

Committee Senate Appropriations: Community Health Department
Clerk Phone Number 373-2768

Location Rooms 402 and 403, Capitol Building, 100 S. Capitol Avenue, Lansing, MI 48933

Date Thursday, 2/28/2013

Time 1:30 p.m.

Agenda

1. Mental Health/Substance Abuse Services and State Psychiatric Hospitals
2. Public Health
3. Public Testimony

Chair John Moolenaar
Caswell (VC)
Booher
Gregory (MVC)

Public comment: Jim Casha
540-717-9240
jim.casha@gmail.com

The Governor is neither blind nor stupid, and has lived in Michigan long enough to know the sad state of affairs when it comes to Michigan's care and treatment of the mentally ill and mentally disabled, especially children affected with Fetal Alcohol Spectrum Disorders (FASD).

Children with FASD often grow up with social and emotional problems. They may have mental illness or substance abuse problems, struggle in school, and become involved with the corrections system. Costs of FAS alone are estimated at between 1 and 5 million dollars per child, not including incarceration. This estimate does not include cost to society, such as lost productivity, burden on families, and poor quality of life. (Kellerman,C. and Kellerman,T., 1999. The five million dollar baby: The economics of FAS)

The Governor knows this because I have told him on several occasions. The fact that he chooses to look the other way, and not develop programs, nor request adequate funding for these innocent children, makes him no better than Joe Paterno. All of you now know this. If you choose to look the other way, that is up to you, but you can never again say you did not know. If you do look the other way, than you are no better than those who looked the other way in Pennsylvania when innocent children were being abused.

It has been 40 years since the first child in Michigan was diagnosed with Fetal Alcohol Syndrome (FAS). Where is the money to help these children? I respectfully request that this committee provide the funding needed to start a prevention program and to start helping these children.

You can start by allocating \$34 million, the same that was allocated to the treatment of Autism Spectrum Disorders, to this effort.

If you don't have the money – raise alcohol taxes.

Respectfully,

Jim Casha
Norwich, ON, Canada
Attachment: The Language of Fetal Alcohol Spectrum Disorders: www.samsha.gov

Public Comment from Jim Casha, Norwich, Ontario, Canada, 540-717-9240, jim.casha@gmail.com

Committee Regulatory Reform

Clerk Phone Number Angie Lake 517-373-5795

Location Room 521, House Office Building, Lansing, MI

Date Tuesday, 3/5/2013

Time 9:00 AM

Hugh D. Crawford (R) Committee Chair, 38th District
Ed McBroom (R) Majority Vice-Chair, 108th District
Cindy Denby (R) 47th District
Tom McMillin (R) 45th District
Andrea LaFontaine (R) 32nd District
Bruce Rendon (R) 103rd District
Ken Yonker (R) 72nd District
Tim Kelly (R) 94th District
Klint Kesto (R) 39th District
Harold Haugh (D) Minority Vice-Chair, 22nd District
Theresa Abed (D) 71st District
Woodrow Stanley (D) 34th District
Scott Dianda (D) 110th District
David Nathan (D) 8th District
Andy Schor (D) 68th District

Angie Lake, Committee Clerk
517-373-5795

Good morning Chair Crawford & Committee Members:

For centuries, people have known that alcohol can harm a fetus. Michigan has known for at least 40 years. It has been 40 years since the first child in Michigan was diagnosed with Fetal alcohol syndrome (FAS). Where are the regulations - and the money - to help these children?

Children with FASD often grow up with social and emotional problems. They may have mental illness or substance abuse problems, struggle in school, and become involved with the corrections system. Costs of FAS alone are estimated at between 1 and 5 million dollars per child, not including incarceration. This estimate does not include cost to society, such as lost productivity, burden on families, and poor quality of life.
(Kellerman, C. and Kellerman, T., 1999. The five million dollar baby: The economics of FAS)

During his campaign, I brought this to Governor Snyder's attention on numerous occasions. That is a polite way to say - I 'hounded him'. Despite this, he has done little to help these severely disabled children and 'adults' affected with Fetal Alcohol Spectrum Disorders (FASD) and alleviate their suffering. He has refused to request increases in alcohol taxes and in fact, went along with the foolish decision to **lower** alcohol taxes by \$14 million/per year (SB331, 2011).

The abuse of these children must stop. I am asking this Committee to stop it. If you don't, you are no different than those individuals in Pennsylvania that looked the other way when children were being abused. The Governor is no better than Joe Paterno.

Included (on back) are my comments to the Senate Appropriations: Community Health Department. Committee Chair Moolenaar 'got the ball rolling' by asking the Department of Community Health: "What is the State doing?" Their answer was - little.

This committee will be considering many changes alcohol regulations but none that increase alcohol taxes to a level so that they at least pay for the damage alcohol consumption causes. Will this committee have the courage to stop looking the other way and do something?

Pressing on, with (a lot of) unwavering faith,

Jim Casha

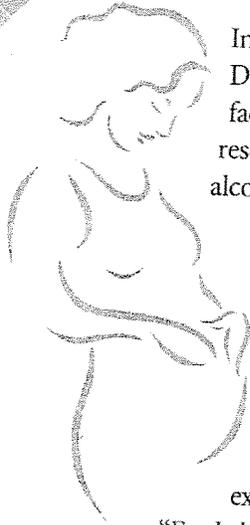


THE LANGUAGE OF FETAL ALCOHOL SPECTRUM DISORDERS

HISTORY OF FETAL ALCOHOL SPECTRUM DISORDERS

For centuries, people have known that alcohol can harm a fetus. However, a specific medical link was not identified until 1899. Dr. William Sullivan compared the pregnancy outcomes of 120 alcoholic prisoners with 28 of their relatives. The infant mortality rate among the alcoholic women was higher.¹

In 1957, Jacqueline Rouquette wrote about prenatal alcohol exposure. Then, in 1968, Dr. Paul Lemoine published a study in which he described 127 children with distinctive facial features and other symptoms related to prenatal alcohol exposure.² Five years later, researchers in Seattle published findings of a similar study. They named the condition fetal alcohol syndrome (FAS).³



DEFINITION OF FETAL ALCOHOL SPECTRUM DISORDERS

Experts now know that the effects of prenatal alcohol exposure extend beyond FAS.

“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. FASD is not a diagnostic term used by clinicians. It refers to conditions such as:

- Fetal alcohol syndrome, including partial FAS
- Fetal alcohol effects (FAE)
- Alcohol-related neurodevelopmental disorder
- Alcohol-related birth defects

FETAL ALCOHOL SYNDROME

FAS consists of a pattern of neurologic, behavioral, and cognitive deficits that can interfere with growth, learning, and socialization. FAS has four major components:

- A characteristic pattern of facial abnormalities (small eye openings, indistinct or flat philtrum, thin upper lip)

- Growth deficiencies, such as low birth weight
- Brain damage, such as small skull at birth, structural defects, and neurologic signs, including impaired fine motor skills, poor eye-hand coordination, and tremors
- Maternal alcohol use during pregnancy

Behavioral or cognitive problems may include mental retardation, learning disabilities, attention deficits, hyperactivity, poor impulse control, and social, language, and memory deficits.

Partial FAS describes persons with confirmed alcohol exposure, facial anomalies, and one other group of symptoms (growth retardation, central nervous system defects, or cognitive deficits).

FETAL ALCOHOL EFFECTS

Fetal alcohol effects (FAE) describes children with prenatal alcohol exposure who do not have all the symptoms of FAS. Many have growth deficiencies, behavior problems, cognitive deficits, and other symptoms. However, they do not have the facial features of FAS. Although the term FAE is still used, the Institute of Medicine has coined more specific terms. These include alcohol-related neurodevelopmental disorder and alcohol-related birth defects.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
www.samhsa.gov



SAMHSA
Fetal Alcohol Spectrum Disorders
Center for Excellence

ALCOHOL-RELATED NEURODEVELOPMENTAL DISORDER

Alcohol-related neurodevelopmental disorder (ARND) refers to various neurologic abnormalities, such as problems with communication skills, memory, learning ability, visual and spatial skills, intelligence, and motor skills. Children with ARND have central nervous system deficits but not all the physical features of FAS. Their problems may include sleep disturbances, attention deficits, poor visual focus, increased activity, delayed speech, and learning disabilities.

Origin and Impact of FASD

CAUSE OF FASD

The only cause of FASD is alcohol use during pregnancy. When a pregnant woman drinks, the alcohol crosses the placenta into the fetal blood system. Thus, alcohol reaches the fetus, its developing tissues, and organs. This is how brain damage occurs, which can lead to mental retardation, social and emotional problems, learning disabilities, and other challenges.

No alcohol consumption is safe during pregnancy. In addition, the type of alcohol (beer, wine, hard liquor, wine cooler, etc.) does not appear to make a difference.

PREVALENCE OF FASD

FASD occurs in about 10 per 1,000 live births, or about 40,000 babies per year. FAS, the most recognized condition in the spectrum, is estimated to occur in 0.5 to 2 per 1,000 live births.⁴ It now outranks Down syndrome and autism in prevalence.

ALCOHOL-RELATED BIRTH DEFECTS

Alcohol-related birth defects (ARBD) describe defects in the skeletal and major organ systems. Virtually every defect has been described in some patient with FAS. They may include abnormalities of the heart, eyes, ears, kidneys, and skeleton, such as holes in the heart, underdeveloped kidneys, and fused bones.

ASSESSMENT OF FASD

It is extremely difficult to diagnose a fetal alcohol spectrum disorder. A team of professionals is needed, including a physician, psychologist, speech pathologist, and physical or occupational therapist. Diagnostic tests may include physical exams, intelligence tests, and occupational and physical therapy, psychological, speech, and neurologic evaluations.

Diagnosis is easier if the birth mother confirms alcohol use during pregnancy. However, FAS can be diagnosed without confirming maternal alcohol use, if all the symptoms are present.

IMPACT OF FASD

Children with FASD often grow up with social and emotional problems. They may have mental illness or substance abuse problems, struggle in school, and become involved with the corrections system. Costs of FAS alone are estimated at between 1 and 5 million dollars per child, not including incarceration. This estimate does not include cost to society, such as lost productivity, burden on families, and poor quality of life.⁵

REFERENCES

1. Abel, E.L. 1990. *Fetal Alcohol Syndrome*. Oradell, NJ: Medical Economics.
2. Lemoine, P.; Harousseau, H.; Borteyru, J.-P., et al. 1968. Les enfants de parents alcooliques: Anomalies observées. A propos de 127 cas [Children of alcoholic parents: Abnormalities observed in 127 cases]. *Ouest Medical* 21:476-482.
3. Jones, K.L., and Smith, D.W. 1973. Recognition of the fetal alcohol syndrome in early infancy. *Lancet* 2:999-1001.
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.
5. Kellerman, C., and Kellerman, T. 1999. The five million dollar baby: The economics of FAS. (<http://come-over.to/FAS/economicsFAS.htm> on 04/04/02).

If you're pregnant, don't drink. If you drink, don't get pregnant.
For more information, visit fascenter.samhsa.gov or call 866-STOPFAS.