

# FETAL ALCOHOL SPECTRUM DISORDERS AMONG NATIVE AMERICANS



Native American cultures, which encompass American Indian, Alaska Native and Native Hawaiian tribes, are rich with history, tradition, spirituality, and art. There are 562 Federally recognized tribes across the United States,<sup>1</sup> each with its own distinctive identity. However, one thing many tribes share is alcohol problems and other health disparities.

Native American populations experience significant health issues compared with the general population. They have higher death rates from alcoholism, tuberculosis, diabetes, accidents, suicide, homicide, and other causes. Their life expectancy is 6 years lower than the U.S. average.<sup>2</sup>

## WHAT IS THE SCOPE OF FASD AMONG NATIVE AMERICAN POPULATIONS?

Native Americans have some of the highest rates of fetal alcohol syndrome in the Nation. Among some tribes, the rates are as high as 1.5 to 2.5 per 1,000 live births.<sup>3</sup> Among others, the rates are comparable to that of the general population in the United States and range between 0.2 to 1.0.<sup>3,4</sup>

Alcoholism is one of the most significant public health problems for Native Americans. They are five times more likely than whites to die of alcohol-related causes, including liver disease. They also have higher rates of drunk driving and related deaths than the general population.<sup>5</sup>

Some tribes are leading the way toward preventing and treating alcohol problems in Indian Country through education, training, and other strategies.

## WHAT ARE FETAL ALCOHOL SPECTRUM DISORDERS?

“Fetal alcohol spectrum disorders” (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. The term FASD is not used as a clinical diagnosis. It refers to conditions such as fetal alcohol syndrome (FAS), alcohol-related neurodevelopmental disorder (ARND), and alcohol-related birth defects (ARBD). Each year, at least 40,000 babies are born with an FASD, costing the Nation up to \$6 billion. The average lifetime cost for one individual with FAS is approximately \$1.4 million.<sup>6</sup>

## WHY IS FASD A PROBLEM AMONG NATIVE AMERICANS?

The underlying causes of health disparities are complex. The history of Native Americans is filled with violence, oppression, displacement, and loss of self-determination. This legacy of trauma is believed to be a factor in many problems, including alcohol abuse.<sup>7</sup>

Poverty and inadequate access to health care also play a role. About 32 percent of Native Americans live below the poverty level, compared with 13 percent of all Americans.<sup>2</sup> In addition, Native American communities are very young, with a median age of 24. This is almost 10 years younger than the overall population.<sup>2</sup> This difference tends to magnify the impact of binge drinking and risky behaviors, which are more common among youth.<sup>8</sup>

FASD, as well as alcoholism and alcohol abuse, are serious problems in some Native communities. However, the stereotype of the drunken Indian is misleading. In some tribes, alcohol use is similar to or lower than the general U.S. population. On a typical day, abstinence is common.<sup>9,10</sup>

## WHAT IS BEING DONE TO ADDRESS FASD AMONG NATIVE AMERICANS?

Services are greatly needed to address FASD in Native American communities, including prevention efforts and interventions for children and adults with an FASD.

The prevalence of FAS in Alaska is 5.6 per 1,000 live births for American Indians/Alaska Natives, compared with 1.5 per 1,000 in the State overall.<sup>5</sup>

WHAT YOU NEED TO KNOW



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Prevention  
[www.samhsa.gov](http://www.samhsa.gov)

An assessment of 10 tribal reservations and five urban Indian Community Health Centers showed that such services were limited or nonexistent.<sup>11</sup>

Interventions should:

- Incorporate tribal practices, combining mainstream, evidence-based strategies with traditional elements such as talking circles and ceremonies
- Address alcohol issues in families to break the cycle of alcohol abuse, since FASD is often a multigenerational problem
- Incorporate collaborative, holistic approaches both at home and school for people with an FASD, such as training in effective parenting and teaching strategies

The Substance Abuse and Mental Health Services Administration's FASD Center for Excellence is working with tribal leaders to develop culturally appropriate resources, provide training on prevention and intervention, and identify best practices. Building on the cultural strengths of Native American communities can support positive outcomes at all stages, from early intervention for infants to adult support services.

Pregnancy is a sacred time for many Native Americans. Many tribes share the belief that individuals must consider the impact of their decisions on the next seven generations. Preventing alcohol abuse during pregnancy is a powerful way to protect future generations and ensure that all children have a healthy start, free of FASD.

## RESOURCES

Washington State Department of Social and Health Services. **Journey Through the Healing Circle** series. To order, contact the Washington State Alcohol/Drug Clearinghouse at 206-725-9696 or visit [www1.dshs.wa.gov](http://www1.dshs.wa.gov).

National Indian Child Welfare Association. **Beyond the Gloom and Doom: Tools for Help and Hope With Native People Affected by Fetal Alcohol Syndrome and Related Neuro-Developmental Disorders**. To order, call 503-222-4044 or visit [www.nicwa.org](http://www.nicwa.org).

Center for Substance Abuse Prevention. **Drinking and Your Pregnancy**. To order call 800-729-6686 or visit <http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17174>

## REFERENCES

1. 68 *Federal Register* 68179-68184. December 5, 2003. Part III. Department of the Interior. Bureau of Indian Affairs. Indian Entities Recognized and Eligible To Receive Services From the United States Bureau of Indian Affairs. Notice. <http://homer.ornl.gov/oeпа/rules/68/68fr68179.pdf>
2. Indian Health Service. *Trends in Indian Health, 2000-2001*. Rockville, MD: U.S. Department of Health and Human Services. [www.ihs.gov/NonMedicalPrograms/IHS\\_Stats/Trends00.asp](http://www.ihs.gov/NonMedicalPrograms/IHS_Stats/Trends00.asp)
3. Centers for Disease Control and Prevention. 2002. Fetal alcohol syndrome—Alaska, Arizona, Colorado, and New York, 1995–1997. *MMWR* 51(20):433-435. [www.cdc.gov/mmwr/preview/mmwrhtml/mm5120a2.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5120a2.htm)
4. May, P.A., and Gossage, J.P. 2001. Estimating the prevalence of fetal alcohol syndrome: A summary. *Alcohol Research & Health* 25(3):159-167. [www.niaaa.nih.gov/publications/arh25-3/159-167.htm](http://www.niaaa.nih.gov/publications/arh25-3/159-167.htm)
5. Office on Women's Health. National Women's Health Information Center. No date. *Health Problems in American Indian/Alaska Native Women*. Washington, DC: U.S. Department of Health and Human Services. [www.4woman.gov/faq/american\\_indian.htm](http://www.4woman.gov/faq/american_indian.htm)
6. Lupton, C.; Burd, L.; and Harwood R. 2004. Cost of fetal alcohol spectrum disorders. *American Journal of Medical Genetics* 127C (671):42-50.
7. Center for Substance Abuse Prevention. 1994. *Gathering of Native Americans*. Rockville, MD: Substance Abuse and Mental Health Services Administration. [p2001.health.org/CTI05/Cti05ttl.htm](http://p2001.health.org/CTI05/Cti05ttl.htm)
8. May, P.A. 1995. The epidemiology of alcohol abuse among American Indians: The mythical and real properties. *American Indian Culture and Research Journal* 18(2):121-143. [www.ihs.gov/publicinfo/publications/healthprovider/issues/IHSProMar2.asp](http://www.ihs.gov/publicinfo/publications/healthprovider/issues/IHSProMar2.asp)
9. May, P.A., and Gossage, P. 2001. New data on the epidemiology of adult drinking and substance use among American Indians of the northern states: Male and female data on prevalence, patterns, and consequences. *American Indian and Alaska Native Mental Health Research* 10(2):1-26.
10. Spicer, P.; Beals, J.; Croy, C.; et al. 2003. The prevalence of DSM-III-R alcohol dependence in two American Indian populations. *Alcoholism: Clinical and Experimental Research* 27(11):1785-1797.
11. SAMHSA FASD Center for Excellence. FASD in Indian Country Site Visit: Final Report Executive Summary. March 2004. <http://fasdcenter.samhsa.gov/documents/FASDNASiteVisitExSum0404.pdf>

Stop and think. If you're pregnant, don't drink.

For more information, visit [fasdcenter.samhsa.gov](http://fasdcenter.samhsa.gov) or call 866-STOPFAS.

[www.stopalcoholabuse.gov](http://www.stopalcoholabuse.gov)



SAMHSA  
Fetal Alcohol Spectrum Disorders  
Center for Excellence