



Members of the Opioid and Other Substance Use Disorders Study Committee,

My name is Lex Loutzenhiser, and I am the Policy Manager with Illuminate Colorado, a statewide nonprofit working to strengthen families, organizations, and communities to prevent child maltreatment. In addition to other national affiliations, we are the Colorado chapter of FASD United. I am testifying today to share information and recommendations regarding Fetal Alcohol Spectrum Disorders (FASDs) in Colorado.

FASDs impact thousands of Colorado families and result from a disruption in fetal development due to prenatal alcohol exposure. Nationally, it is estimated that 1 in 20 school-aged children are impacted by an FASD and we can look at prevalence data of alcohol use during pregnancy to better understand the scope of this issue in Colorado.¹ According to the Pregnancy Risk Assessment Monitoring System (PRAMS), over 69% of Colorado women reported some type of alcohol use in the three months prior to becoming pregnant.² Given that the average gestational age of pregnancy awareness is 5 ½ weeks, people are likely consuming alcohol into the first trimester of pregnancy without knowing they are pregnant.³ Over 15% of Colorado women reported consuming alcohol during the third trimester of pregnancy and these numbers are likely underreported due to the shame and stigma pregnant people experience when using substances.

FASDs can result in lifelong physical and cognitive symptoms, including gaps in problem-solving, executive functioning, and ability to remain attentive. This can result in challenges in social environments, education, employment, and at home.⁴

Individuals with an FASD and their families require access to knowledgeable professionals and affordable services, such as diagnosis, early intervention, and skillbuilding support in order to thrive. As evidenced by a needs assessment we completed this January and the stories we hear from Colorado families, we know that families impacted by FASD are experiencing many challenges. Families have reported a lack of resources and supportive services, including lack of FASD-aware behavioral health and medical providers, caregiver supports, and education supports. Medical professionals reported challenges screening pregnant parents, including lack of knowledge and time to have conversations with pregnant people about alcohol use and substance use concerns during pregnancy. It is clear that more support and awareness is needed to effectively meet the needs of individuals and families impacted by FASD, and to prevent FASDs.

We are grateful to Vice Chair Priola and Representative Amabile for their work this past legislative session to understand the needs of Coloradans impacted by FASD. **We urge this committee to**

¹ Centers for Disease Control and Prevention. (n.d.). Data & Statistics on FASDs. Retrieved From:

<https://www.cdc.gov/ncbddd/fasd/data.html>

² CDPHE. (2021). Findings from the 2021 PRAMS summary tables. Retrieved From:

<https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/2021TableauSummaryTables/2021PRAMSSummaryTables?%3Ambed=y&%3AisGuestRedirectFromVizportal=y>

³ Denny CH, Acero CS, Naimi TS, Kim SY. Consumption of Alcohol Beverages and Binge Drinking Among Pregnant Women Aged 18–44 Years — United States, 2015–2017. MMWR Morb Mortal Wkly Rep 2019;68:365–368. Retrieved From:

<https://www.cdc.gov/mmwr/volumes/68/wr/mm6816a1.htm>.

⁴ Centers for Disease Control and Prevention. (n.d.). Basics about FASDs. Retrieved From:

<https://www.cdc.gov/ncbddd/fasd/facts.html>

continue this important work and consider solutions to build Colorado's capacity to respond to the needs of individuals and families impacted by FASD, such as the creation of a grant program to build out Colorado's FASD prevention, training, and service capacity.

Sincerely,

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