The majority of children with Fetal Alcohol Spectrum Disorders (FASD) are born to alcohol-abusing or alcoholic women.

Treatment programs are an ideal place to educate high-risk women about the dangers of drinking during pregnancy.

- About half of all pregnancies in the United States are unplanned.
- In 2002, 15,300 U.S. women of child-bearing age (15-44) were pregnant at the time of admission for substance abuse treatment.
- Women may enter treatment centers not knowing they are pregnant or may become pregnant during treatment.
- The greatest predictor of giving birth to a child with FASD is already having done so.

“Of all the substances of abuse (including cocaine, heroin and marijuana), alcohol produces by far the most serious neurobehavioral effects in the fetus.”

Institute of Medicine, 1996

The majority of persons in substance abuse treatment use multiple substances. Pregnant drug addicts (e.g., heroin, cocaine) often quit illicit drug use but continue to drink, incorrectly believing that alcohol is less harmful to the fetus.

“Alcohol and drug abuse by pregnant women is a public health problem and … laws, regulations and policies that treat chemical dependency primarily as a criminal justice matter requiring punitive sanctions are inappropriate.”

American Psychological Association, 1991

Breaking the cycle of addiction is key to preventing FASD and ensuring affected children get the care and services they need.

- Women are less likely than men to seek treatment – women make up 30% (4.6 million) of alcohol-abusing or -dependent individuals in the U.S. but only 24.5% of clients in treatment centers.
- Evidence from health care providers suggests that fear of prosecution and loss of their children may deter women from seeking substance abuse treatment.
- Women in recovery who have children with unidentified FASD may also be at high risk for relapse due to the challenging behavior of their children.

The substance abuse treatment system can help prevent and identify FASD by:

- Providing routine screening for pregnancy among new or returning clients;
- Providing education on the effects of alcohol on the developing fetus using resources developed specifically for women in recovery;
- Encouraging the use of contraception for sexually active clients; and
- Provide screening and referral for children of women in recovery who may have been exposed to alcohol during pregnancy.