MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Bureau of Substance Abuse and Addiction Services

SUBSTANCE ABUSE TREATMENT POLICY # 11

SUBJECT: Fetal Alcohol Spectrum Disorders

ISSUED: August 24, 2009 **EFFECTIVE: October 1, 2009**

PURPOSE:

The purpose of this policy is to establish the process and expectations for the screening and referral of children for Fetal Alcohol Spectrum Disorder (FASD) and the inclusion of FASD prevention in treatment programs that serve women.

SCOPE

This policy impacts coordinating agencies (CAs) and their provider network of treatment programs that serve women and are funded by Michigan Department of Community Health, Bureau of Substance Abuse and Addiction Services.

BACKGROUND

Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. The term FASD is not intended for use as a clinical diagnosis. It refers to conditions such as fetal alcohol syndrome (FAS), fetal alcohol effects (FAE), alcohol-related neurodevelopment disorder (ARND), and alcohol-related birth defects (ARBD).

Each year, as many as 40,000 babies are born with a FASD, costing the nation about $4 billion. The cost to care for an individual with one of the conditions averages $860,000 per year according to Harwood et al, 2003. Some individuals' care exceeds $4.2 million dollars.

Between fiscal year 2000 and 2004, 50% of Michigan women in treatment reported alcohol as their primary, secondary or tertiary substance of choice. In a recent match of those with a substance use disorder treatment admission and those giving birth in Wayne County; it was found that the average number of days clients were using in the thirty days before entering treatment was 10.33 days. It was also found that there were 2,144 births occurring to the 1,680 women who had a substance use disorder treatment admission. Of these women 48% listed alcohol as their primary substance of choice. When looking at the 2,144 births, 562 of these births were reported to the Michigan Birth Defects Registry with eight having the diagnostic code for FAS (3.7 – 7.8 per 1000 births).

REQUIREMENTS

Substance use disorder treatment programs are in a unique position to have an impact on the FASD problem in two ways. First, it is required that these programs include FASD prevention within their treatment regimen for those women that are included in the selective or indicated group based on Institute of Medicine (IOM) prevention categories. Second, for those treatment programs that have

contact with the children born to women who have used alcohol it is required that the program screen these children for FASD and, if appropriate, refer for further diagnostics services.

FASD Prevention Activities

FASD prevention should be a part of all substance use disorder treatment programs that serve women. Providing education on the risks of drinking during pregnancy and FASD detection and services are easily incorporated into the treatment regimes. It is also recommended that programs who serve men with children, consider providing FASD prevention information.

The IOM Committee to Study Fetal Alcohol Syndrome has recommended three prevention approaches. The universal approach involves educating the public and influencing public policies. The selective approach is targeting interventions to groups that have increased risk for FASD problems such as women of childbearing age that drink. The indicated approach looks at groups who have already exhibited risk behaviors, such as, pregnant women who are drinking or who gave birth to a child who has been diagnosed with FASD. This policy recommends using one of the FASD prevention curriculums for women in the selected or indicated group.

The Center for Disease Control (CDC) funds several organizations to develop and evaluate curricula for varied audiences about FASD. Information on the prevention programs developed can be found on the following websites:

Reducing Alcohol-Exposed Pregnancies Through the Use of Community-Level Guided Self-Change Programs http://www.cdc.gov/ncbddd/fas/reduce.htm

Project CHOICES (Changing High-Risk AlcOhol use and Increasing Contraception Effectiveness Study) http://www.cdc.gov/ncbddd/fas/choices.htm

Project BALANCE (Birth Control and ALcohol Awareness: Negotiating Choices Effectively) http://www.cdc.gov/ncbddd/fas/balance.htm

Preventing Alcohol-Exposed Pregnancies in Diverse Populations http://www.cdc.gov/ncbddd/fas/diverse.htm

Increasing Public Awareness of the Risks of Alcohol Use During Pregnancy through Targeted Media Campaigns http://www.cdc.gov/ncbddd/fas/pubawarenss.htm

Enhancing Clinical Practices to Prevent Alcohol-Exposed Pregnancies http://www.cdc.gov/ncbddd/fas/enhancingpractices.htm

Improving Community-Based Fetal Alcohol Syndrome Prevention Efforts Using the Fetal and Infant Mortality Review Methodology http://www.cdc.gov/ncbddd/fas/improvingprevention.htm

The Substance Abuse Mental Health Service Agency (SAMHSA) through the Center for Substance Abuse Treatment has funded the Fetal Alcohol Spectrum Disorders Center for Excellence. Congress authorized the Center for Excellence in 2000. The purpose of the Center is to:

- Study innovative clinical interventions and service delivery improvement strategies.
- Identify communities with exemplary comprehensive systems of care for such individuals.
- Provide technical assistance to communities to develop comprehensive systems of care.
- Train individuals in service systems dealing with persons and families affected by FASD.
- Develop innovative techniques to prevent FASD.

The FASD Center provides information and lists of resources on its website (www.fascenter.samhsa.org). SAMHSA has produced a video that is free of charge called "Recovering Hope." This video would be a good resource for use during FASD prevention or education sessions.

FASD Screening

For any treatment program that serves women, it is required that the program complete the FASD prescreen for children that they interact with during their mother's treatment episode. Substance use disorder clinicians do not need to be able to diagnose a child with any disorder in the spectrum of FASD, but do need to be able to screen for the conditions of FASD and make the proper referrals for diagnosis and treatment. The decision to make a referral can be difficult. When dealing with the biological family, issues of social stigma, denial, guilt and shame may surface. For adoptive families, knowledge of alcohol use during pregnancy maybe limited. The following guidelines were developed to assist clinicians in making the decision as to whether a referral is needed. Each case should be evaluated individually. However, if there is any doubt, a referral to a FAS Diagnostic Clinic should be made.

The following circumstances should prompt a clinician to complete a screen to determine if there is a need for a diagnostic referral:

- When prenatal alcohol exposure is known and other FAS characteristics are present, a child should be referred for a full FASD evaluation when substantial prenatal alcohol use by the mother (i.e., seven or more drinks per week, three or more drinks on multiple occasions, or both) has been confirmed.
- When substantial prenatal alcohol exposure is known, in the absence of any other positive criteria (i.e., small size, facial abnormalities, or central nervous system problems), the primary care physician should document exposure and monitor the child for developmental problems.
- When information regarding prenatal exposure is unknown, a child should be referred for a full FASD evaluation for any one of the following:

    - Any report of concern by a parent or caregiver that a child has or might have FASD
    - Presence of all three facial features
    - Presence of one or more facial features with growth deficits in weight, height or both
    - Presence of one or more facial features with one or more central nervous system problems
    - Presence of one or more facial features with growth deficits and one or more central nervous system problems

- There are family situations or histories that also may indicate the need for a referral for a diagnostic evaluation. The possibility of prenatal exposure should be considered for children in families who have experienced one or more of the following:

    - Premature maternal death related to alcohol use (either disease or trauma)
    - Living with an alcoholic parent
    - Current or history of abuse or neglect
    - Current or history of involvement with Child's Protective Services
    - A history of transient care giving institutions
    - Foster or adoptive placements (including kinship care)

The attached Fetal Alcohol Syndrome (FAS) Pre-Screen Form can be used to complete the screening process. It also lists the Fetal Alcohol Diagnostic Clinics located in Michigan with telephone numbers for easy referral. These clinics complete FASD evaluations and diagnostic services. The clinics also identify and facilitate appropriate health care, education and community services needed by persons diagnosed with FAS.

REFERENCES

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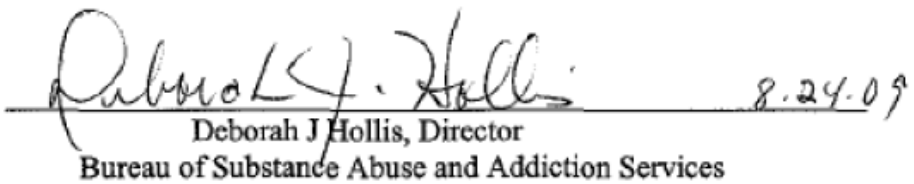
APPROVED BY:  8.24.09

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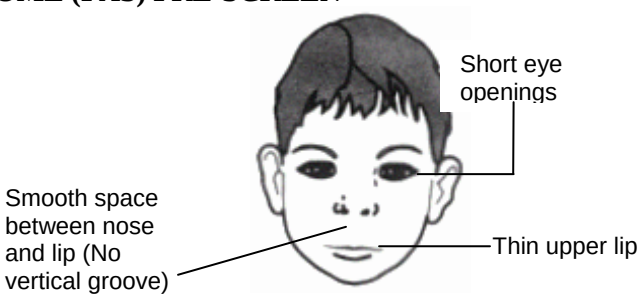
Michigan Department of Community Health
Fetal Alcohol Spectrum Disorders Program
FETAL ALCOHOL SYNDROME (FAS) PRE-SCREEN

FAS is a birth defect caused by alcohol use during pregnancy. FAS is a medical diagnosis. This form is not intended to take the place of a diagnostic evaluation.



FACIAL FEATURES

Last Name:	First Name:	Sex: ☐ Male ☐ Female
Address:		Race:
City/State/Zip code:		Birthdate:
Parent/Caregiver Name(s):		Home Phone:
☐ Bio ☐ Foster ☐Adopted ☐Other		Work Phone/Cell:

*If **2 or more** of the identifiers listed below are noted, the individual should be referred for a full FAS Diagnostic Evaluation.*

IDENTIFIERS	Check or explain if a concern exists
1. Height and weight seem small for age	
2. Facial features (See diagram above)	
3. Size of head seems small for age	
4. Behavioral concerns: (any one of these qualifies as an identifier) • Sleeping/eating problem • Mental retardation or IQ below familial expectations • Attention problem/impulsive/restless • Learning disability • Speech and/or language delays • Problem with reasoning and judgment • Acts younger than children the same age	
5. Maternal alcohol use during pregnancy	

Any previous diagnosis:_____

Screener _____ Agency _____

Contact the nearest center to schedule a complete FAS diagnostic evaluation.

FAS DIAGNOSTIC CENTERS IN MICHIGAN

Ann Arbor: 734-936-9777 Grand Rapids: 616-391-2319 Marquette: 906-225-4777

Detroit: 313-993-3891 Kalamazoo: 269-387-7073