

Fetal alcohol  
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FASroup of physical and mental birth defects that are the direct result of a woman's drinking alcohol during pregnancy.

Fetal Alcohol Syndrome is a series of mental and physical birth defects that can include mental retardation, growth deficiencies, central nervous system dysfunction, craniofacial abnormalities and behavioral maladjustment's.

Fetal Alcohol Effect is a less severe set of the same symptoms.

All communities nationwide, and especially high-risk women in their childbearing years, need better information about the dangers of drinking during pregnancy. But most health care providers are unfamiliar with and untrained in the issues of substance abuse among pregnant women. FAS/FAE is widely misdiagnosed and under diagnosed and less than 10% of medical schools require students to complete a course on the proper diagnosis and referral of individuals with alcoholism and other drug addictions.

Statistics study found that doctors appear less likely to tell a black woman to quit drinking and smoking during pregnancy than they are to tell a white woman. Pregnant black women were thirty percent more likely than white women to report that they had never been told to quit drinking. (The New York Times, January 19, 1994)If you drink wine, beer, or liquor when you are pregnant, your baby could develop FAS. A baby with FAS can suffer from mental retardation, central nervous dysfunction, organ dysfunction and facial abnormalities. These disabilities will last a lifetime. No amount of alcohol has been proven safe to consume during pregnancy. FAS and FAE (Fetal Alcohol Effects) are 100% preventable when a pregnant woman abstains from alcohol.

In 1991, The Journal of the American Medical Association reported that FAS is the leading known cause of mental retardation. At least 5, 000 infants are born each year with FAS, or approximately one out of every 750 live births. Thirty to forty percent of babies whose mothers drink heavily throughout pregnancy have the Syndrome. FAS/FAE is a problem found in all races and socio-economic groups. FAS and FAE are widely under diagnosed. Some experts believe between one third and two-thirds of all children in special education have been affected by alcohol in some way.

FAS/FAE produces irreversible physical, mental and emotional effects.

Behavioral and mental problems of FAE children can be just as severe as those of FAS children. Many children with FAS/FAE are not able to understand cause and effect relationships and long-term consequences. The institutional and medical costs for one child with FAS are \$1. 4 million over a lifetime.

What babies are “ at risk” for FAS and FAE? Whenever a mother drinks, her baby is at risk for Fetal Alcohol Syndrome or Fetal Alcohol Effect. When a pregnant women drinks alcohol, her baby does too. It is not clear whether there is a threshold amount of alcohol that must be consumed before damage to the baby occurs. There is also no proof that small amounts of alcohol are safe. Is there a cure for FAS? There is no cure for Fetal Alcohol Syndrome. Once the damage is done, it cannot be undone. However, FAS is the only cause of birth defects that can be completely prevented. How can FAS be prevented? The easiest way for a woman to prevent FAS is to not drink during pregnancy. Communities, schools, and concerned individuals can help to prevent FAS/FAE, through education and intervention.\*\*

According to the Substance Abuse and Mental Health Services Administration

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(SAMHSA), 2. 6 million young people do not know that a person can die of an overdose of alcohol. 20 Alcohol poisoning occurs when a person drinks a large quantity of alcohol in a short amount of time.\*\* The amount of alcohol in the bloodstream is called the blood alcohol concentration or BAC. BAC is measured in percentages. For examples, a BAC of 0. 10 percent means that a person has 1 part alcohol per 1, 000 parts blood in the body. Most experts define a lethal dose of alcohol at about . 40 to . 50 percent; however, the level can be higher or lower for different individuals. 21\*\* Impaired driving can occur with very low blood alcohol percentages. For most young people, even one drink can adversely affect driving skills. 22\*\* For young drivers 15 to 20 years old, alcohol involvement is higher among males than among females. In 1997, 25 percent of the young male drivers involved in fatal crashes had been drinking at the time of the crash, compared with 12 percent of the young females drivers involved in fatal crashes. 23Alcoholthe most widely used drug among youthcauses serious and potentially life-threatening problems for this population. 1 Research indicates that drinking is associated with risk-taking and sensation-seeking behavior among adolescents. Alcohol has disinhibiting effects that may increase the likelihood of unsafe activities. 2? In 1997, 21 percent of the young drivers 15 to 20 years old who were killed in crashes were intoxicated. 3 For young drivers, alcohol involvement is higher among males than among females. In 1997, 25 percent of the young male drivers involved in fatal crashes had been drinking at the time of the crash, compared with 12 percent of the young female drivers involved in fatal crashes. 4? According to national data, drowning is the leading cause of injury-related death among adolescents and young adults. Factors contributing to youth drowning include alcohol which

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can severely affect a swimmers coordination and judgment. Forty to 50 percent of young males who drown were drinking when they died, and an equal percentage of all diving accidents are alcohol related. 5?

Approximately 240, 000 to 360, 000 of the nations 12 million current undergraduates will ultimately die from alcohol-related causes. 6? People who begin drinking before the age of 15 are four times more likely to develop alcohol dependence than those who wait until age 21. Each additional year of delayed drinking onset reduces the probability of alcohol dependence by 14 percent. 7? Adolescents who drink heavily assume the same long-term health risks as adults who drink heavily. This means they are at increased risk of developing cirrhosis of the liver, pancreatitis, hemorrhagic stroke, and certain forms of cancer. 8? Adolescents who use alcohol are more likely to become sexually active at an earlier age, to have sex more often, and to engage in unprotected sex, which places them at greater risk of HIV infection and other sexually transmitted diseases. 9? One study showed that students diagnosed with alcohol abuse were four times more likely to experience major depression than those without an alcohol problem. 10? Alcohol use among adolescents has been associated with considering planning, attempting, and completing suicide. Research does not indicate whether drinking causes suicidal behavior, only that the two behaviors are correlated. 11? Drinking alcohol during pregnancy can lead to serious and permanent brain damage in the unborn child. This can result in mental retardation and severe emotional problems as the child grows up. 12? A lower dosage of alcohol will damage a young brain compared to a fully mature brain, and young brains are damaged more quickly. Alcohol exposure during adolescence is linked with a reduced ability to learn compared with

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those not exposed until adulthood. 13? Alcohol is implicated in more than 40 percent of all college academic problems and 28 percent of all college dropouts. 14 At both 2- and 4-year colleges, the heaviest drinkers make the lowest grades. 15? High school students who use alcohol or other substances are five times more likely than other students to drop out of school or to believe that earning good grades is not important. 16 Crime? About half of college students who are victims of crime are drinking when they are victimized. 17? In a high percentage of serious crimes, alcohol is found in the offender, the victim, or both, and alcohol-related problems are disproportionately found in both juvenile and adult offenders. 18? Ninety-five percent of violent crime on college campuses is alcohol related, and 90 percent of college rapes involve alcohol use by the victim and/or assailant. 19 SAMHSA programs like Girl Power! and Planet Teen are helping young people learn how to make healthy choices.

? The laws are working. All states and the District of Columbia now have minimum drinking-age laws set at 21 years of age. The National Highway Traffic Safety Administration (NHTSA) estimates that these laws have reduced traffic fatalities involving drivers 18 to 20 years old by 13 percent. In 1997, an estimated 846 lives were saved by minimum drinking-age laws. Fifteen states have set 0.08 g/dl as the legal intoxication limit, and all 50 states and the District of Columbia have zero tolerance laws for drivers under the age of 21 (it is illegal for drivers under age 21 to drive with BAC levels of 0.02 g/dl or greater). 24? Prevention programs are working. The rate of alcohol use among adolescents ages 12 to 17 fell from about 50 percent in 1979 to 21 percent in 1991 and has remained relatively stable

since. 25Sources1 National Institute on Alcohol Abuse and Alcoholism, Youth Drinking: Risk Factors and Consequences, Alcohol Alert No. 37, July 1997. 2 National Institute on Alcohol Abuse and Alcoholism, Ninth Special Report to the U. S. Congress on Alcohol and Health, Bethesda, MD: U. S. Department of Health and Human Services, 1997. 3National Highway Traffic Safety Administration, Young Drivers Traffic Safety Facts 1997, Washington, D. C.: U. S. Department of Transportation, 1997. 4 Ibid. 5 Office of the Inspector General, Report to the Surgeon General, Youth and Alcohol: Dangerous and Deadly Consequences, Washington, DC: U. S. Department of Education, 1992. 6 National Center on Addiction and Substance Abuse, Rethinking Rites of Passage: Substance Abuse on Americas Campuses, Columbia University, New York, 1994. 7 Grant, B. F., The impact of a family history of alcoholism on the relationship between age at onset of alcohol use and DSM-IV alcohol dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey, Alcohol Health and Research World, Volume 22, 1998. 8 National Institute in Alcohol Abuse and Alcoholism, Alcohol Health and Research World, Volume 17, No. 2, 1993. 9 Office of the Inspector General, Report to the Surgeon General, Youth and Alcohol: Dangerous and Deadly Consequences, Washington, DC: U. S. Department of Education, 1992. 10 National Institute or Alcohol Abuse and Alcoholism, Youth Drinking: Risk Factors and Consequences, Alcohol Alert No. 37, July 1997. 11 Ibid. 12 National Institute on Alcohol Abuse and Alcoholism, Ninth Special Report to the U. S. Congress on Alcohol and Health, Bethesda, MD: U. S. Department of Health and Human Services, 1997. 13 Swartzwelder, H. S., Wilson, W. A., and Tayyeb, M. I., Age-dependent inhibition of long-term potentiation by ethanol in immature versus mature hippocampus, Alcoholism: Clinical Experimental <https://assignbuster.com/fetal-alcohol-syndrome-is-the-name-given-to-a-g/>

Research, Volume 20, 1996. 14 National Center on Addiction and Substance Abuse, Rethinking Rites of Passage: Substance Abuse on Americas Campuses, Columbia University, New York, 1994. 15 National Clearinghouse for Alcohol and Drug Information, Alcohol, Tobacco, and Other Drugs and the College Experience, Making the Link, 1995. 16 National Institute on Drug Abuse, National Survey Results on Drug Use from The Monitoring the Future Study, 1975-1997, Volume I: Secondary School Students, Rockville, MD: Department of Health and Human Services, 1998. 17 National Center on Addiction and Substance Abuse, Rethinking Rites of Passage: Substance Abuse on Americas Campuses, Columbia University, N. Y., 1994. 18 National Institute on Alcohol Abuse and Alcoholism, Ninth Special Report to the U. S. Congress on Alcohol and Health, Bethesda, MD: U. S. Department of Health and Human Services, 1997. 19 National Center on Addiction and Substance Abuse, Rethinking Rites of Passage: Substance Abuse on Americas Campuses, Columbia University, New York, 1994. 20 Office of Substance Abuse Prevention, Too many young people drink and know too little about the consequences, Rockville, MD: U. S. Department of Health and Human Services, 1991. 21 National Institute on Alcohol Abuse and Alcoholism, Drinking and Driving, Alcohol Alert No. 31, January 1996. 22 Ibid. 23 National Highway Traffic Safety Administration, Young Drivers Traffic Safety Facts 1997, Washington DC: U. S. Department of Transportation, 1997. 24 Ibid. 25 Substance Abuse and Mental Health Services Administration, Summary of Findings from the 1998 National Household Survey on Drug Abuse, Rockville, MD: U. S. Department of Health and Human Services, 1999. CHILDREN OF ALCOHOLICS: IMPORTANT FACTS<sup>1</sup>. Alcoholism affects the entire family. Living with a non-recovering alcoholic in the family can contribute to stress

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for all members of the family. Each member may be affected differently. Not all alcoholic families experience or react to this stress in the same way. The level of dysfunction or resiliency of the non-alcoholic spouse is a key factor in the effects of problems impacting children. Children raised in alcoholic families have different life experiences than children raised in non-alcoholic families. Children raised in other types of dysfunctional families may have similar developmental losses and stressors as do children raised in alcoholic families. Children living with a non-recovering alcoholic score lower on measures of family cohesion, intellectual-cultural orientation, active-recreational orientation, and independence. They also usually experience higher levels of conflict within the family. Many children of alcoholics (COAs) experience other family members as distant and non-communicative. Children of alcoholics may be hampered by their inability to grow in developmentally healthy ways.

2. Many people report being exposed to alcoholism in their families. Seventy six million Americans, about 43% of the U. S. adult population, have been exposed to alcoholism in the family. Almost one in five adult Americans (18%) lived with an alcoholic while growing up. Roughly one in eight American adult drinkers is alcoholic or experiences problems due to the use of alcohol. The cost to society is estimated at in excess of \$166 billion each year. There are an estimated 26. 8 million COAs in the United States. Preliminary research suggests that over 11 million are under the age of 18.

3. There is strong, scientific evidence that alcoholism tends to run in families. Children of alcoholics are more at risk for alcoholism and other drug abuse than children of non-alcoholics. Children of alcoholics are four times more likely than non-COAs to develop alcoholism. Genetic factors play a major role in the development of alcoholism. There is an

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expanding base of literature which strongly supports a heritable basis for alcoholism and a range of family influences that may direct the development of children of alcoholics. Children's perceptions of parental drinking quantity and circumstances appear to influence their own drinking frequency.

Children's alcohol expectancies reflect recognition of alcohol-related norms and a cognizance of parental drinking patterns by a very early age. Alcohol expectancies appear to be one of the mechanisms explaining the relationship between paternal alcoholism and heavy drinking among offspring during college. Parental alcoholism and other drug dependencies have an impact upon children's early learning about alcohol and other drugs. Family interaction patterns also may influence the COA's risk for alcohol abuse. It has been found that families with an alcoholic parent displayed more negative family interaction during problem-solving discussions than in non-alcoholic families. Almost one-third of any sample of alcoholics has at least one parent who also was or is an alcoholic. Children of alcoholics are more likely than non-COAs to marry into families in which alcoholism is prevalent. Parental alcoholism influences adolescent substance use through several different pathways including stress, negative affect and decreased parental monitoring. Negative affect and impaired parental monitoring are associated with adolescent's joining in a peer network that supports drug use behavior.

After drinking alcohol, sons of alcoholics experience more of the physiological changes associated with pleasurable effects compared with sons of non-alcoholics, although only immediately after drinking. 4.

Alcoholism usually has strong negative effects on marital relationships.

Separated and divorced men and women were three times as likely as married men and women to say they had been married to an alcoholic or problem drinker. Almost two-thirds of separated and divorced women, and almost half of separated or divorced men, under age 46, have been exposed to alcoholism in the family at some time. 5. Alcohol is associated with a substantial proportion of human violence, and perpetrators are often under the influence of alcohol. Alcohol is a key factor in 68% of manslaughters, 62% of assaults, 54% of murders and attempted murders, 48% of robberies, and 44% of burglaries. Studies of family violence frequently document high rates of alcohol and other drug involvement. COAs may be more likely to be the targets of physical abuse and to witness family violence. Compared with non-alcoholic families, alcoholic families demonstrate poorer problem-solving abilities, both among the parents and within the family as a whole. These poor communication and problem-solving skills may be mechanisms through which lack of cohesion and increased conflict develop and escalate in alcoholic families. COAs are more at risk for disruptive behavioral problems and are more likely than non-COAs to be sensation seeking, aggressive, and impulsive. 6. Based on clinical observations and preliminary research, a relationship between parental alcoholism and child abuse is indicated in a large proportion of child abuse cases. A significant number of children in this country are being raised by addicted parents. With more than one million children confirmed each year as victims of child abuse and neglect by state child protective service agencies, state welfare records have indicated that substance abuse is one of the top two problems exhibited by families in 81% of the reported cases. Studies suggest an increased prevalence of alcoholism among parents who abuse children. Existing research suggests alcoholism is

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more strongly related to child abuse than are other disorders, such as parental depression. Although several studies report very high rates of alcoholism among the parents of incest victims, much additional research is needed in this area. 7. Children of alcoholics exhibit symptoms of depression and anxiety more than children of non-alcoholics. In general, COAs appear to have lower self-esteem than non-COAs in childhood, adolescence and young adulthood. Children of alcoholics exhibit elevated rates of psychopathology. Anxiety, depression, and externalizing behavior disorders are more common among COAs than among children of non-alcoholics. Young COAs often show symptoms of depression and anxiety such as crying, bed wetting, not having friends, being afraid to go to school, or having nightmares. Older youth may stay in their rooms for long periods of time and not relate to other children claiming they “ have no one to talk to.” Teens may show depressive symptoms by being perfectionistic in their endeavors, hoarding, staying by themselves, and being excessively self-conscious. Teenage COAs may begin to develop phobias. 8. Children of alcoholics experience greater physical and mental health problems and higher health care costs than children from non-alcoholic families. Inpatient admission rates for substance abuse are triple that of other children. Inpatient admission rates for mental disorders are almost double that of other children. Injuries are more than one and one-half times greater than those of other children. The rate of total health care costs for children of alcoholics is 32% greater than children from non-alcoholic families. 9. Children of alcoholics score lower on tests measuring verbal ability. COAs tend to score lower on tests that measure cognitive and verbal skills. Their ability to express themselves may be impaired, which can impede their school performance, peer relationships, ability to develop and

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sustain intimate relationships, and hamper performance on job interviews. Low verbal scores, however, should not imply that COAs are intellectually impaired. 10. Children of alcoholics often have difficulties in school. COAs often believe that they will be failures even if they do well academically. They often do not view themselves as successful.

Children of alcoholics are more likely to be raised by parents with poorer cognitive abilities and in an environment lacking stimulation. A lack of stimulation in the rearing environment may account in part for the pattern of failure found in COAs compared with non-COAs. Pre-school aged COAs exhibited poorer language and reasoning skills than did non-COAs, and poorer performance among the COAs was predicted by the lower quality of stimulation present in the home. COAs are more likely to be truant, drop out of school, repeat grades, or be referred to a school counselor, or psychologist. This may have little to do with academic ability; rather, COAs may have difficulty bonding with teachers, other students and school; they may experience anxiety related to performance; or they may be afraid of failure. The actual reasons have yet to be determined. There is an increasing body of scientific evidence indicating that risk for later problems, and even alcoholic outcomes is detectable early in the life course and, in some instances, before school entry. 11. Children of alcoholics have greater difficulty with abstraction and conceptual reasoning. Abstraction and conceptual reasoning play an important role in problem solving, whether the problems are academic or are situation related to the problems of life. Therefore, children of alcoholics might require very concrete explanations and instructions.

12. Children of alcoholics may benefit from adult efforts which help them to: Develop autonomy and independence. Develop a strong social orientation and social skills. Engage in acts of “ required helpfulness.” Develop a close bond with a care-giver. Cope successfully with emotionally hazardous experiences. Perceive their experiences constructively, even if those experiences cause pain or suffering, and gain, early in life, other people’s positive attention. Develop day-to-day coping strategies. 13. Children can be protected from many problems associated with growing up in an alcoholic family. If healthy family rituals or traditions, such as vacations, mealtimes or holidays, are highly valued and maintained, if the active alcoholic is confronted with his or her problem, if there are consistent significant others in the life of the child or children, and if there is moderate to high religious observance, children can be protected from many of the consequences of parental alcoholism. 14. Maternal alcohol consumption during any time of pregnancy can cause alcohol related birth defects or alcohol related neurological deficits. The rate of drinking during pregnancy appears to be increasing.

Prenatal alcohol effects have been detected at moderate levels of alcohol consumption by non-alcoholic women. Even though a mother is not an alcoholic, her child may not be spared the effects of prenatal alcohol exposure. Cognitive performance is less affected by alcohol exposure in infants and children whose mothers stopped drinking in early pregnancy, despite the mothers’ resumption of alcohol use after giving birth. One analysis of 6 year-olds, with demonstrated effects of second-trimester

alcohol exposure, had lower academic achievement and problems with reading, spelling, and mathematical skills.

Approximately 6 percent of the offspring of alcoholic women have Fetal Alcohol Syndrome (FAS); the FAS risk for offspring born after an FAS sibling, is as high as 70 percent. Those diagnosed as having Fetal Alcohol Syndrome had IQ scores ranging from 20-105 with a mean of 68. Subjects also demonstrated poor concentration and attention. People with FAS demonstrate growth deficits, morphologic abnormalities, mental retardation, and behavioral difficulties. Secondary effects of FAS among adolescents and adults include mental health problems, disrupted schooling (dropping out or being suspended or expelled), trouble with the law, dependent living as an adult, and problems with employment.

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