

**SENATE CONCURRENT RESOLUTION NO. 13**

**IN THE LEGISLATURE OF THE STATE OF ALASKA**

**TWENTY-EIGHTH LEGISLATURE - SECOND SESSION**

**BY SENATORS KELLY, Fairclough, Giessel, Meyer, Micciche, Bishop, Ellis, Stedman, McGuire, Dyson, Dunleavy**

**Introduced: 2/7/14**

**Referred: Health and Social Services**

**A RESOLUTION**

**Urging the governor to establish and support programs designed to eradicate the occurrence of fetal alcohol spectrum disorder from the state.**

**BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

**WHEREAS** fetal alcohol spectrum disorder permanently alters a child's cognitive abilities; and

**WHEREAS** fetal alcohol spectrum disorder has been identified as a pervasive and chronic driver of numerous social challenges throughout the state; and

**WHEREAS** the occurrence of fetal alcohol spectrum disorder in the state is preventable; and

**WHEREAS** each child born with fetal alcohol spectrum disorder costs the state as much as \$4,200,000 during the child's lifetime; and

**WHEREAS** Alaska has the highest documented prevalence of fetal alcohol spectrum disorders in the United States; and

**WHEREAS**, according to the Alaska Maternal and Child Health Data Book, the overall prevalence of fetal alcohol spectrum disorders in the state is 112.9 for each 10,000 live births; and

1       **WHEREAS**, while the state currently maintains high quality screening for fetal  
2 alcohol spectrum disorder, further advancement in rapid assessment and neo-natal screening  
3 capability is needed; and

4       **WHEREAS**, in 2012, the legislature passed legislation making the existence of fetal  
5 alcohol spectrum disorder a mitigating factor for criminal sentencing; and

6       **WHEREAS** using fetal alcohol spectrum disorder as a mitigating factor at criminal  
7 sentencing is currently being hindered by the lack of available, effective, and timely fetal  
8 alcohol spectrum disorder screening within the Department of Corrections; and

9       **WHEREAS** misconceptions continue to exist regarding the causal factors and lifelong  
10 effects of fetal alcohol spectrum disorder; and

11       **WHEREAS**, according to research conducted by the Substance Abuse and Mental  
12 Health Service Administration, 90 percent of women stop drinking once they learn they are  
13 pregnant; and

14       **WHEREAS**, because the highest risk of fetal exposure to alcohol occurs during the  
15 time between conception and knowledge of the pregnancy, it is critical that a woman learns  
16 that she is pregnant as early as possible in the gestational period; and

17       **WHEREAS** the state presently lacks sufficient residential substance abuse treatment  
18 services focusing on women who are pregnant and experiencing alcohol or drug addiction, or  
19 both; and

20       **WHEREAS** the occurrence of fetal alcohol spectrum disorder in the state can be  
21 eradicated through focused efforts and effective collaboration;

22       **BE IT RESOLVED** that the Alaska State Legislature urges the governor to establish  
23 and to support programs designed to eradicate the occurrence of fetal alcohol spectrum  
24 disorder from the state; and be it

25       **FURTHER RESOLVED** that the Alaska State Legislature supports a strong public  
26 awareness campaign designed to inform, move, and motivate state residents in an effort to  
27 prevent the occurrence of fetal alcohol spectrum disorder in the state; and be it

28       **FURTHER RESOLVED** that the Alaska State Legislature supports programs that  
29 will minimize the risk of fetal exposure to alcohol; and be it

30       **FURTHER RESOLVED** that the Alaska State Legislature encourages the governor  
31 to increase the capability of rapid screening for fetal alcohol spectrum disorder within the

1 Department of Corrections and the Department of Health and Social Services; and be it  
2 **FURTHER RESOLVED** that the Alaska State Legislature encourages the governor  
3 to take actions to expand residential substance abuse treatment services in the state for women  
4 who are pregnant and concurrently experiencing alcohol and drug addiction challenges,  
5 including exploring appropriate partnerships to prioritize the admission of pregnant women  
6 into homes operated by the Indian Health Services for the care of women.