# Prevalence of Alcohol Consumption during Pregnancy and Fetal Alcohol Spectrum Disorder

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### **OVERVIEW**

- Prevalence of alcohol consumption and binge drinking during pregnancy in general population of different countries (including countries of Latin America and the Caribbean), World Health Organization (WHO) regions and globally.
- Prevalence of FAS/FASD in different populations in different countries (including countries of Latin America and the Caribbean), WHO regions and globally.
- Estimated global incidence of children born with FAS and FASD annually

## Prevalence of Alcohol Use During Pregnancy and FAS/FASD

- 1) Popova S, Lange S, Probst C, Gmel G, & Rehm J (2017). Lancet Global Health
- 2) Lange S, Probst C, Gmel G, Rehm J, Popova S (accepted). JAMA, Pediatrics

**Objective:** To estimate the prevalence of alcohol use and binge drinking during pregnancy and FAS/FASD by country, WHO region, and globally

#### Methodology:

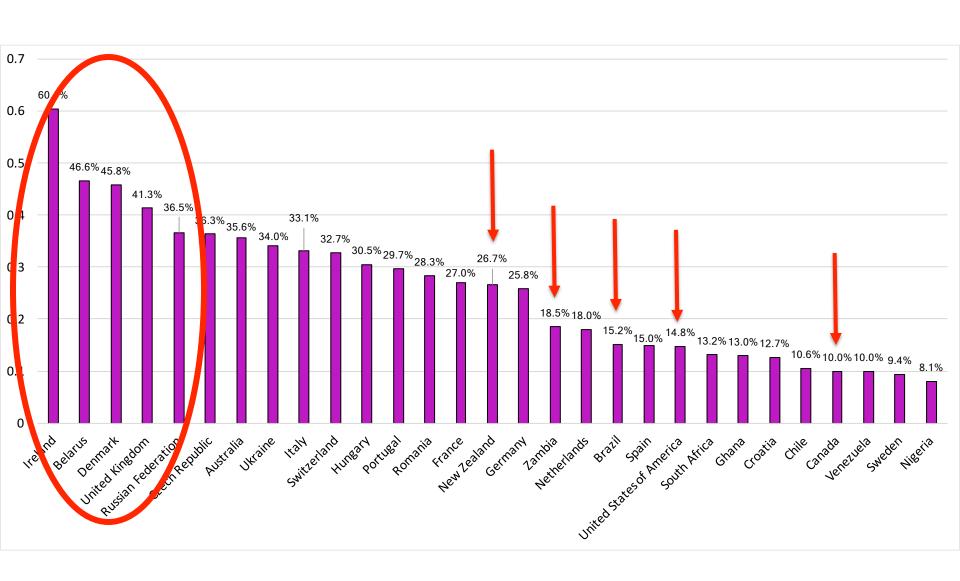
**Comprehensive Literature search:** not limited geographically/language **Meta-analyses:** Pooled prevalence for countries with 2+ studies, assuming a random-effects model

Data prediction: For countries with one or no studies:

- a) For AC: using fractional response regression modelling and;
- b) For FAS/FASD: based on the proportion of women who gave birth to a child with FAS/FASD among women who consumed alcohol during pregnancy
- Estimated WHO regional and global averages of FAS/FASD prevalence weighted by the number of live births in each country

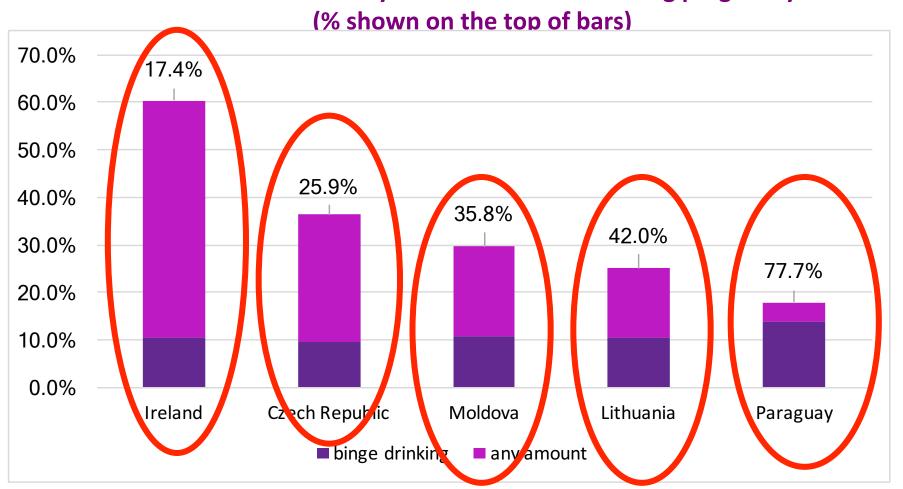
### Prevalence of Alcohol Use During Pregnancy in General Population for select Countries

(any amount of alcohol consumed and at any point during pregnancy)

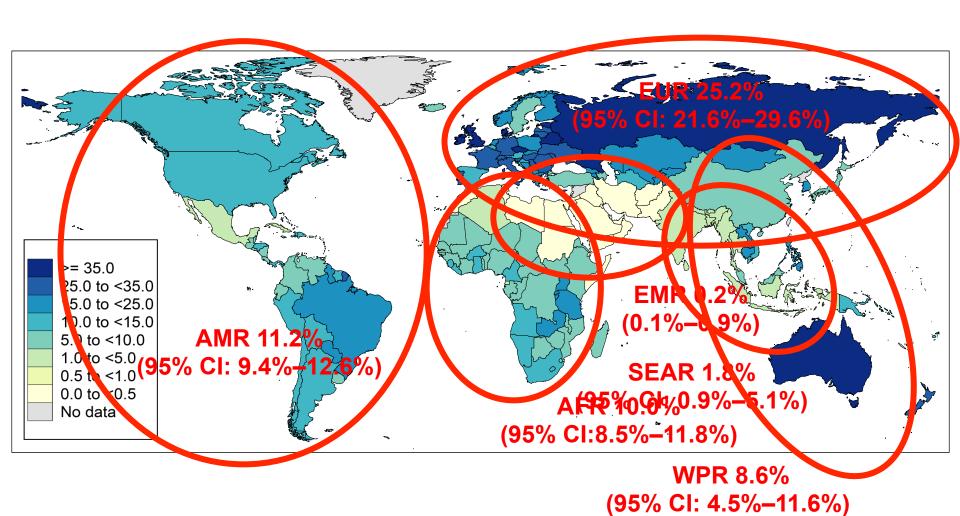


### Five Countries with the Highest Prevalence of Binge Drinking During Pregnancy in General Population

Estimated proportion of women who binge drank during pregnancy out of all women who used any amount of alcohol during pregnancy

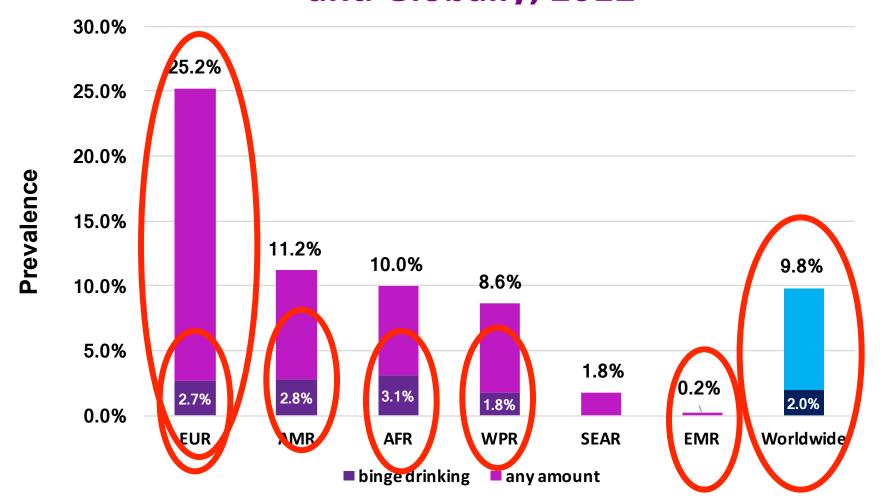


### Prevalence of Alcohol Use During Pregnancy in General Population by WHO Region, 2012



AFR=African Region, AMR=Region of the Americas, EMR=Eastern-Mediterranean Region, EUR=European Region, SEAR=South-East Asia Region, WPR=Western Pacific Region

# Prevalence of Alcohol Use and Binge Drinking During Pregnancy in General Population by WHO Region and Globally, 2012



AFR=African Region, AMR=Region of the Americas, EMR=Eastern-Mediterranean Region, EUR=European Region, SEAR=South-East Asia Region, WPR=Western Pacific Region

Prevalence of Alcohol Use During Pregnancy in



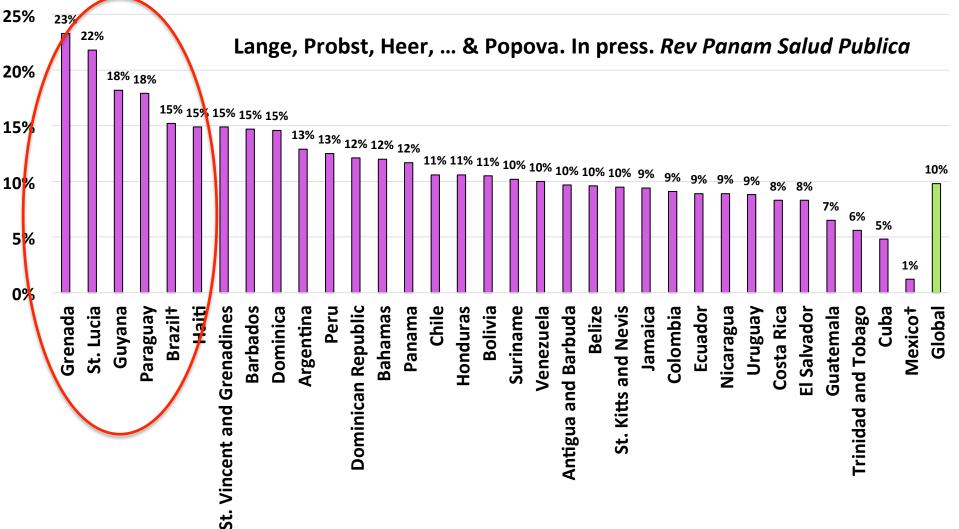
**General Population** (Range: 0.5% to 30.1%)

(Range: 24.3% to 60.5%)

### Prevalence of Any Amount of Alcohol Use During Pregnancy in General Population of Latin America and the Caribbean in 2012

- Lange, Probst, Heer, Roerecke, Rehm, Monteiro, Shield, de Oliveira & Popova. In press. Rev Panam Salud Publica [Pan American Journal of Public Health]
- Data from published studies on the prevalence of alcohol consumption during pregnancy were available from 5 of the 33 countries in Latin America and the Caribbean:
- Brazil [n=17], Chile [n=2], Guatemala [n=1], Mexico [n=3], and Uruguay [n=1]; no studies from the Caribbean.
- Meta-analysis for Brazil and Mexico, based on the criterion of three available studies per country.
- The prevalence of alcohol consumption during pregnancy was predicted for 31 countries.

# Prevalence of Any Amount of Alcohol Use During Pregnancy in General Population of Latin America and the Caribbean in 2012



†Estimate of alcohol use (any amount) during pregnancy based on a meta-analysis of the current literature

Prevalence of Any Amount of Alcohol Use During Pregnancy in General Population of Latin America and the Caribbean in 2012 Cuba Bahamas Dominican Republic St. Kitts & Nevis Antigua & Barbuda Mexico Haiti Dominica Jamaica St. Vincent & the Grenadines St. Lucia Belize -Barbados Guatemala Trinidad & Tobago Grenada El Salvador Venezuela Honduras Colombia Guyana Nicaragua Suriname Costa Rica Panama Ecuador Brazil Peru Bolivia Chile Paraguay 15.0 to 25.0 Argentina 12.5 to <15.0 Uruguay 10.0 to <12.5 to <10.0 Lange, Probst, Heer ... & Popova. In press. to <7.5 5.0

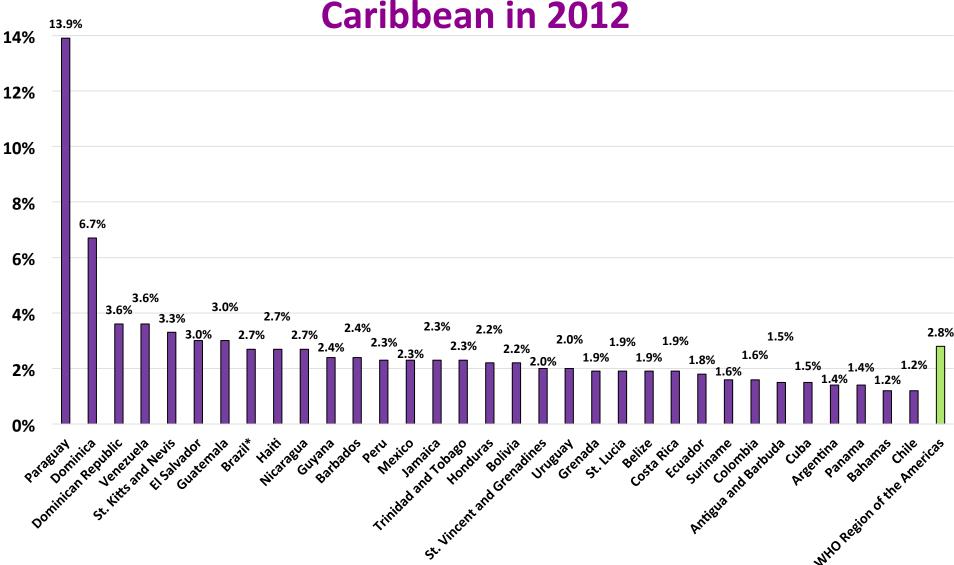
Rev Panam Salud Publica

to < 5.0

0.0

Prevalence of Binge Drinking During Pregnancy in General Population of Latin America and the

16%



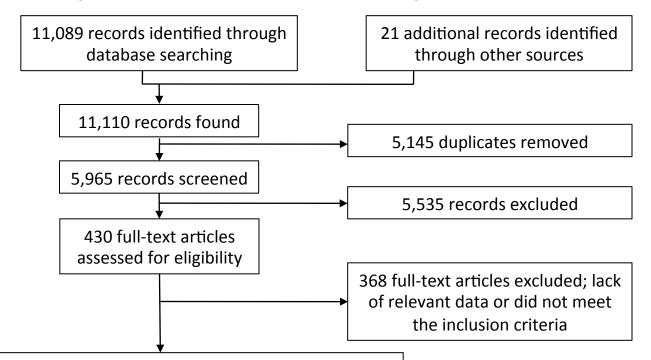
<sup>\*</sup>Estimate of binge drinking during pregnancy based on a meta-analysis of the current literature

### Prevalence of Alcohol Use During Pregnancy (cont')

- Alcohol consumption during pregnancy is a significant public health concern worldwide and an established cause of FASD
- FASD is theoretically, largely preventable
- However, globally, FASD may increase in the near future due to two reasons:
  - 1) the rates of alcohol use, binge drinking and drinking during pregnancy appear to be increasing among young women in a number of countries; and
    - 2) a vast majority of pregnancies are unplanned

### Prevalence of FAS/FASD in General Population

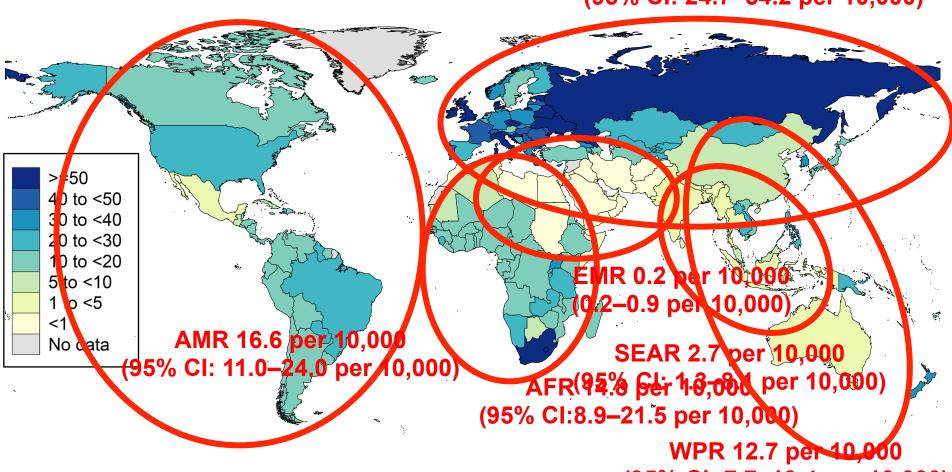
Flow chart for systematic literature search on prevalence of FAS/FASD



62 articles identified as including relevant data from 19 countries [African Region (South Africa, 9 studies), European Region (Croatia, 2 studies; Denmark, 1 study; France, 7 studies; Germany, 1 study; Ireland, 1 study; Italy, 3 studies; Netherlands, 1 study; Portugal, 1 study; Spain, 1 study; Sweden, 2 studies; Switzerland, 1 study; and United Kingdom, 3 studies), Region of the Americas (Canada, 2 studies; United States, 24 studies; and Uruguay, 1 study), and Western Pacific Region (Australia, 7 studies; New Zealand, 1 study; and Republic of Korea, 1 study)]

### Prevalence of FAS in General Population by WHO Region, 2012 EUR 37.4 per 10,000

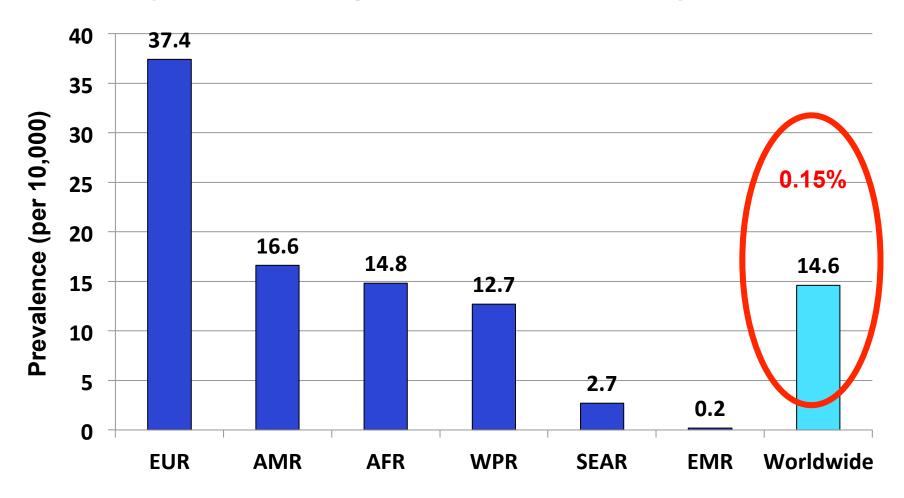
(95% CI: 24.7-54.2 per 10,000)



(95% CI: 7.7–19.4 per 10,000)

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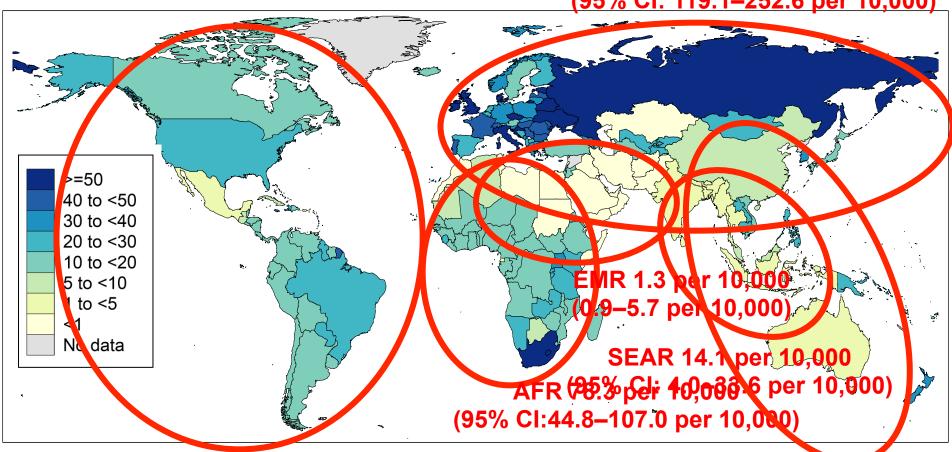
## Prevalence of FAS in General Population by WHO Region and Globally, 2012



AFR=African R, AMR=R of the Americas, EMR=Eastern-Mediterranean R, EUR=European R, SEAR=South-East Asia R, WPR=Western Pacific R

### Prevalence of FASD in General Population by WHO Region, 2012 EUR 198.2 per 10,000

(95% CI: 119.1-252.6 per 10,000)

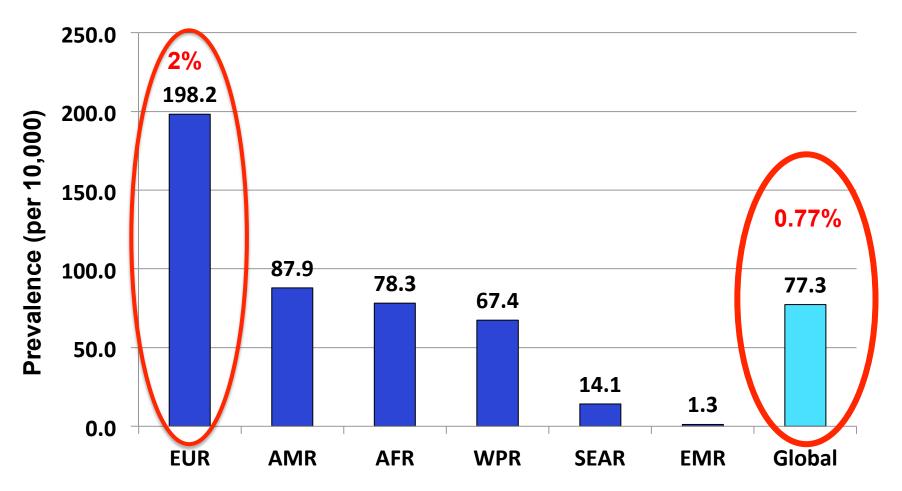


AMR 87.9 per 10,000 (95% CI: 57.5–113.4 per 10,000)

WPR 67.4 per 10,000 (95% CI: 31.6–95.1 per 10,000)

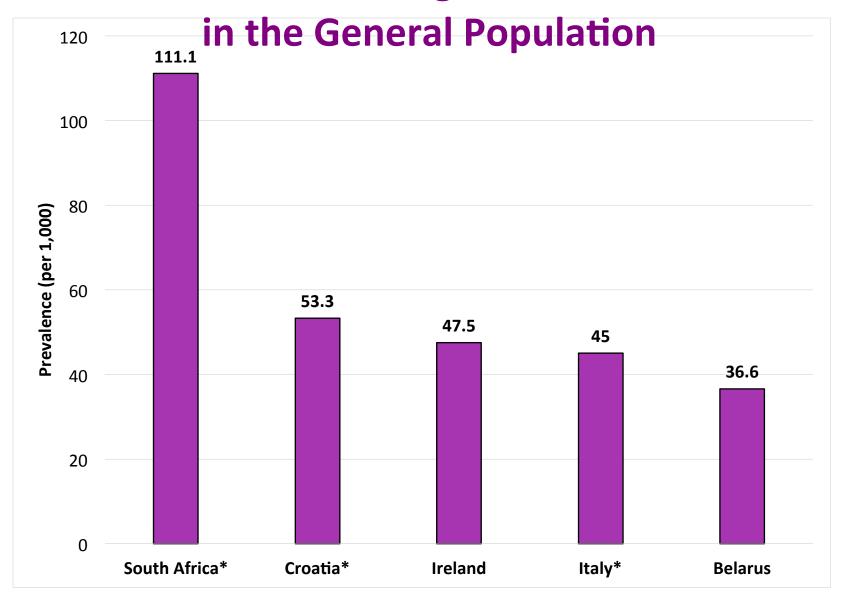
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## Prevalence of FASD in General Population by WHO Region and Globally, 2012



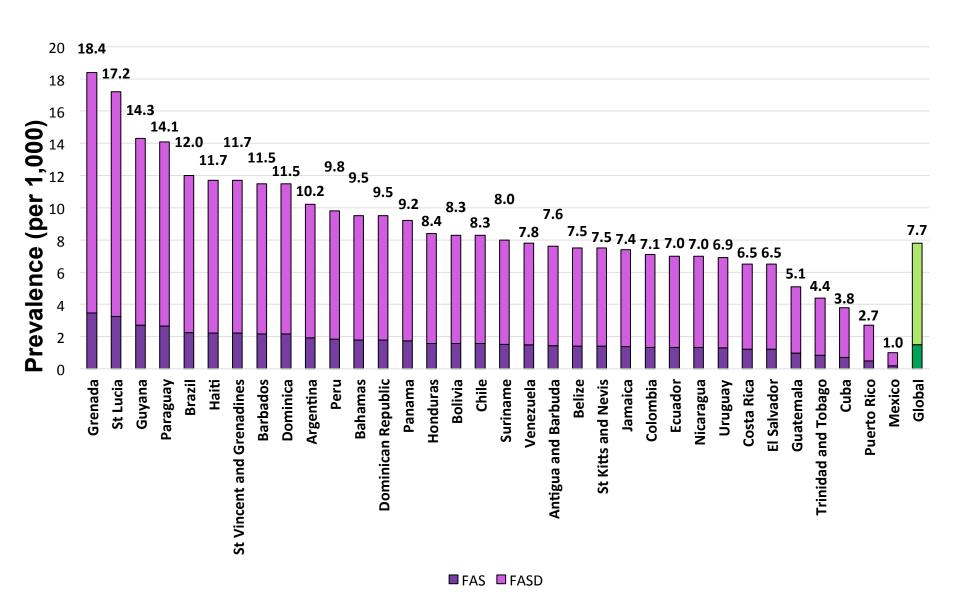
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### **Five Countries with the Highest Prevalence of FASD**



<sup>\*</sup>Based on actual data

## Prevalence of FAS and FASD in Latin America and the Caribbean in 2012



### Global Incidence of FAS and FASD

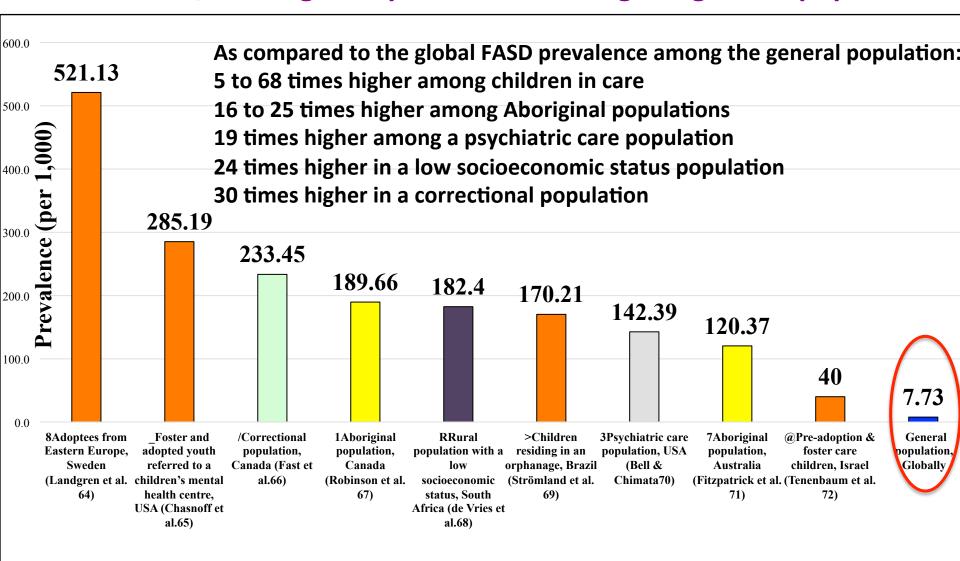
#### **Fetal Alcohol Syndrome**

 Globally, one out of 67 women who consume alcohol during pregnancy in the general population delivered a child with FAS, which translates to about 119,000 children born with FAS in the world each year

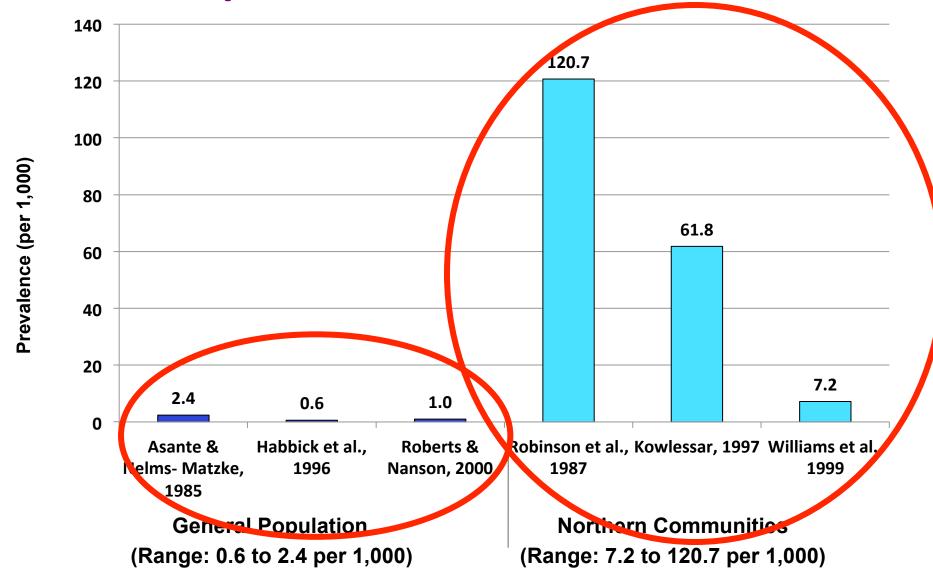
### **Fetal Alcohol Spectrum Disorder**

- One out of 13 pregnant women who consumed alcohol while pregnant delivered a child with FASD
- Over 1,700 cases of FASD are born every day
- 630,000 cases of FASD are born every year globally

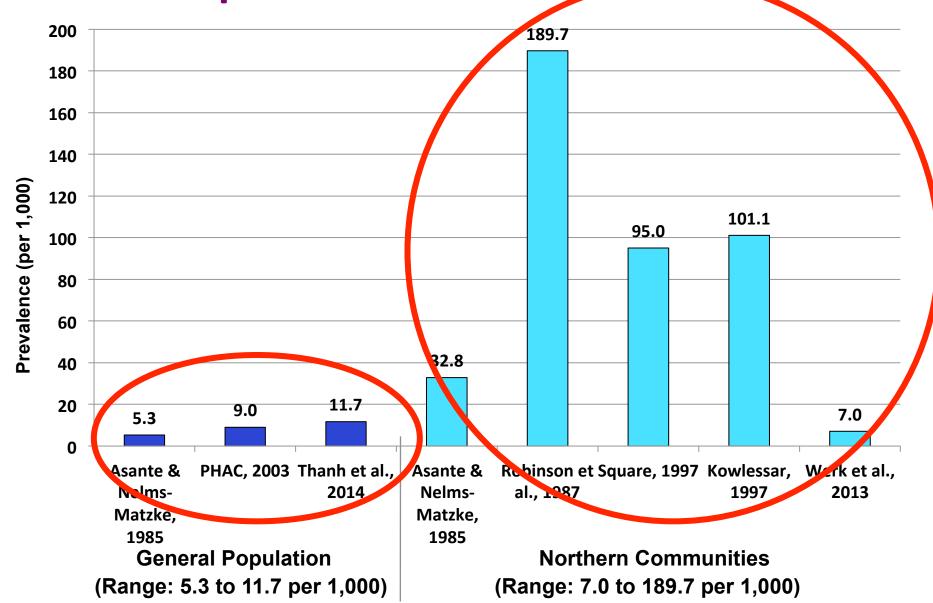
### Comparison FASD prevalence among special populations, based on select studies, to the global prevalence among the general population



## Prevalence of FAS in Canada General Population vs. Northern Communities



## Prevalence of FASD in Canada General Population vs. Northern Communities

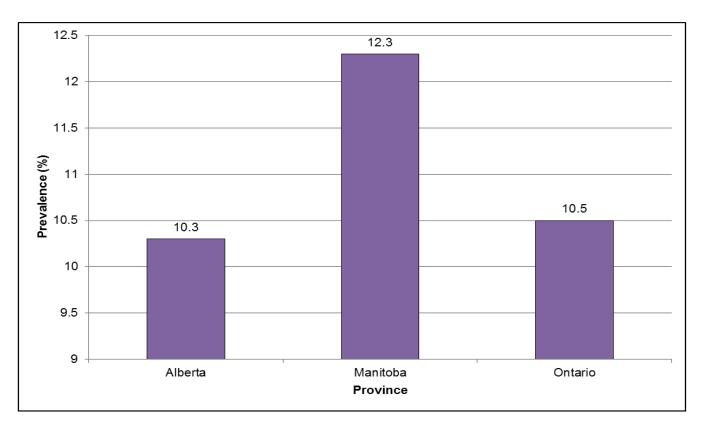




#### **Literature Review**

- In total, 33 studies were identified and included in the analysis (Lange et al., 2013, Pediatrics; 132: e980-e995)
- Data on the prevalence of FAS/D in child care systems are available from only 11 countries/regions, including: Brazil, Chile, Canada, Eastern Europe (Romania, Ukraine, Moldova), Israel, Russia, Spain, Sweden, and USA
- The prevalence was reported for six major settings: boarding schools, child welfare agencies, foster care, homes for children with mental deficiencies, orphanages, and mixed-care settings

- Fuch et al. (2005): 11.3% of children and youths in care have FASD in Manitoba
- Burge (2007): 3.3% children who are permanent wards in Ontario have FASD
- => Prevalence of FASD in child welfare system is 3 to 11 times higher as compared to FASD prevalence in general population of Canada (1%)

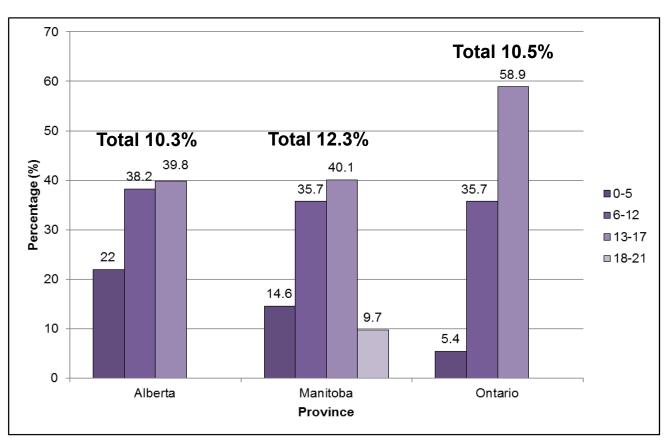


Source: Tri-Provincial FASD Project, a collaborative initiative between ON,

MA, AB (Fuchs & Burnside, 2014)

Note: Includes both diagnosed and suspected cases of FASD

# The Prevalence of Children with FASD in Various Child Care Systems (cont') Canada (by age groups)



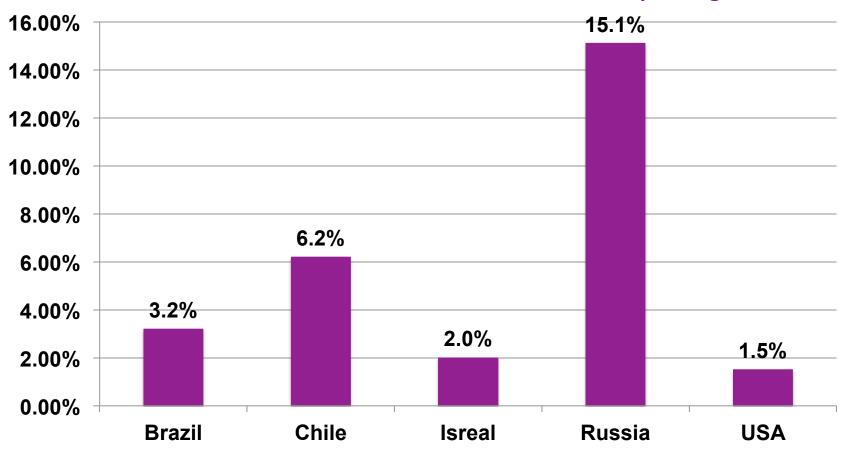
Source: Fuchs & Burnside, 2014

*Note.* In Alberta and Ontario, children in care include children 0-17 years of age; In Manitoba, children in care include children 0-21 years of age

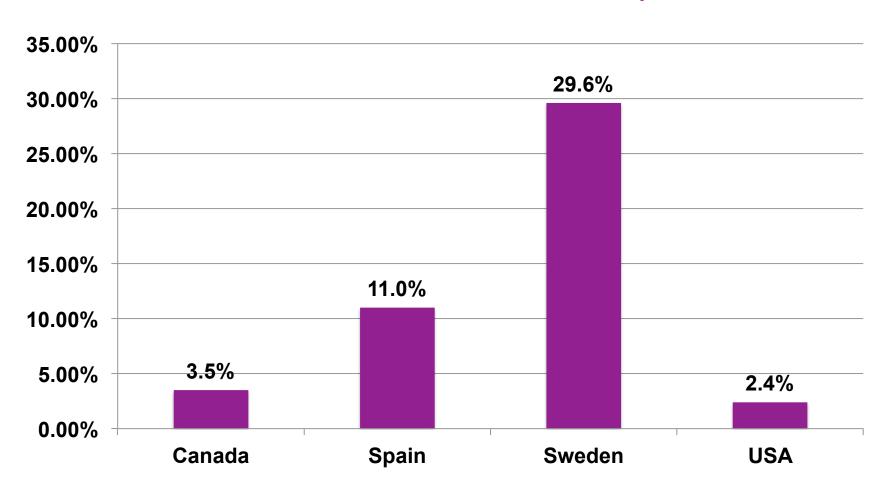
- Wide Ranges -

- The prevalence of FAS ranges from 5 per 1,000 (child welfare system, USA; Ringeisen et al., 2008) to 680 per 1,000 (orphanage for children with special needs, Russia; Palchik & Legonkova, 2011)
- The prevalence of FASD ranges from 37 per 1,000 (foster care, USA; Astley et al., 2002) to 521 per 1,000 (adoptees from Eastern Europe, adopted in Sweden; Landgren et al., 2010)

#### **Prevalence of FAS: Child Welfare, Foster Care, Orphanages**



#### **Prevalence of FAS: International Adoptees**

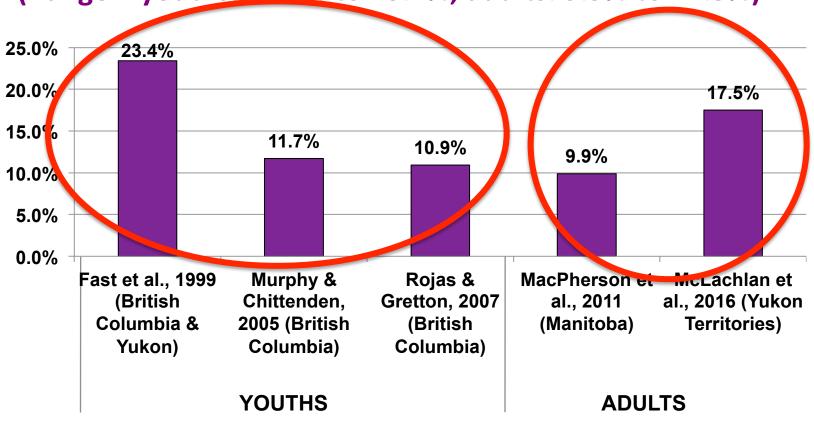


- The pooled prevalence of FAS in child care settings is approximately 70 times higher than the prevalence of FAS in the general population of Canada
- Screening for FASD in this high-risk population is necessary, in order to facilitate early diagnosis!



## Prevalence of FASD in Canadian Correctional System

(Range – youths: 10.9% to 23.4%, adults: 9.9% to 17.5%)



Youths with FASD are *nineteen times* more likely to be incarcerated than youths without FASD in any given year (Popova et al., 2011)



Popova et al. (2011) Canadian Journal of Public Health, 102(5), 336-340.

### Discussion

- FASD is a relatively prevalent alcohol-related developmental disability globally
- This study used the best available data and provides a working estimate of the prevalence of alcohol use during pregnancy and FAS/FASD in countries that do not currently have actual data
- Should inspire countries to do their own research to obtain their own prevalence data

### Discussion (con')

- Establish a universal public health message about the potential harm of prenatal alcohol exposure
- Establish routine screening protocols
- Provide brief interventions, where appropriate, to all pregnant women
- Special attention has to be paid to high-risk populations where the impact of FASD is especially severe



### **Contact Information**

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Remember: When you drink, so does your child