Fetal Alcohol Spectrum Disorders (FASD) and Alcohol Consumption Prevention

Recommendations for Treatment
Public Health Objective and Guidelines

Health People 2020

- Teenage pregnancy,
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence,
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide
Public Health Objective and Guidelines

• Chronic Disease Indicators (CDI)
  – CDC,
  – the Council of State and Territorial Epidemiologists (CSTE),
  – National Association of Chronic Disease Directors (NACDD)
Public Health Objective and Guidelines

• Dietary Guidelines for Americans 2010
  – Moderation: up to 1 drink per day for a woman and up to 2 drinks per day for men.
Public Health Objective and Guidelines

• National Prevention Strategy
  – Support implementation and enforcement of alcohol control policies.
  – Create environments that empower young people not to drink or use other drugs.
  – Identify alcohol abuse disorders early and provide brief intervention, referral and treatment.
  – Implement evidence-based interventions
Defining Drinking Behavior

For women:

• Binge drinking: 4 or more drinks at any one occasion

• “Risky drinking”: binge drinking and/or 8 or more drinks per week
Alcohol-Drinking Statistics

- 29% of U.S. drink at “risky” levels
- 4% are considered alcohol-dependent
- 38 million binge drink 4 times a month
Alcohol-Drinking Statistics

Women aged 18-44 years

• 52% report drinking alcohol
• 15% report binge drinking
  – U.S. median: 17.2%; state range: 9.2% - 30.6%
# Impact of Alcohol

alcohol-attributable deaths (AAD)  
years of potential life lost (YPLL)

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2010</th>
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<tbody>
<tr>
<td>AAD</td>
<td>75,000</td>
<td>2.3 million</td>
</tr>
<tr>
<td>YPLL</td>
<td>88,000</td>
<td>2.5 million</td>
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http://www.cdc.gov/ncbddd/fasd/faqs.html
Alcohol-Drinking Statistics

Pregnant women aged 18-44 years

- 8% report drinking alcohol
- 1% report binge drinking
Risk for Alcohol-Exposed Pregnancies (AEP)

• Drinking at “risky” levels may result in unplanned pregnancies
• Ineffective or non-use of contraception
• May continue to drink up to 4-6 weeks unknowingly pregnant.
Types of FASD

• Fetal Alcohol Syndrome (FAS)
• Alcohol-Related Neuro-developmental Disorder (ARND)
  – Behavioral and learning disabilities
• Alcohol-Related Birth Defects (ARBD):
  – Heart, kidney, bone, vision, hearing
FAS Prevalence

• 0.3 – 0.8 per 1000 in studies that reviewed records
  CDC, 2002

• 6 – 9 per 1000 in studies with in-person assessments
  May, 2014

More accurate diagnosis and reporting of FAS prevalence is necessary for planning public health intervention

• Fox, et al., 2015
FASD Prevalence

As more research is done and improvements to methodology made, there are advancements in assessing prevalence.

2009 FASD prevalence believed to be 1%
May, et al., 2009

2014 data suggests as high as 4%
May, et al., 2014
FASD Prevalence (Controversy)

- Missed diagnosis
- Inaccurate documentation/charting
- FASD not consistently defined/understood
- Unclear criteria for referral to specialized treatment
- Passive detection methods

SAMHSA, 2014
There is “no safe level of alcohol consumption during pregnancy”

Office of Surgeon General, 2005
Hicks & Tough, 2009
Feldman et al. 2012
Conflicting Arguments

• “Why I Drank While I Was Pregnant”
  – Suggested that drinking in moderation is safe
    Cosmopolitan Online, 2014
    http://www.cosmopolitan.com/sex-love/news/a32292/why-i-drank-while-i-was-pregnant/

• Danish study: No increased risk with drinking in moderation
  Kesmodel, 2012
Conflicting Arguments

- US New & World Report Counterargument
  http://www.inquisitr.com/1569672/fasd-research-more-kids-damaged-by-women-drinking-during-pregnancy-than-previously-expected/
Screening

• U.S. Preventive Services Task Force (USPSTF) recommends alcohol misuse screening and behavioral counseling (alcohol screening and brief intervention [SBI]) for adults.

• 1 in 6, including risky drinkers, report discussing alcohol with a health professional

Morbidity and Mortality Weekly Report (MMWR), 2014
Barriers to SBI

• Time

• Patient-Provider relationship
Less Barriers to Screening

- The Affordable Care Act
- Mental Health Parity and Addiction Equity Act

- Many health plans will now pay for alcohol and substance use screening and brief intervention.
  - Patient encounters must include both screening with a validated instrument and counseling by a qualified health care professional of at least 15 minutes.
Screening

Valid Instruments

- Single Question Screen
- AUDIT 1-3
- CAGE
- T-ACE
- AUDIT (US)
  - Only if indicated by briefer screen. Does not diagnose but may indicate need for referral
Brief Intervention

• Feedback
  – Results of Screening

• Listen
  – Listen for change talk

• Options
What is a Standard Drink (Used for simple education or feedback)

12 fl oz of regular beer = 8–9 fl oz of malt liquor (shown in a 12 oz glass) = 5 fl oz of table wine = 1.5 fl oz shot of 80-proof spirits (whiskey, gin, rum, vodka, tequila, etc.)

- About 5% alcohol
- About 7% alcohol
- About 12% alcohol
- About 40% alcohol

The percent of “pure” alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.
Brief Intervention: Motivational Interviewing

After screening:

- “I’d like to take a few minutes to talk about your alcohol use”
- Feedback
- Contraceptive use
- Assess readiness to change
- Enhance motivation
- Negotiate and advise
- Arrange follow up
- Follow up

http://www.womenandalcohol.org/pdf/Pocket%20card%20draft%2012-29-11.pdf
Brief Intervention (FRAMES)

- Feedback—Compare the patient's risk behavior with nonrisk behavior patterns. She may not be aware that what she considers normal is risky.
- Responsibility—Stress that it is her responsibility to make the change.

ACOG, 2009
Brief Intervention (FRAMES)

• Advice—Give direct advice (not insistence) to change the behavior.
• Menu—Identify "risk situations" and offer options for coping.

ACOG, 2009
Brief Intervention (FRAMES)

- **Empathy**—Use a style of interaction that is understanding and involved.
- **Self-efficacy**—Elicit and reinforce self-motivating statements such as "I am confident that I can stop drinking." Help the patient to develop strategies, implement them, and commit to change.

ACOG, 2009
Brief Intervention
At risk for alcohol-exposed pregnancy

CHOICES (Changing High-Risk Alcohol use and Increasing Contraceptive Effectiveness Study)

• Does not require women to stop drinking
• Encourages effective contraception use
• Discourages risky drinking behaviors
Alcohol and Breastfeeding

- Alcohol does not improve either the quality or the quantity of breastmilk.
- Alcohol may hinder the let-down reflex.
- There is no benefit to the sleep of either the baby or the mother when the mother drinks alcohol.
- Drinking alcohol during breastfeeding may have long-term negative effects on the developing child.
- The amount of alcohol that the mother drinks may be more than she thinks due to variations in alcohol content of drinks, even so-called “low-alcohol” beverages.
- The mother can pump and store breastmilk if she knows she might drink alcohol, pump again after at least 2 hours have passed since drinking alcohol. She should discard milk produced within 2 hours of drinking alcohol.

Bowen & Tumback, 2010
Resources

• The American College of Obstetricians and Gynecologists (ACOG), in collaboration with CDC, has developed the Women and Alcohol Website

• It includes an SBI tool in pocket-card or smart-phone app

http://www.womenandalcohol.org/
http://www.womenandalcohol.org/faq.html#f
Resources

• [http://www.cdc.gov/ncbddd/fasd/hcp.html](http://www.cdc.gov/ncbddd/fasd/hcp.html)
More Resources for Screening Tools and Interventions

• Tip #58 FASD

SAMHSA
Billing Resources


• An article on Medicaid reimbursement for SBI has some helpful background information and a list of states with open or listed codes as of July 2010. It can be accessed at http://ps.psychiatryonline.org/data/ Journals/PSS/3936/pss6203_0306.pdf

• A digital tool designed to help you determine whether billing codes are listed on a state’s fee schedule, and, if listed, whether or not they are open for reimbursement (i.e., a billing amount has been assigned to the codes). Click on the state to see the information. http://ireta.org/sbirt-reimbursement-map
If you are pregnant or trying to get pregnant and cannot stop drinking, the following organizations and resources can help:

National Organization on Fetal Alcohol Syndrome (NOFAS)  
[www.nofas.org](http://www.nofas.org) or call 800–66–NOFAS (66327)

Substance Abuse Treatment Facility Locator  
[www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov) or call 800–622–HELP (4357)

Alcoholics Anonymous [www.aa.org](http://www.aa.org)

March of Dimes [www.marchofdimes.com](http://www.marchofdimes.com)

National Institute on Alcohol Abuse and Alcoholism [www.niaaa.nih.gov](http://www.niaaa.nih.gov)