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Fetal alcohol syndrome prevention strategies: Issues and challenges

Cynthia Stuhlmiller
University of New England, Australia

Fetal Alcohol Syndrome (FAS) is the most common preventable cause of mental retardation. It affects around 40,000 infants each year and has lifelong implications (SAMS) with 60 million people worldwide living with its defects and disabilities. The costs in health and education services in the USA alone are estimated to be around \$5.4 billion per year. FAS is caused by maternal ingestion of alcohol during pregnancy which results in irreversible damage to the developing embryo or fetus and leads to physical, mental, behavioural and/or learning disabilities. Some identifying characteristics of FAS such as low birth weight, prematurity, and microcephaly are present at birth while others, such as distinctive facial features, may become more obvious over time. Although signs of brain damage include delays in growth, development, learning and behavioural abnormalities, affected individuals exhibit a wide range of abilities and disabilities. Australia has among the highest alcohol consumption in the world and between 51%-60% of Australian women report alcohol use in pregnancy. Although indigenous Australian women are reported to be less likely to drink during pregnancy, those who do, drink at a high risk levels. Efforts to prevent FAS that focus on warning women of the danger of alcohol consumption during pregnancy have proven of little value. However approaches that include broader determinants of women's and children's health, including overall health, nutrition, experiences of violence and trauma, sexual and reproduction health services and prenatal care seem to have better outcomes. Community-driven policy may also be an effective strategy. In this session, the key issues and challenges regarding FAS prevention strategies will be discussed. The efforts being undertaken in a community project in Australia will be used as a case example.

Biography

Cynthia Stuhlmiller is a Professor of Rural Nursing at the University of New England School of Health. She has been a Clinical Chair in Mental Health Nursing since 1997 and has held academic appointments in the California, Norway, New Zealand, University of Technology Sydney, Flinders Adelaide, University of Hawaii, and University of Essex United Kingdom. Her clinical and research background includes work in areas of traumatic stress and trauma response, various aspects of mental health including co-morbidities, computer-aided CBT, action-based and PBL learning, clinical supervision, and health self-management. She is involved in a wide variety of local, national and international collaborative projects. She is currently leading a large grant aimed at expanding student clinical placements through a student-led clinic in a rural indigenous community in New South Wales.

cstuhlmi@une.edu.au

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