

FASD Prevention: Preventing Underage Drinking and Mental Illness

Cultivating Healthy Pregnancies, Growing Healthy Youth



Presented by:
Lenae Clements, M.S.W., CPS
Oklahoma Department of Mental Health
and Substance Abuse Services



Objectives

- Updated knowledge on FASD
- Basic understanding of how underage drinking and FASD are linked
- Basic understanding of how mental illness and FASD are linked
- What can be done to combine the prevention of FASD, Underage Drinking and Mental Illness

The Basics on Fetal Alcohol Spectrum Disorders



Fetal Alcohol Spectrum Disorders (FASD)

- Umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy
- May include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications
- Not a diagnoses

(FASD: The Basics)



FASD Spectrum

- Fetal alcohol effects (FAE)
- Alcohol-related birth defects (ARBD)
- Alcohol-related neurodevelopmental disorder (ARND)
- Partial FAS (pFAS)
- Fetal Alcohol Syndrome (FAS)

(FASD: The Basics)



Fetal Development

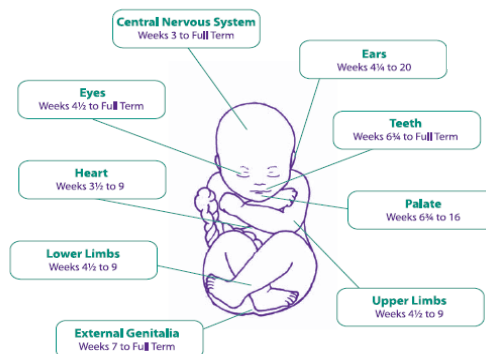


Figure 2: Periods of fetal development²

(FASD Center for Excellence)

Underage Drinking



Underage Drinking Statistics

- Those who consume alcohol before the age of 15 are 5 times more likely to have an alcohol problem later in life.
- Every day, 5,400 young people under 16 years old start drinking.



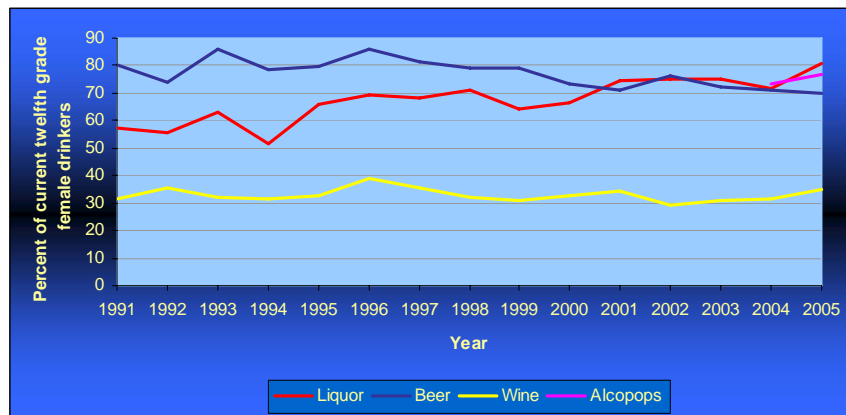
Underage Drinking Statistics

	Lifetime Alcohol Use	Binge Drinking	Past 30 Day Use	Age of 1 st Use
6 th grade	27.7%	5.0%	6.0%	10.7
8 th grade	51.3%	13.0%	19.5%	12
10 th grade	66.9%	22.8%	34.4%	13.3
12 th grade	76.3%	31.8%	45.7%	14.4

OPNA 2006



Beverage Choice for 12th Grade Female Drinkers

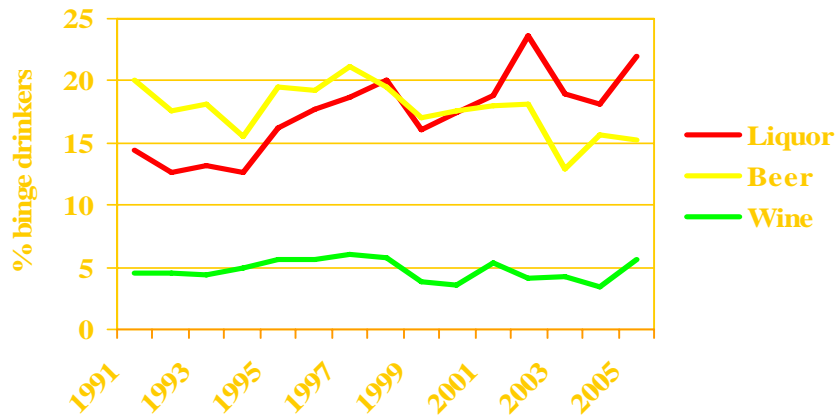


Source: Monitoring the Future, 2006 (see CAMY references 31, 32)



Beverage Choice for 12th Grade Female Binge* Drinkers

*5+ drinks in one setting



(Jim Mosher, Alcopops Oklahoma Presentation, 2007)

Youth Mental Illness






Oklahoma Youth

- **4,209** or **14%** of all admissions mental health programs were between the age of 0 and 17. (ODMHSAS)
- **1 in 5** children over 8 and under 18 have a diagnosable mental illness or addiction disorder associated with at least some impairment. (KidsCount, 2007-2008)

Making the Connection



	Risk Factors	Adolescent Problem Behaviors					Protective Factors	Social Development Model (SDM)	
Dominant	<i>Risk factors are characteristics of individuals, their family, school, and community environments that are associated with increases in alcohol and other drug use, delinquency, teen pregnancy, school dropout, and violence. The following factors have been identified that increase the likelihood that children and youth may develop such problem behaviors.</i>	Substance Abuse	Depression & Anxiety	Delinquency	Least Programs	School Drop-Out	Violence	<i>Factors associated with reduced potential for drug use are called protective factors. Protective factors encompass family, social, psychological, and behavioral characteristics that can provide a buffer for the children and youth. These factors mitigate the effects of risk factors that are present in the child or youth's environment.</i>	<i>SDM is a synthesis of three existing theories of criminology (control, social learning, and differential association). It incorporates the results of research on risk and protective factors for problem behaviors and a developmental perspective of age-specific problem, and prosocial behavior. It is based on the assumption that children learn behaviors.</i>
Community	<ul style="list-style-type: none"> Availability of alcohol/other drugs Availability of Firearms Community laws and norms favorable to drug use, firearms, and crime Transitions and mobility Low neighborhood attachment and community disorganization Media Portrayals of Violence Extreme economic deprivation 	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> Opportunities for prosocial involvement in community Recognition for prosocial involvement 		
Family	<ul style="list-style-type: none"> Family history of the problem behavior Family management problems Family conflict Favorable parental attitudes and involvement in problem behaviors 	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> Bonding to family with healthy beliefs and clear standards. Attachment to family with healthy beliefs & clear standards Opportunities for prosocial involvement Recognition for prosocial involvement 		
School	<ul style="list-style-type: none"> Academic failure beginning in late elementary school Lack of commitment to school 	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> Bonding and Attachment to School Opportunities for prosocial involvement Recognition for prosocial involvement 		
Individual / Peer	<ul style="list-style-type: none"> Early and persistent antisocial behavior Rebelliousness Friends who engage in the problem behavior Favorable attitudes toward the problem behavior (including low perceived risk of harm) Early initiation of the problem behavior Gang Involvement Constitutional factors 	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> Bonding to peers with healthy beliefs and clear standards. Attachment to peers with healthy beliefs & clear standards Opportunities for prosocial involvement Increase in Social skills 		



Which Came First?

- Did the alcohol exposed pregnancy lead to substance use/abuse?
- Did the substance use/abuse lead to an alcohol exposed pregnancy?



Alcohol exposed pregnancy leading to substance use/abuse

- Young people whose mothers drank when pregnant may be more likely to abuse alcohol because, in the womb, their developing senses came to prefer its taste and smell
 - Animal studies show a relationship between prenatal alcohol exposure and the risk for abuse in adolescent and young adult humans (Youngentob et al)



Substance use/abuse leading to an alcohol exposed pregnancy

- **23.3%** of Oklahoman youth who are sexually active drank alcohol before their last sexual intercourse (YRBS, 2007)
- **23.6%** of younger adolescent mothers did not know they were pregnant until after the 12th week of pregnancy (PRAMS, 2005)
- **35.7%** of females under 20 used alcohol in the 3 months prior to becoming pregnant (PRAMS, 2005)
- **86.1%** of live birth adolescent pregnancies were unintended or did not mind between 2000 and 2003
 - **63.7%** unintended
 - **23.4%** did not mind that they became pregnant (PRAMS)



Which Came First?

- Did the alcohol exposed pregnancy lead to having a mental illness?
- Did having a mental illness lead to an alcohol exposed pregnancy?



Alcohol exposed pregnancy leading to a mental illness

- FASD can co-occur with the following:
 - Major depression
 - Bipolar disorders
 - Psychotic disorders
 - Autism or Asperger's Syndrome
 - Schizophrenia
 - Personality disorders
 - Conduct disorders
 - Reactive Attachment Disorder(FASD Center for Excellence Fact Sheet)



A mental illness leading to an alcohol exposed pregnancy

- 1 out of 10 pregnant women have 1 or 2 symptoms of major depression (March of Dimes)
- Women 20-24 were twice as likely to indicate symptoms of depression when compared to 35 and older, those under 20 were 2.5 times as likely.

<20 – 36.7%

20-24 – 31.4%

24-29 – 23.8%

30-34 – 16.1%

35+ – 16.1%

(PRAMS Spring 2008)

What Oklahoma is
Doing





Steps Oklahoma has taken

- Governor's Task Force Recommendations
- ODMHSAS/SAMHSA Knowledge Dissemination Conference
- State Level Policy
- Emergency Room Screening

What Can We All Do?



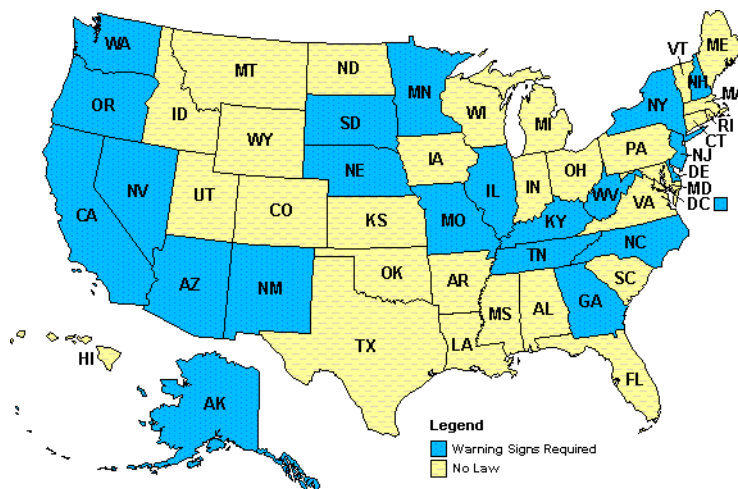


Possible Next Steps

- Responsible Beverage Sales and Service/Business Policies
- Mandatory Warning Signs
 - Point of Sale
 - Pregnancy Tests
- Screening
- Media
- Tax Increase
- Community Action Plan



States which Require Warning Signs in Retail Alcohol Establishments



FETAL ALCOHOL SPECTRUM DISORDERS AND
UNDERAGE DRINKING PREVENTION
COMMUNITY ACTION PLAN

Community Name:

Contact Name:

Phone Number:

Email:

1

ASSESSMENT	
What does our community look like?	
<i>Community Description:</i>	City Limits (specify cities/neighborhoods within county): School Districts (public and private): Existing Community Organizations/Coalitions: Tribes: Average Number of Places that Sale Alcohol: On site consumption – Off site consumption – Locations of alcohol outlets: <input type="checkbox"/> Near schools/daycares <input type="checkbox"/> Near universities <input type="checkbox"/> Near churches <input type="checkbox"/> Near lower income housing <input type="checkbox"/> Near public parks/sporting complexes <input type="checkbox"/> Near or in movie theaters <input type="checkbox"/> Near or in family entertainment complexes <input type="checkbox"/> Near or at sporting events or concerts <input type="checkbox"/> Near or at community events <input type="checkbox"/> Other _____

2

Community Population Description:	Population Size:
	Youth (Under 21) –
	Adults (Over 21) –
	Ethnicity and Race:
	Cultures:
	Languages –
	Income:
	Low Average –
	Median Average –
	High Average –
	Unemployment Rate:
	Home Ownership:
	Educational Level:
	Less than High School –
High School –	
Some College –	
College Degree –	
Advanced College Degree –	
Marital Status:	
Single –	
Married –	
Divorced –	

Who's at the table and what do they bring?	
<i>A. Current Partners</i>	<i>B. Type of Resource</i>
Law Enforcement:	
Public Health:	
Educators:	
Parents:	
Youth:	
Faith-Based:	
Elected Officials:	
Chamber of Commerce:	
Treatment:	
Prevention/Area Prevention Resource Centers:	
Recovery:	
Community Member:	
Minorities:	
Social Services:	
Tribes:	
Health Care/Medical:	
Other:	

Problem Behavior	
<i>Underage Alcohol Use Related Problems</i>	<i>Alcohol Use While Pregnant Related Problems</i>
<i>Underage Alcohol Use Related Consequences</i>	<i>Alcohol Use While Pregnant Related Consequences</i>

CAPACITY BUILDING	
Who do we need to bring to the table and what can they bring?	
<i>A. Potential Partners</i>	<i>B. Type of Resource</i>
Law Enforcement:	
Public Health:	
Educators:	
Parents:	
Youth:	
Faith-Based:	
Elected Officials:	
Chamber of Commerce:	
Treatment:	
Prevention/Area Prevention Resource Centers:	
Recovery:	
Community Member:	
Minorities:	
Social Services:	
Tribes:	
Health Care/Medical:	
Other:	

PLANNING				
What alcohol related risk and protective factors are going to be addressed?				
Domain	A. Risk Factor Prioritized <i>Specify the risk factors by domain to be addressed through action plan Identify data source</i>	B. Protective Factors Prioritized <i>Specify protective factors by domain to be addressed through action plan Identify data source</i>	C. Resource Assessment	
			Available <i>Specify resources available to address risk and protective factors</i>	Gaps <i>Specify the service gaps to be addressed by the prioritized risk and protective factors</i>
Community				
Family				
School				
Youth/Peer				

IMPLEMENTATION				
Using evidence-based program, strategies, policies, and practices to prevent FASD and Underage Drinking				
Highest Prioritized Community Risk Factor:				
Strategy:				
A. Measurable Objectives	B. Tasks	C. Support Material	D. Timeline for Completion	E. Progress
1.1:				
1.2:				

Highest Prioritized Family Risk Factor:				
Strategy:				
A. Measurable Objectives	B. Tasks	C. Support Material	D. Timeline for Completion	E. Progress
2.1:				
2.2:				

Highest Prioritized School Risk Factor:				
Strategy:				
A. Measurable Objectives	B. Tasks	C. Support Material	D. Timeline for Completion	E. Progress
3.1:				
3.2:				

Highest Prioritized Youth/Peer Risk Factor:				
Strategy:				
A. Measurable Objectives	B. Tasks	C. Support Material	D. Timeline for Completion	E. Progress
4.1:				
4.2:				

EVALUATION					
How are the results of the strategies being measured?					
A. Specify the desired outcome	B. Specify community baseline prior to receiving prevention services	C. Specify when you will measure this change	D. Identify the measurement tool you will use	E. Specify person who will administer measurement tool	F. Specify actual change
1.1:					
1.2:					
2.1:					
2.2:					
3.1:					
3.2:					
4.1:					
4.2:					



References

- SAMHSA FASD Center for Excellence:
fasdcenter.samhsa.gov
- Centers for Disease Control and Prevention FAS Prevention Team: www.cdc.gov/ncbddd/fas
- National Institute on Alcohol Abuse and Alcoholism (NIAAA): www.niaaa.nih.gov/
- National Organization on Fetal Alcohol Syndrome (NOFAS): www.nofas.org
- National Clearinghouse for Alcohol and Drug Information: ncadi.samhsa.gov
- American Psychological Association:
<http://www.apa.org/releases/youngentob.html>
- These sites link to many other Web sites



Contact Information

Lenae Clements
lclements@odmhsas.org
405.522.8783