

FETAL ALCOHOL SPECTRUM DISORDERS IN HAWAII

Why the FASD Respect Act Needs Your Support

Fetal Alcohol Spectrum Disorders (FASD) are lifelong physical, developmental, behavioral, and intellectual disabilities caused by prenatal alcohol exposure.

According to the CDC, FASD impacts as many as **1 in 20** in the US - even **more than autism**

Few children in Hawaii can access diagnosis using best practices

Many children are unidentified: **85% of children in foster care or adopted families are missed or misdiagnosed.**

FASD is not tracked in special education under IDEA, and most **schools lack training** and supports for students with FASD

By age 13, over **60%** of students with FASD may experience **trouble with the law**

Many students with FASD **won't qualify for DD services**, even with a diagnosis

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

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Of the almost **17,000** babies born annually in Hawaii, as many as **840** are estimated to have a FASD

Even at lower prevalence rates, the estimated average annual cost to Hawaii for FASD is over **\$876 million** - raising a child with FASD costs **30X** more than the cost of successful prevention efforts

Of the **174,000** students in Hawaiian schools, as many as **8700** may have FASD, yet far fewer are diagnosed

61% of individuals with FASD may be **expelled, suspended or drop out** beginning at age 12

Over **90%** of individuals with FASD will develop co-morbid mental health conditions

High rates of older youth and adults with FASD **struggle with independent living and employment**

An estimated **70,800** of the **1.416** million people living in Hawaii could be impacted by FASD

Advancing FASD Research, Services, and Prevention Act

The FASD ReSPeCt Act Builds on WA Leadership

Fetal Alcohol Spectrum Disorders (FASD) are lifelong physical, behavioral, and intellectual disabilities caused by prenatal alcohol exposure. For almost 50 years, Washington State has been a leader in FASD research, services and prevention.

The provisions in this act can:

Increase diagnostic capacity and prevalence tracking through the **FAS DPN***, by re-opening satellite clinics throughout the state

Expand the **PCAP*** case-management model for pregnant and parenting women with substance use disorders statewide

Expand use of the **SNACS*** Clinic model for short-term therapy and acute care management for FASD

Provide funding for early intervention using the **Hope RISING Clinic for Prenatal Substance Exposure*** model

Fund the use of the **Families Moving Forward Program***, an evidence-based FASD behavioral intervention developed at the UW and Seattle Children's, in mental health centers and the WISe Program

Identify FASD under IDEA and provide educator FASD training

Continue funding to the **UW Fetal Alcohol & Drug Unit*** to maintain research on FASD across the lifespan

Supply trained mentors, housing assistance, vocational training and placement, **for adults with FASD**

Support the work done at the UW at the **FASD Legal Issues Resource Center*** to educate the juvenile justice system on how to treat, respond to, and support individuals with FASD

Support the work of **NOFAS Washington State***, active since 2005, as a leader in grassroots support and advocacy for families living with FASD

***Leading programs developed and operating in Washington State**

- **Fetal Alcohol Syndrome was first named and diagnosed in Washington State in 1973**
- **The globally used 4-Digit FASD Diagnostic Code was created at the UW FAS DPN**
- **Our state has continuously invested in FASD research and diagnosis since the 1990's**
- **Through screening, diagnosis, and intervention, WA State has reduced the rate of FAS***

*Astley SA. (2004). Fetal alcohol syndrome prevention in Washington State: evidence of success. Paediatric and Perinatal Epidemiology, 18, 344-351.