



**National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect
Approved Recommendations
December 10-11, 2001**



Working groups were established to develop Task Force recommendations during the National Task Force on Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effect (FAE) Meeting held December 10-11, 2001 in Washington, DC.

The purpose of the Research Working Group was to evaluate existing FAS and ARND research and make recommendations on needed actions to remedy deficiencies in high priority areas. This group generated recommendations 1 through 6. The Services and Public Awareness Working group identified issues that needed to be explored to ensure the availability of high-quality, effective services for women at risk for an alcohol-exposed pregnancy and for individuals with FAS or ARND, and to achieve a high level of visibility and public awareness around the issue of prenatal alcohol use, FAS, and ARND. This group generated recommendations 7 through 15. The recommendations of the National Task Force on FAS and FAE are as follows:

1. Develop a clinical case definition for the diagnosis of FAS across time, including neurocognitive phenotype, and begin work aimed at establishing a clinical case definition for alcohol-related neurodevelopmental disorder (ARND).
2. Develop a uniform surveillance case definition for FAS and begin formative work on a uniform surveillance case definition for ARND.
3. Develop a white paper to review and summarize relevant epidemiological research addressing the scope of the problem, prevalence, risk factors, impediments to diagnosis, and number of women at risk for an alcohol-exposed pregnancy.
4. Develop a white paper to review the evidence for effective prevention and treatment strategies for women at risk for or engaging in prenatal alcohol use. The report should describe those at risk, identify barriers to implementing effective strategies, and proscribe against implementation of untested models or models that are not evidence-based.
5. Develop a health services research agenda focusing on families of individuals with FAS and ARND that address such issues as why some families do well and stay together, the impact of FAS and ARND on families relative to other birth defects, and how the legal system deals with FAS and ARND.
6. Develop a basic science research agenda including translational research, bringing basic research findings to the clinical domain (e.g., neuroimaging), and address issues of maternal and fetal susceptibility to FAS and ARND.
7. Complete a profile of state, tribal, and private entities regarding existing services for individuals with FAS/ARND and women at risk for an alcohol-exposed pregnancy, including current eligibility criteria and ongoing educational efforts for professionals about FAS and ARND.
8. Develop an agenda that will lead to the definition of a national standard of care for individuals with FAS and ARND across the lifespan, including best practices and plans for dissemination of standards to relevant health care professionals.

9. Endorse a national coordinated media campaign and request that the ICCFAS recommend how to coordinate this effort among all federal agencies.
10. Endorse the Surgeon General's Advisory statement regarding drinking during pregnancy, and urge that the statement be reissued as part of the coordinated national media campaign.
11. Contact the Office of National Drug Control Policy to recommend inclusion of information on FAS and ARND in their resource materials.
12. Develop a checklist of essential state services needed to prevent FAS and ARND, to treat individuals with FAS and ARND and their families, and to better identify women at risk of having an alcohol-exposed pregnancy.
13. Develop and disseminate a plan for system-wide education regarding prenatal alcohol-related disabilities to be offered to professionals in health services, judicial services, education, child welfare, vocational rehabilitation, juvenile justice, maternal child health clinics, and disabilities services and prevention.
14. Develop and disseminate a K-12 curricula to address FAS, ARND, and prenatal alcohol use.
15. Investigate incorporating information about prevention and treatment of FAS and ARND into the credentialing requirements for teachers, juvenile justice workers, lawmakers, and health-care professionals (i.e., include FAS-related questions on state board exams).