means that, using international averages, at least 57 babies each year were born in Scotland with FAS and 567 with FASD. By multiplying these annual numbers by 18 years – to cover all children and young people – the number of children with FAS would be over 1000, while the number of children with FASD would total over 10,000 throughout Scotland. [57 per year x 18 years = 1,026, while 567 per year x 18 years = 10,206 FASD-affected children and young people]

The Scottish Government created a fetal alcohol focus within its Child and Maternal Health Division in January 2011. One of its tasks is to produce the first count within Scotland of how many children and young people across Scotland have been affected by FAS or FASD.

Note that the Scottish Government uses the international spelling 'fetal', rather than 'foetal'.

2. Dr Maggie Watts (2011) *Fetal Alcohol Spectrum Disorder: Is it a problem for Scotland?* Paper presented at 'Bruised before birth' Conference, TACT, Edinburgh, March 2011.

3. The Scottish Government (2008) Discussion paper: Setting out our strategic approach to tackling alcohol misuse. Point 70. Pregnancy. <http://www.scotland.gov.uk/Publications/2008/06/16084348/9>

4. Public Health Agency of Canada <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/fasd-etcaf/publications/cp-pc/index-eng.php>.

See also: Professor Edward Riley, *The Fetal Brain and Alcohol: Defining Fetal Alcohol Spectrum Disorder (FASD)* Paper presented at 'Bruised before birth' Conference, TACT, Edinburgh, March 2011.

5. *Fetal alcohol spectrum disorders: A guide for healthcare professionals*, 2007, British Medical Association, London. http://www.bma.org.uk/images/FetalAlcoholSpectrumDisorders_tcm41-158035.pdf.

See also: Health Evidence Network, World Health Organisation (WHO/Europe):

<http://www.euro.who.int/en/what-we-do/data-and-evidence/health-evidence-network-hen/publications/evidence-summaries-of-network-members-reports/is-low-dose-alcohol-exposure-during-pregnancy-harmful>

6. US Centers for Disease Control and Prevention: <http://www.cdc.gov/ncbddd/fasd/index.html>

See also: http://fasaware.co.uk/index.php?option=com_content&view=article&id=47&Itemid=28 and www.nofas-uk.org