

Special Issue on Fetal Alcohol Spectrum Disorders

Editorial

Dear Readers,

We, as guest editors, are very excited and proud to introduce the first Special Issue on Fetal Alcohol Spectrum Disorder (FASD) of the *International Journal of Alcohol and Drug Research*. To the best of our knowledge, this is the first time any existing journal has produced an issue specifically dedicated to FASD.

Since the 1970s, when Jones and Smith (1978) first described Fetal Alcohol Syndrome, numerous studies on both humans and animals have demonstrated that alcohol is a teratogen and can cause irreversible embryonic and fetal damage. The term “Fetal Alcohol Spectrum Disorder” is used to characterize the full range of damage caused by prenatal alcohol exposure, varying from mild to severe, and encompassing a broad array of physical defects and cognitive, behavioral, emotional, and adaptive-functioning deficits. FASD is a group of disorders that require a large amount of support from various services, including health, community, remedial education, and many others. Thus, FASD has a huge economic and societal impact in any country.

This special issue on FASD offers a unique collection of articles on various topics related to maternal alcohol consumption and FASD. Six major themes are represented: (1) prevention, (2) screening and diagnostic improvement, (3) therapeutic and non-therapeutic intervention, (4) outcome trajectories, (5) service delivery, and (6) policy.

The contribution from Badry and Felske provides insight into the prevention of FASD in the Northwest Territories of Canada. This qualitative study utilized Photovoice methodology to explore and enhance knowledge on FASD prevention by examining the health perspectives of Dene and Inuit women living in Yellowknife, Nunavut, Canada.

May and colleagues, in their article, explore the efficacy of case management for women at high risk for bearing a child with FASD in South Africa. This study demonstrates the advantage of using case management as a prevention method to help women eliminate or reduce their alcohol intake during pregnancy.

Exploring the area of intervention and therapeutic approaches, Costa and colleagues provide the most up-to-date data on a promising new therapeutic intervention for

FASD: choline supplementation. Choline is easily available, recognized as an important component of the diet, and has been demonstrated in animals to ameliorate some developmental neurotoxic effects of ethanol—in particular, those affecting hippocampus-mediated behaviors.

Sparrow and colleagues present a case study of a young Hispanic mother with suspected FASD who enrolled in a three-year home-visitation case management program in the U.S. for pregnant or parenting women who had abused alcohol or drugs during their most recent pregnancy. This case study highlights the benefits of conducting a comprehensive neuropsychological examination and illustrates how such an assessment can be used to respond to the client’s neuropsychological strengths and impairments, inform service delivery, and ultimately affirm and support adults who have FASD.

Duquette and Orders present an exploratory, qualitative study examining employment outcomes among adults with FASD living in the U.S. and Canada who had undertaken post-secondary education. This study highlights the adverse impact of secondary disabilities associated with FASD on an individual’s outcome.

A U.S. study conducted by Grant and colleagues may offer a way to improve on current FASD screening strategies, as it provides results to support the administration of a brief self-report tool (the Life History Screen) as a means of identifying individuals with cognitive impairments and learning disabilities due to prenatal alcohol exposure that might interfere with treatment success.

Kalberg and colleagues, using a sample of first-grade children living in the Western Cape province of South Africa, developed a practical cognitive and behavioral test battery that can be used to differentiate children with and without FASD. This battery might help to determine a learning profile for children with FASD, which could assist schools in providing the appropriate learning supports for affected children.

Given that screening and diagnosing FASD is not beneficial to affected individuals or their families if no interventions are available, Walls and Pei set out to explore current systems of care from the perspective of caregivers living in Edmonton, Alberta, Canada.

Lastly, even though it is well-documented that alcohol is a teratogen and as such, may cause deleterious effects on the developing fetus, the advice given to pregnant women is not consistent across the globe. Mukherjee and colleagues provide data attesting to the inability of both the general public and health professionals in England to estimate the alcohol concentration in their drinks and the quantity of alcohol they are consuming; this supports the position that women should be advised not to consume alcohol in any quantity during pregnancy.

Overall, the aim of this issue is to increase discussion on the adverse consequences of maternal alcohol use during pregnancy and FASD, and to move the field forward. FASD is a relatively new area of research, and advancement in our understanding of these disorders—which, in theory, are largely preventable—is warranted.

We regret to say that there are no studies from any developing countries, despite the widely disseminated advertisement of this issue. We sincerely hope that this collection of articles containing the most current state of knowledge in the field will inspire those countries to conduct studies and publish their research findings in the near future.

With hope of further collaboration,

Svetlana (Lana) Popova, M.D., Ph.D., M.P.H.
Senior Scientist, Social and Epidemiological Research,
Centre for Addiction and Mental Health
Assistant Professor, Epidemiology Division,
Dalla Lana School of Public Health, University of Toronto
Assistant Professor, Factor-Inwentash Faculty of Social
Work, University of Toronto
Graduate Faculty Associate Member,
Institute of Medical Science, University of Toronto

Christina Chambers, Ph.D., M.P.H.
Professor
Departments of Pediatrics and Family and Preventive
Medicine and Skaggs School of Pharmacy and
Pharmaceutical Sciences
University of California, San Diego
La Jolla, CA
Director of Research, Rady Children's Hospital
San Diego, CA