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What is FAS?

Fetal alcohol syndrome (FAS) is a permanent birth defect syndrome caused by maternal consumption of alcohol during pregnancy. FAS is characterized by growth deficiency, permanent brain damage, and a unique cluster of [facial features](#). Not all children exposed to alcohol during gestation are born with FAS. Many are born with the same severity of brain damage, but do not have the facial features that permit a diagnosis of FAS. These children need the same social, educational, and healthcare services as children with FAS and far outnumber children with FAS. The full spectrum of damage caused by prenatal alcohol exposure is called Fetal Alcohol Spectrum Disorders (FASD).

What is the Fiscal Impact of FAS on Washington State?

- It costs WA an estimated \$1,500,000 in lifetime social and health care services for every child born with FAS.
- Preventing just one FAS birth will pay for over 4 years of the FAS DPN operating costs.
- The FAS DPN has the opportunity to prevent 10-20 FAS births per year.
- It costs Washington State [30 times](#) more to raise a child with FAS than to prevent FAS in a child.

FAS Facts

- FAS is 100% preventable.
- FAS is the leading known cause of intellectual disabilities.
- An estimated 200 children are born with FAS in WA each year. An additional 400 to 1,000 children are born each year with permanent brain damage associated with prenatal alcohol exposure (FASD).
- FAS is not just a health care issue. Its primary impact is on schools, foster and adoption services, the justice system, and mental health services.
- Less than 10% of adults with FAS live independently or remain employed.

What is the WA FAS Diagnostic and Prevention Network (FAS DPN)?

- The [WA FAS DPN](#) was established in 1995 through [Senate Bill 5688](#) and is the first program of its kind in the nation.
- It consists of five [clinical sites](#) in Spokane, Yakima, Whitman, Snohomish, and Pierce counties led by the Core diagnostic/research/training site in King County at the University of Washington. www.fasdpn.org
- The WA State FAS DPN is currently recognized as a national model for FAS diagnosis and prevention demonstrating an [invaluable partnership](#) between academic research and public health through interagency collaboration.
- Our [Mission](#): FASD prevention through FASD [screening](#), [diagnosis](#), [intervention](#), [research](#), and [training](#).

What does the FAS DPN do for children, families, and health care professionals in WA?

Diagnostic Program

- We provide accurate [diagnoses and comprehensive care plans](#) for individuals of all ages with prenatal alcohol exposure statewide. [Patient satisfaction](#) is high. 91% of families report they received help from us they could not receive elsewhere. 99% would recommend our diagnostic services to other families in similar need.
- We developed the [FASD 4-Digit Diagnostic system](#) and [FAS Facial Recognition Software](#) that is now used worldwide.

Training Program

- We provide [FASD training](#) to 1000s of community health care, educational, correctional, and social service providers statewide.

Screening Program

- We used our FAS Facial Recognition Software to screen all children entering King County Foster Care for FAS for 10 years. The [prevalence of FAS in King County foster care](#) is 10 times higher (1/100) than in the general population (1/1000). Early accurate diagnosis reduces secondary disabilities.

Intervention Services

- The FAS DPN has attracted millions of dollars in free assessment (e.g., [MRIs](#), [neuropsychological exams](#)) and [intervention](#) services (e.g., 9-month in-home intervention) for hundreds of WA children through the FAS DPN [research program](#).

Primary Prevention Program

- We [identify women at highest risk](#) to give birth to children damaged by prenatal alcohol, namely the birth mothers of children diagnosed with brain damage and prenatal alcohol exposure at our FAS DPN clinics. We provide the women with referrals to appropriate community-based programs including the Parent-Child Assistance Program to help them reduce their use of alcohol and practice effective family planning.

Evidence of Success

- [Published evidence](#) supports WA FASD prevention efforts are working! A significant reduction in maternal drinking during pregnancy correlated with a significant reduction in the number of children being born with FAS.