

March 11, 2009

**TO: Colorado State Senate
Health & Human Services Committee**

FROM: Sharon Langendoerfer, MD
Colorado Affiliate of National Organization for Fetal Alcohol Syndrome
March of Dimes, Colorado Chapter
Dept of Pediatrics, Denver Health

Thank you for the opportunity to speak to you about Fetal Alcohol Spectrum Disorders – on behalf of the Colorado Affiliate of the National Organization for Fetal Alcohol Syndrome and the March of Dimes. As a pediatrician for more than 30 years @Denver Health, formerly Denver General, I have cared for a number of children with FASD and have witnessed their struggles within their families and in school, and too often, their entrance into the Juvenile Justice system.

Of all the children born with a lifelong disability, few others have a **CLEARLY IDENTIFIABLE SINGLE CAUSE WHICH IS ENTIRELY PREVENTABLE.**

This proposed legislation takes 1 more step toward prevention; and, with NO fiscal note, takes advantage of the fact that many people who share the struggles of these children and adults with FASD are willing to serve on a commission to try to find better solutions to the problems of prevention, identification and treatment of these disorders.

Fetal Alcohol Spectrum Disorders cost the state of Colorado much more than we know, not only in medical care but also in our schools and our legal and corrections systems. Many of the people with this condition never receive the correct diagnosis unless they also have the physical features of full-blown Fetal Alcohol Syndrome to provide a clue about the underlying cause of their repeated aberrant and often illegal behavior.

Fetal Alcohol Spectrum Disorders got its name because the victims have a wide spectrum of problems, **mainly learning and behavior disorders**, resulting from both the **amount and timing of alcohol injury to the developing brain before birth.**

Some of the behavior problems, such as attention deficit, hyperactivity and impulsivity, are similar to those of children with other underlying causes. But the particularly difficult feature resulting from alcohol injury to the developing brain is the deficiency in “sequencing”, that is, the **inability to predict the result of one’s actions.** This process is the basis of decision making: you and I decide what we will do next by determining what result we want and knowing what action we must take to get that result.

But if you honestly cannot figure out what will happen when you take a specific action -- and in addition you happen to be hyperactive or impulsive, **YOU ARE LIKELY TO DO SOMETHING THAT WILL GET YOU INTO A GREAT DEAL OF TROUBLE ! Worse yet, it is very difficult for you to learn from your mistakes, so that you are likely to repeat them and still not understand why it happened.** If you also have some learning disabilities so that you are failing in school, and have been for years a regular visitor to the principal’s office – and for as long as you can remember, your parents and others have been yelling at you for doing “stupid things” over and over, and almost everybody thinks you are just a “BAD KID”, it is not surprising that you may come face to face with the police and juvenile corrections authorities at a fairly young age.

In providing medical care for them, I have watched too many of these children grow through a very difficult childhood, and too many of them make their way into the legal system, despite enormous efforts by families, teachers and therapists to help them. As you can imagine from the scenario above, it is very difficult for a child to learn to control such behaviors and be able to live a productive, happy life. **CLEARLY, PREVENTION is much more effective and MUCH LESS COSTLY than treatment.**

Data about the number of individuals affected by Prenatal Alcohol Exposure is difficult to obtain; but we know that women of child bearing age in Colorado have a higher incidence of alcohol consumption than in many other states. AND every time we look closely for the cause of behavior problems among juvenile detainees, for example, in the Seventeenth Judicial District FASD Project being described by Eileen Bisgard today, we are alarmed by the number of children in the court system who are affected by FASD. And this study shows the prevalence of this condition is as high or higher than that found in other studies conducted throughout the United States.

One important reason for such a low rate of recognition of FASD is that physicians, psychiatrists, psychologists, even developmental specialists do not routinely receive training in how to diagnose or treat these disorders. Thus, there is currently only 1 full-fledged FASD diagnostic team in Colorado, which does not receive adequate reimbursement even for the diagnostic evaluation, not to mention the expensive treatment once the diagnosis has been made.

For all these reasons, even in these difficult economic times, any reasonably inexpensive efforts to PREVENT this very EXPENSIVE condition will no doubt be cost-effective in dollars and cents, without even considering the toll in human misery.

Respectfully submitted.

Sharon Langendoerfer, MD
Member, NOFAS Colorado
Member March of Dimes, Colorado Chapter
Dept of Pediatrics, Denver Health