

Fetal Alcohol Spectrum Disorder (FASD)

The Real Story - January 2009

FASD has been a YCPO priority in the EC&C District since the St. John's Convention three years ago.

FASD Definitions

FASD (Fetal Alcohol Spectrum Disorder): is a broad term that is used to describe the effects that are caused when a mother drinks while she is pregnant. The different disorders that are under FASD include FAS (Fetal Alcohol Syndrome), PFAS (Partial Fetal Alcohol Syndrome), FAE (Fetal Alcohol Effects), ARDD (Alcohol Related Neurodevelopmental Disorder), ARBD (Alcohol Related Birth Defects).

Most individuals that have FAE, ARND and ARBD have at least normal IQ's but because they don't look like they have a disability it is hard for them to get support they need to function in society.

FASD is a totally preventable condition. Any lady who consumes alcohol and has unprotected sex is potentially putting a baby at risk. The alcohol molecule is so small that it can pass freely through the placenta and hence a drinking mother may cause her fetus to develop in an alcohol bath. The absolute worst time for a lady to consume alcohol is between the 18th and 21st days after conception because that is when the original ball of cells subdivides and one of them becomes the brain. Consumption at this time can cause FAS (Fetal Alcohol Syndrome).

Throughout the pregnancy, organs continue to develop so there is no safe time to consume alcohol. At three weeks the central nervous system and brain begin to develop. During the fourth and fifth week, the heart, and eyes form. By the fifth and sixth week the ears, kidneys, liver and palate and teeth develop.

The criteria used to identify FASD include facial features, small birth weight, small head circumference, central nervous system dysfunction and a history of parental exposure to alcohol. The facial features of FAS include an extra fold of skin under the eyes (epicanthal), small widely spaced eyes, flat mid-face, short upturned nose, smooth philtrum (under nose), thin upper lip and underdeveloped jaw. These facial features are more prominent between the ages of 2 and 10 years of age.

Physiological anomalies include low birth weight, and small head circumference. Some babies will have heart defects, or problems with eyes, ears, liver or joints. Many of these problems will persist throughout the child's life. Many youngsters die at an early age.

Some children will have developmental delays and some will have lower than normal IQ's. IQ, however, seems to be related to the severity of physiological development. Most FASD kids have IQ in the "normal" range.

Problems with the central nervous system usually result in the infant being irritable, not eating well and not sleeping well. They are often extra sensitive to sensory stimulation which includes bright lights, certain sounds, colors and some perfumes. A strong startle reflex is experienced by some children and some may hyper extend the head and limbs.

A range of invisible but serious symptoms of Neurological development also may appear. They include attention deficits, memory deficits and hyperactivity. They likely will have trouble with abstract concepts like math, money and telling time. Many will have social problem solving skills and will have difficulty learning from consequences of a previous behaviour. These children will exercise poor judgement, practise immature behaviours and have poor impulse control. They will often talk about things completely irrelevant to the situation.

These symptoms are not “behaviour problems” but are the result of permanent unchanging damage to the brain which means the child is not always able to control his actions.

Young people with FASD will often experience problems living independently, will have trouble in school and will have trouble keeping a job. Many will experience trouble with the law and have trouble sustaining healthy relationships. They are often vulnerable to physical, sexual and emotional abuse. Without help or intervention, they will often develop mental illness, abuse drugs or alcohol and have unwanted pregnancies.

These conditions are often found with FASD:

- Attachment Disorder (RAD)
- Attention Deficit Disorder (ADD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism/Tourette's Syndrome
- Oppositional Defiant Disorder (ODD)
- Obsessive Compulsive Disorder (OCD)
- Conduct Disorder (CD)
- Language/Learning Disability (L/D)
- Sensory Integration Dysfunction (SID)
- Pervasive Development Disorder (PDD)
- Children of Alcoholics
- Children of Dysfunctional Homes

“It’s Not My Fault” by Allan Mountford

The following are some important facts about individuals with FASD:

-FASD costs \$600 billion in Canada which is about the same amount as the current national debt (It costs between 1.2 and 5 million dollars to keep one child with FASD.)

- 1% of our population is affected by FASD
- 95% of individuals will have mental health problems
- 60% will be involved with the law and have problems in school

-55% are living in prison, drug and alcohol treatment centres or mental institutions

-52% of individuals act sexually inappropriately

-82% can't live independently

-70% have employment problems

-50% of males and 70% of females have drug and alcohol problems

-20% of people diagnosed will have facial abnormalities

-90% of individuals have an IQ that is in the average to higher than average range

-40% of children tested for meconium fatty acid ethyl esters after birth were positive for

significant prenatal alcohol exposure

<http://fasworld.com/aboutfasd.asp>

If the above notes do not catch your attention, I am sure that the following will. Last winter a CBC W-5 program was devoted to "grand moms". Grand moms are grand mothers who have taken in the children of their drug addicted or alcoholic parents. Many have to quit work, take out credit lines against their homes and become poor. Support for them in Ontario is minimal from social agencies. The support amounted to \$250 per month per child while a child put into the care of CAS would provide a foster parent \$900 per month. If a child is turned over to CAS, a judge would rule on whether the grand mom was financially able and competent to look after the child before the child could be released to the grand mom as a foster child. This does not seem like the best alternative for the child. Is this fair or right?

FASD is the next big challenge to our society. Are we prepared to deal with the issue now by educating the public with accurate up-to-date information? Can we afford to wait for governments to act? Where do you stand on the issue?

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