

Foetal alcohol spectrum disorders (FASD): everybody's business

Dr Jennifer Shields, Principal Clinical Psychologist (FAAST) & Dr Sarah Brown, Consultant Paediatrician

**SHAAP/SARN 'Alcohol Occasional' Seminar
Tuesday 19th May 2020, hosted as a webinar on the 'Zoom' platform**

Scottish Health Action on Alcohol Problems (SHAAP) and the Scottish Alcohol Research Network (SARN) are proud to support the lunchtime 'Alcohol Occasional', seminars which showcase new and innovative research on alcohol use. All of the seminars are run in conjunction with the Royal College of Physicians of Edinburgh. These events provide the chance for researchers, practitioners, policy makers and members of the public to hear about alcohol-related topics and discuss and debate implications for policy and practice.

The current theme for the seminars is 'Alcohol through the life course'. Briefing papers, including this one, aim to capture the main themes and to communicate these to a wider audience. SHAAP is fully responsible for the contents, which are our interpretation.

Introducing the webinar, SHAAP Director Dr Eric Carlin noted that this was the first ever, online SHAAP/SARN Alcohol Occasional. He acknowledged the context of the COVID-19 pandemic that had necessitated the move online, but also that SHAAP and SARN were delighted to be able to continue with the 2020 series despite the difficult circumstances. Dr Carlin introduced **Dr Jennifer Shields** and **Dr Sarah Brown**, and noted that supporting families and preventing



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FASD remains an important goal. He drew attention to the potential for stigmatising attitudes in relation to FASD and asked all participants to remain cognizant of that potential throughout the presentation.

Dr Brown presented the first half of the webinar. She explained that she and **Dr Shields** attended training on FASD in 2012. The Scottish Government then provided them with a grant to develop their expertise and they went on to assess more than 200 children in Ayrshire, as well as nationally. The second phase of their project has focussed on disseminating their learning from this process, and they have been involved in diagnostic training for clinicians and other practitioners across Scotland. They also supported the implementation of the first Scottish



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(and UK) clinical guideline (SIGN 156) for children exposed prenatally to alcohol.

Dr Brown sketched the cultural context of alcohol use in pregnancy in Scotland. She noted that it remains one of the only drugs people give you a hard time for not taking. The guideline in Scotland for pregnant women, or women trying to conceive is, "no alcohol, no risk". However, 46% of pregnancies in the UK are unplanned (Wellings et al. 2013), so people may continue their pre-conception lifestyle until they are aware that they are pregnant. In addition, Dr Brown noted that in 2017, 11.3% of pregnant women who took part in an ONS survey said that they had drunk alcohol in the last week (Office for National Statistics, 2018). This means that there is still a fair

way to go in addressing the cultural context of drinking during pregnancy in the UK.

Though it is hard to obtain data on alcohol use during pregnancy that is not self-reported, **Dr Brown** noted a 2018 study at Princess Royal Maternity Hospital, Glasgow, which undertook a sampling of meconium for the presence of ethanol biomarkers (signalling the intake of alcohol from 20 weeks gestation). The results showed that 40% of newborns were born with alcohol biomarkers. Significant quantities of alcohol biomarkers were found in 15% of newborns, suggesting that 1 in 7 babies were exposed to frequent, binge levels of drinking in the womb (Abernethy et al. 2018).

Dr Brown went on to state that FASD is a neuro-developmental condition that can affect many brain areas. It will not necessarily lead to the same effects in all individuals and is not always detectable at birth. People with FASD are not properly understood, which is part of the challenge when trying to reach a diagnosis. Unrecognised FASD can lead to people ending up in vulnerable situations, particularly given that the symptoms and affects of FASD are not well understood. Populations of concern include people in contact with the criminal justice system, care experienced people, people who are homeless, and people with substance misuse issues.

Dr Shields then took over for the second half of the presentation, to explore the implications of FASD in an everyday context. She emphasised that FASD is not an easy diagnosis to reach – it is more a diagnosis by exclusion that can be reached when you have a documented history of alcohol use in pregnancy. People affected by FASD may have difficulties with communication, particularly expressive and receptive language, and fine or gross motor skills may also be affected. However, this is very variable and not always the case. Some people affected by FASD may

have extra sensitivities or be under-sensitive to pain or temperature.

Dr Shields pointed out that while people affected by FASD may not register as having an intellectual disability, and may have an average IQ, some areas of brain functioning might fall within the intellectual disability range. Thus, they may not receive a diagnosis and may miss out on vital support. People with FASD may have issues running a house, cooking, or managing money. This makes investigating a possible case of FASD complex, and is why a blanket approach doesn't always work for children with FASD. There is no "one size fits all" in terms of strategies to deal with the affects of FASD. **Dr Shields** noted that there are currently no adult pathways for diagnosis of FASD.

Dr Shields suggested more training on Alcohol Brief Interventions (ABIs) for women. She noted that it is often very difficult to get documented evidence of alcohol use in pregnancy from midwives, and that there may be a need for more training and education for them on how to talk to pregnant women about alcohol use during pregnancy. She added that all of this work is in its infancy in Scotland. More work needs to be undertaken in relation to awareness raising, training across sectors and gathering data about the prevalence of FASD.

After **Dr Brown's** and **Dr Shield's** presentations there was a wide-ranging discussion that covered issues such as the advances that Canada has made on developing specialist services for people affected by FASD, and whether psychologists or psychiatrists may have insights into whether similar provision might be possible in Scotland. There was also discussion around what practical steps could now be taken in Scotland to raise awareness of what is needed in terms of diagnosis and service provision for people with FASD and who would need to be in the room in terms of cross-sector support to take such actions forward.

Forthcoming events

Men and Alcohol: Final report launch

SHAAP and IAS are delighted to announce that we will be launching the final report of our Men & Alcohol seminar series on 9th September 2020 from 2-4pm BST.

For more information:

www.shaap.org.uk/events/shaap-events/men-and-alcohol-final-report-launch-9-sept-2020.html

Alcohol problems and recovery in rural Scotland: 'Rural Matters' report launch

You are warmly invited to join us online on 23rd September 2020, 2-4pm BST for the launch of our 'Rural Matters' report: Alcohol problems and recovery in rural Scotland: findings from a literature review and qualitative research study.

For more information:

www.shaap.org.uk/events/shaap-events/rural-matters-report-launch-23-sept-2020.html

Recent publications

COVID-19: Advice for heavy drinkers who are thinking about cutting back or stopping drinking alcohol:

www.shaap.org.uk/downloads/reports-and-briefings/240-covid-advice-for-heavy-drinkers.html

Advice for heavy drinkers who are thinking about cutting back or stopping drinking alcohol

Is this advice for me?

This advice is intended to help you understand your drinking levels and avoid any serious alcohol withdrawal symptoms, should you plan to reduce or stop your drinking in the current context of the COVID-19 pandemic. We want to help you cut back in a planned way in order to improve your health in the short and long term.

It is important that you know that both the risks of continuing a high level of drinking and of harms from cutting back are higher, the more heavily you drink. If there are alcohol support services available and you are planning to reduce your drinking, you should use these, particularly if you are drinking over 30 units per day, which is around a bottle of spirits, 3 bottles of wine, 7 cans of strong beer (12% or more) or 4 litres of white cider. Withdrawal symptoms and complications are more likely at this very high level of consumption.

The support available from NHS and other services to help with alcohol detox and reduction for people who wish to do this will be reduced during the COVID-19 pandemic, though some services will be able to provide telephone and online advice. There is further information at the end of this guidance.

This advice is to help you, your families and friends self-manage alcohol reduction and/or withdrawal as safely as possible. If you are on your own with children, you will need extra support. If possible, you should speak to a professional who is supporting your family and get advice from your local addiction service before you start to cut down.

SHAAP: SCOTTISH HEALTH ACTION ON ALCOHOL PROBLEMS www.shaap.org.uk

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