Economic Cost of FASD Prevention and Support

PR%F Alliance

Estimates for the cost of care for fetal alcohol spectrum disorders (FASD):

- Total cost of care for individuals with an FASD worldwide:
  - Estimates range from 926 million to 3.2 billion USD [1]
- Annual cost of care for individuals with an FASD:
  - Estimates range from $1.29 billion to 10.1 billion USD (when inflation-adjusted) [1]
- Annual cost of care for children with FASD is $22,810 USD per child
  - Additional annual reimbursement costs average $24,308 USD [2]

*Cost estimates include the economic impact of FASD on health care, special education, residential care, criminal justice system, productivity losses due to morbidity and premature mortality, productivity losses of caregivers of children with FASD, and intangible costs.

0.5% Prevention and research account for less than 0.5% of total FASD spending.[1]

DIRECT COSTS RELATED TO FASD


Healthcare


Education


Social Services


Justice System

- Costs cover primary disabilities
  - Congenital malformations
  - Growth impairment
  - Neurobehavioral disorder
  - Intellectual disabilities
- 60% of individuals with an FASD will experience time in an institution [3]
- 70% of children in foster care are affected by prenatal alcohol exposure [3]

Children with an FASD incur nine times more health care costs.[7]
Medical costs for an FASD are often higher than other conditions like autism.[1]

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Indirect costs of FASD:

- Productivity costs [1]
- Costs covering secondary disabilities:
  - Difficulties in school
  - Mental health disorders
  - Involvement in the criminal justice system [1]

FACT:
People with FASD typically require life-long assistance, resulting in multi-faceted economic impact.[1]

THE COST OF PREVENTION IS LESS EXPENSIVE THAN THE COST OF CARE.

PREVENTING RECURRENCE

An intervention program focuses on persons who gave birth to a child with known prenatal alcohol exposure previously

ESTIMATED COST: $20,200 per case
ESTIMATED NET SAVINGS: $1,235,800

SOCIOECONOMIC STATUS

Prevention programs for people of low socioeconomic status who are heavy alcohol and cigarette users

ESTIMATED COST: $316,800 per case
ESTIMATED SAVINGS: $939,200 per case prevented

FACT:
It costs approximately $316,800 to prevent one case of FASD among those of the highest risk. This could prevent 40-318 cases, with a net savings of $37,340,000-$298,408,000.

$1.24 MILLION
Stakeholder savings for every case prevented

700%
Return on investment for funding of cost-effective FASD prevention

30X
Cost of raising one child with an FASD vs. cost of preventing one case

Additional savings: decreased time to re-unify with children, reduced dependence on public assistance, increased employment and increased levels of education

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FASD Public Policies and Costs:

- Multiple state alcohol/pregnancy policies–specifically mandatory warning signs (MWS), giving pregnant women priority for substance abuse treatment (PTPREG), limiting criminal prosecution (LCP), and defining drinking during pregnancy as child abuse/neglect (CACN)–lead to thousands of babies born low birthweight or preterm each year, which cost hundred of millions of dollars in health care and related costs annually
- According to the Healthcare Cost and Utilization Project, LBW (low birth weight)/PTB (preterm births)[1] admissions totaled $5.8 billion in one year, with costs for LBW and very LBW (<1500g) births averaging $20,600 and $52,300, respectively.
- According to a private health insurance claims data study, conservative estimates show that first-year expenditures[2] for PTB infants in 2013 cost $47,100 per infant, while an alternative algorithm estimated that costs could be up to $78,00 per preterm infant.

Note:
These are conservative estimates, as they do not include savings associated with other benefits of The Parent-Child Assistance Program (P-CAP), which is an evidence-based prevention program for alcohol and drug-exposed births that utilizes case management, home visitation and harm reduction mentorship. If 1% of estimated 2017 costs associated with the care of people with an FASD in the United States or Canada were allocated toward prevention in those with high risk, the economic benefit would be extraordinary.

Next Steps to Consider:

Treatment for an FASD is labor- and cost-intensive and there is no cure for FASD. Prevention is key to reducing FASD prevalence rates.[4]

Priority Factors for FASD Prevention:

- Persons of childbearing age (15-49 years)
- Persons who ovulate and have a menstrual period
- Persons who regularly consume alcohol and/or other illicit substances
- Persons who are sexually active and may be at risk of unplanned pregnancy
- Persons experiencing mental health challenges
- Persons who gave birth to a child[4] with known prenatal alcohol exposure and are at a high risk of recurrence

Sources:

1. Greenmyer, J. R., Popova, S., Klug, M. G., Burd, L. (2019, October 1). Fetal alcohol spectrum disorder: a systematic review of the cost of and savings from prevention in the United States and Canada. Society For The Study of Addiction, 115, 409-417. https://doi.org/doi:10.1111/add.14841
2. . Greenmyer JR et al. A multicountry updated assessment of the economic impact of fetal alcohol spectrum disorder: Costs for children and adults. Journal of Addiction Medicine. 2018;12(6):466-473
3. Subbaraman MS, Roberts SCM (2019) Costs associated with policies regarding alcohol use during pregnancy: Results from 1972-2015 Vital Statistics. PLoS ONE 14(5): e0215670. https:// doi.org/10.1371/journal.pone.0215670
4. Carlson, S. FASD: WHAT POLICY MAKERS SHOULD KNOW. National Organization on Fetal Alcohol Syndrome. https://doi.org/https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WOMEN/PRECONCEPTIONHEALTH/FETALALCOHOLSYNDROME/Documents/nofas_policymakers.pdf
5. Jacobsen, B., Lindemann, C., Petzina, R., Verthein, U. (2022, June). The Universal and Primary Prevention of Foetal Alcohol Spectrum Disorders (FASD): A Systematic Review. J Primary Prevent, 43, 297-316. https://doi.org/https://doi.org/10.1007/s10935-021-00658-9
6. Burd, L., & Popova, S. (2022). Mothers of Children with Fetal Alcohol Spectrum Disorder. Handbook of Substance Misuse and Addictions. https://link.springer.com/referenceworkentry/10.1007/978-3-030-67928-6_64-1)
7. Amendah DD, Grosse SD, Bertrand J. Medical expenditures of children in the United States with fetal alcohol syndrome. Neurotoxicol Teratol. 2011;33(2):322-324.