‘Fetal’ what?

Don’t skip this topic, it’s not just about babies......................

Fetal Alcohol Spectrum Disorder (FASD). If you work with adolescents or in adult services you may think that this blog isn’t relevant to you. Please STOP and READ THIS if you work in the any of the following –

- Primary Care
- Adult Acute Health Services
- Adult Mental Health Services
- Adult Learning Disability Teams
- Social Work
- Education
- Addiction Services
- Housing Services
- Criminal Justice Services
- Senior Management Team IHSCP’s

The problem with the term ‘Fetal’ in the diagnosis means that the general perception is that this condition only affects babies or children. FASD is a life-long condition and many adult services users are likely to be affected. A (likely very) conservative estimate for the prevalence of FASD is 3%, which equates to around 12,000 affected individuals living in Ayrshire and Arran. The number of people affected by FASD is higher in vulnerable groups, such as those who are care-experienced.

Each person diagnosed with FASD is affected in a different way. The difficulties depend on what part of the brain was ‘wiring-up’ when it was exposed to alcohol. For example, a person may have a slow processing speed and a poor memory, but have good spoken language and are able to read which then masks their other difficulties.

It may appear like they are ‘not trying’ or repeating the same mistakes ‘deliberately’. The majority of those affected by FASD have a normal/low average/borderline IQ, but struggle to learn due to difficulties understanding and remembering information, or being able to problem solve or plan in more complex settings. They are likely to have required significant additional support in school and have poor formal academic achievements.

How could an adult with undiagnosed FASD present?
If left undiagnosed/unsupported, research from the US showed:
- 94% developed mental health problems
- 46% misused drugs and alcohol
- 35% had been in prison
- 79% had employment issues
So individuals may present in services supporting the above issues; struggling with daily tasks such as planning, organisation and problem solving. Due to differences in brain connections it takes individuals longer to lay down information and understand concepts. Much more practice is required to achieve a skill. Individuals affected by FASD tend to repeat the same mistakes and struggle to generalise learning and experiences across different settings. This can have stark implications within the criminal justice setting.

Below is an example of the developmental stages that may be found in an 18 year old with FASD:

![Developmental Stages Diagram](image)

**Now imagine what that 18 year old looks like in day-to-day life.** Missed appointments? Not able to budget? Easily influenced? Struggles to cook a meal or keep a tenancy clean and tidy? Forgets to pay bills? Impulsive?

Lack of knowledge about FASD and the lack of identification means that the vast majority of cases are not diagnosed and appropriate supports are not easily available. In reality, individuals with FASD who remain undiagnosed and unsupported struggle to meet the expectations of society and unfortunately suffer the economic, social and health costs of this.

FASD doesn’t get ‘better’; you don’t ‘grow out of it’. However, with recognition and the right support (particularly early identification and support) a diagnosis can be protective. This, however, is only true alongside understanding of the condition as well as appropriate supports. These can improve educational attainment, reduce behavioural problems, social exclusion and mental illnesses, and therefore reduce the cost both to the affected individual and their family, and society as a whole.

**If you are beginning to wonder if a person on your caseload may be affected by FASD, what should you do next?** If possible, try and find out if they were likely to have been exposed to alcohol prenatally. This may be difficult due to the passage of time, but with consent it is possible to access child health notes, early GP records, social work paperwork etc. All of these may contain an alcohol history. For care-experienced individuals, and those who are adopted, records from this time may hold information.

Once you realise that FASD may be a possibility, there are approaches and strategies that can help. Many of the resources are from Canada and the US – this is because they have recognised the impact of FASD for many years and their services are much more developed. Some useful resources can be found here:
A formal diagnosis may prove difficult at present due to the lack of adult diagnostic pathways, but understanding and recognition of this important and common condition is growing. You may think the profile above describes a large number of adult service users, however, it is important to remember that a diagnosis of FASD is made only when there is confirmed alcohol exposure (or suspected alcohol exposure with typical facial features) and evidence of pervasive and long-standing brain dysfunction. Consideration must have been given to exclusion of any other causes (e.g: prematurity, adverse life events, traumatic brain injury), including genetic contributors.

So, awareness of ‘Fetal’ Alcohol Spectrum Disorder is not just important if you work within Child Health and Children’s services, FASD awareness is important for all those working across the lifespan in education, health and social care.

- If you would like more information on FASD click here
- To listen to a podcast on FASD click here