

C A L I F O R N I A

Fetal Alcohol Spectrum Disorders

More than a dozen CA state agencies have roles that could prevent and respond to FASD but have never been convened or coordinated for those purposes

According to the CDC, FASD impacts as many as **1 in 20** in the US – **2.5x** more than autism

Of the 446,000 babies born annually in California, 22,300 are estimated to have an FASD - very few will receive an accurate diagnosis

Access to an FASD diagnostic clinic is limited to 2 counties in Southern California - **diagnosis by age 6 is critical for better outcome** (Institute of Medicine)

Raising a child with FASD costs **30X more** than the cost of successful prevention efforts (NOFAS)

Of the 6 million children in California schools, as many as **300,000 may have an FASD**

Of the estimated number of adolescents with an FASD **29% are expelled & 25% will drop out** (CDC) - no school district in CA has an FASD-informed program

Up to one third of children in foster care and adoption have an FASD - CA Child Welfare does not screen for FASD

An estimated **1.97 Million** of the 39,512,223 people living in California could be impacted by FASD

Over 90% of the people living with an FASD will develop **co-morbid mental health conditions**

Without early diagnosis & intervention, **80% of adults** with an FASD and typical range IQ will not live independently and will struggle with employment

It has been estimated that approximately **one third of the homeless population** has an FASD

Most individuals with FASD do not qualify for Regional Center Services despite FASD being the **leading developmental disability in the United States**

Individuals with FASD, with or without a diagnosis, **face high rates of incarceration and recidivism**

California spends **\$30,945** annually per person with an FASD

The conservative estimated cost of FASD for California is:

\$28,469,400,000

- health care
- special education
- residential care
- productivity losses
- corrections costs

Estimates are based on prevalence rates and projected outcomes from the following:

-May, PA. et al. Prevalence of fetal alcohol spectrum disorders in 4 U.S. communities. JAMA. 2018; 319(5), 474-482

-TIP 58, Modification to treatment: Addressing Fetal Alcohol Spectrum Disorders. SAMHSA, 2014

-Chasnoff, JJ, Wells, AM, and King, L. Misdiagnosis and missed diagnoses in foster care and adopted children. Pediatrics. 2015; 32 (2), 264-270

-Brown, J. Fetal alcohol spectrum disorder (FASD): A beginner's guide for mental health providers. Journal Neurology and Clinical Neuroscience. (2), 13-19. 2016

-Streissguth AP et al. (2004). Risk factors for adverse life outcomes in fetal alcohol syndrome and fetal alcohol effects. Journal of Developmental and Behavioral Pediatrics, 25, 228-238.

-Badry, D. The fetal alcohol spectrum disorder and homelessness project: Making connections and promising practice. J Sub Abuse and Alcoholism. 2015; 3(1), 1027

-MacLachlan K et al. (2020). Difficulties in daily living experienced by adolescents, transition-aged youth and adults with fetal alcohol spectrum disorder. Alcoholism: Clinical and Experimental Research, 44, 1609-1624.

-Greenmeyer, RJ. A multi-country assessment of the economic impact of fetal alcohol spectrum disorder. J of Addiction Med. 2018; 12 (6), 466-473

-Sally Anderson, MD. Formerly, NIAAA

-FASD Respect Act, legislation introduced into the House of Representatives, June 2021

FASD *Now!*
A CALIFORNIA ALLIANCE

Revision One - 2021