

Fetal Alcohol Spectrum Disorder (FASD) and Families: Prevention and Actions

Marilyn Fortin*

Département de psychiatrie, Université McGill, Montréal (Québec), Canada

***Corresponding Author:** Marilyn Fortin, Département de psychiatrie, Université McGill, Montréal (Québec), Canada.

Received: November 26, 2016; **Published:** December 02, 2016

In most countries and cultures, alcohol is strongly embedded in modern life [1,2]. The World Health Organization (WHO) estimated that in 2010 one-third of adults worldwide drank alcohol at least once in their lives, and three-quarters of them drank alcohol in the previous year [3]. In North America, the vast majority of adults are considered active drinkers [4,5].

However, when a woman drinks and she is pregnant, binge drinking is associated with an increase in the prevalence of Fetal Alcohol Spectrum Disorder (FASD), which can lead to delays in growth or neurodevelopmental issues [6,7]. Binge drinking is defined as excessive alcohol consumption measured on a single occasion (five or more drinks) [8].

In certain Western cultures, such as Canada, pregnancy is associated with decreased alcohol consumption [9-11]. In counterpart, women from Russia [12] and France [13] have been found to report no significant difference in alcohol consumption before and during pregnancy. Heavy binge drinking before and during pregnancy has also been found among the Cape Coloured (mixed ancestry) community in South Africa [14,15], which results in among the highest prevalence of FASD in the world. Other populations, such as Indigenous and Inuit populations, also present higher rates of women who took part in binge drinking during pregnancy [16,17]. Alcohol use during pregnancy is associated with socioeconomic insecurity, poor social support, smoking and drug use, and abuse by mothers [11,18,19], which can also negatively impact child health.

Therefore, an heavy drinking of women during pregnancy and during the childhood may reveals underlying domestic issues or psychosocial contexts that have triggered excessive drinking. A family environment in which there is excessive alcohol use can influence the behaviour of children when they reach drinking age [20]. Studies have shown that family environment can subsequently influence the drinking practices of future adolescents. Indeed, we know that binge drinking is the type of use preferred by adolescents and that this type of practice is associated with a greater risk of mental health issues for adolescent in some populations.

Contextual, environmental, familial and social factors may drive and incite women to consume more alcohol during their pregnancy, and subsequently their adolescent children. In this context, it seems crucial to examine whether certain behaviours linked to alcohol can be passed down from mother to child.

To reduce the incidence of FASD and decrease alcohol use among pregnant women, we have to investigate risk factors of alcohol use during pregnancy and continue to inform populations about harmful effects of alcohol use around the pregnancy period. In a study by Astley, *et al.* [21], conducted among 80 women who had children diagnosed with FASD, 100% had been abused, 90% had serious mental health issues, 80% were living with partners with substance use problems, and about 50% had FAS conditions themselves. It turns out that not only is it important to document the prevalence of alcohol consumption of women during pregnancy, but it is also especially important to target risk groups, recognize their sociodemographic characteristics and help them adopt abstinence during pregnancy.

Education and intervention at different levels is therefore essential, i.e. the need to act on both the drinking problem – so inform people about the associated risks, take into account that some environments are likely to influence an increase in alcohol consumption by preg-

nant women and other factors, which may be the cause of alcohol use. This kind of initiative is needed, in parallel with epidemiological investigations; many more aid programs, intervention and treatment on the field worldwide.

In parallel, we must respond to families basic needs which live with a child or an adolescent with FASD: families need support and opportunities for sharing and asked the right questions; families need straightforward information about FASD and need to understand the situation; and they need to be heard [22-24].

The first commitment to the family is unconditional support by professionals and the community to help them get through this situation, and to provide the best care for the child with FASD. The family will therefore need to be assisted by the community to be made aware of available community resources, and to be assured that a solid, multidisciplinary team is providing concrete solutions to help them through this situation [22,23].

Finally, as a community, what we need to do is to reduce stigmatization about FASD and help people with FASD, by increasing education about the risk of alcohol use and abuse during pregnancy, and consequences such as FASD. By decreasing stigma for individuals with FASD, and for women who have a problem with alcohol during pregnancy, we can help them to find a solution to their situation [25-27].

Bibliography

1. Heath D. "Cultural definitions of Drinking: note toward a semantic approach". *The Drinking and Drug Practices Surveyor* 21 (1986): 17-22.
2. Gusfield JR. "Contested meanings: the construction of alcohol problems". *Madison University of Wisconsin Press Haynes, G* (1996).
3. "Global status report on alcohol and health – 2014 edition". *World Health Organization- WHO Library Cataloguing-in-publication data* (2014).
4. "Enquête de surveillance canadienne de la consommation d'alcool et de drogues". *Health Canada* (2011).
5. Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health (NSDUH) (2012).
6. Robinson GC and Conry JL. "Clinical profile and prevalence of fetal alcohol syndrome in a isolated community in British Columbia". *Canadian Medical Association Journal* 137.3 (1987): 203-207.
7. Fraser SL., *et al.* "Effect of binge drinking on infant growth and development in an Inuit sample". *Alcohol* 46 (2012): 277-283.
8. Adlaf E., *et al.* "Enquête sur les toxicomanies au Canada (ETC): Une enquête nationale sur la consommation d'alcool et d'autres drogues par les Canadiens: La prévalence de l'usage et les méfaits, rapport détaillé". *Ottawa: Centre Canadien De Lutte Contre L'alcoolisme Et Les Toxicomanies* (2005).
9. Denny CH., *et al.* "Alcohol use among pregnant and non-pregnant women of childbearing age – United States, 1991-2005". *Morbidity and Mortality Weekly Report* 58.19 (2009): 529-532.
10. Walker MJ., *et al.* "The epidemiology of alcohol utilization during pregnancy: an analysis of the Canadian Maternity Experiences Survey (MES)". *BMC Pregnancy and Childbirth* 11 (2011): 52.
11. Cameron CM., *et al.* "Changes in alcohol consumption in pregnant Australian women between 2007 and 2011". *Medical Journal of Australia* 199.5 (2013): 355-357.
12. Balachova T., *et al.* "Women's alcohol consumption and risk for alcohol-exposed pregnancies in Russia". *Addiction* 107.1 (2012): 109-117.

13. Malet L., *et al.* "Alcohol consumption during pregnancy: an urge to decrease prevention and screening". *European Journal of Epidemiology* 21 (2006): 787-788.
14. Jacobson SW., *et al.* "Protective effects of the alcohol dehydrogenase-ADH1B allele in African American children exposed to alcohol during pregnancy". *Pediatrics* 148.1 (2006): 30-37.
15. May PA., *et al.* "Case management reduces drinking during pregnancy among high-risk women". *International Journal of Alcohol and Drug Research* 2.3 (2013): 61-70.
16. Muckle G., *et al.* "Qanuippitaa? How Are We? Alcohol, Drug Use and Gambling Among the Inuit of Nunavik: Epidemiological Profile". *Institut national de santé publique du Québec and Nunavik Regional Board of Health and Social Services, Quebec* (2007).
17. Muckle G., *et al.* "Alcohol, smoking, and drug use among Inuit women of childbearing age during pregnancy and the risk to children". *Alcoholism: Clinical and Experimental Research* 35.6 (2011): 1081-1091.
18. Horrigan TJ., *et al.* "The triad of substance abuse, violence, and depression are interrelated in pregnancy". *Journal of Substance Abuse Treatment* 18.1 (2000): 55-58.
19. Fortin S., *et al.* "Socioeconomic and psychosocial adversity in Inuit mothers from Nunavik during the first postpartum year". *Journal of Aboriginal Health* 9.2 (2015): 63-76.
20. "Fetal alcohol syndrome". *Paediatric Child Health* 7.3 (2002): 161-174.
21. Astley SJ., *et al.* "Fetal alcohol syndrome (FAS) primary prevention through FAS diagnosis: I. A comprehensive profile of 80 birth mothers of children with FAS". *Alcohol Alcoholism* 35.5 (2000): 509-519.
22. Streissguth S. "Fetal alcohol syndrome. A guide for families and communities". *Paul H. Brookes Publishing, British Library. Baltimore, Maryland* (1997).
23. Streissguth S., *et al.* "Risk factors for adverse life outcomes in fetal alcohol syndrome and fetal alcohol effects". *Journal of Developmental and Behavioural Pediatrics* 25.4 (2004): 228-238.
24. Streissguth S., *et al.* "Understanding the occurrence of secondary disabilities in clients with fetal alcohol syndrome (FAS) and fetal alcohol effects (FAE)" Final report to the Centers for disease Control and Prevention on Grant No. RO4/CCR008515 (Tech. Report No. 96-06). Seattle: University of Washington, Fetal Alcohol and Drug Unit (1996).
25. Dunnagan T and Christopher S. "Determinants of alcohol use in pregnant women at risk for alcohol consumption". *Neurotoxicology and Teratology* 25.6 (2003): 659-666.
26. "Enquête de surveillance canadienne de la consommation d'alcool et de drogues (ESCCAD) (Sommaire des résultats pour 2008)". *Health Canada* (2009).
27. "Enquête sur la santé dans les collectivités canadiennes". *Statistic Canada* (2011).

Volume 3 Issue 2 December 2016

© All rights reserved by Marilyn Fortin.