

FACT SHEET



FSU Center for Prevention & Early Intervention Policy

The Effects of Substance Abuse on the Children of Adolescent Mothers

A study of 248 adolescent mothers found that in the six months prior to pregnancy 60% smoked cigarettes, 57% drank alcohol, 32% smoked marijuana, and 3.6% reported cocaine use.*

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RESEARCH

Smoking accounts for 20 to 30 percent of all low-birth weight (LBW) births in the United States. The effect of smoking on LBW rates appears to be attributable to intrauterine growth retardation. Very low birth weight is primarily associated with preterm birth, which may be associated with the use of illicit drugs during pregnancy.

Maternal smoking during pregnancy reduces birth weight by an average of 200 grams and doubles the chance of an infant's having a low birth weight.

Exposure to secondhand smoke among nonsmokers is widespread. Home and workplace environments are major sources of exposure. Twenty-seven percent of children birth to age six lived in a household where someone smoked inside the house at least four days per week in 1994. Secondhand smoke increases the risk of respiratory infections and heart disease in children.

Use of cigarettes, alcohol, and marijuana by pregnant adolescents decreases substantially during pregnancy, but increases steadily in the first six months postpartum. Continued contacts with health professionals for postpartum and well-baby check-ups may provide an opportunity to stress the harmfulness to growing children of parent's drug use. For example, explaining to a mother that alcohol passes to an infant through breast milk and that secondary cigarette smoke inhaled by children can increase children's respiratory problems may reduce the likelihood that the mother will resume drinking and/or smoking after the child's birth.

Use of alcohol during pregnancy is one of the most commonly identified causes of mental retardation. Consuming one or more drinks per day is associated with increased risk of giving birth to an infant with growth retardation. Current data does not support the concept of a "safe level" of alcohol consumption by pregnant women below which no damage to a fetus will occur.

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RESEARCH

The placenta does not protect the developing fetus from the negative affects of alcohol exposure. Ethanol (the kind of alcohol in beverages) crosses the placenta freely. When a pregnant woman consumes alcohol, her blood levels and those of her fetus are approximately equal within minutes of consumption.

Prenatal exposure to alcohol results in the developing brain being exposed to a behavioral teratogen. The emerging consensus is that children with Fetal Alcohol Spectrum Disorders (FASD) are markedly impaired in “executive functioning”. These children are less able to work through complex tasks to achieve a goal. Even children with FASD, who perform in the normal range on simple tests, may do poorly in tests assessing complex cognitive efforts.

Children with Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE) display abnormal cognitive functioning that manifests itself in several domains including difficulty with abstract concepts and reasoning (such as space and time, cause and effect thinking), as well as poor attention and concentration skills, memory deficits, impaired judgment, and comprehension.

Individuals with Fetal Alcohol Syndrome and Fetal Alcohol Effects often display maladaptive behaviors thus increasing the stress on families. In a study of 54 adolescents and adults with FAS and FAE, maladaptive behaviors were evident as follows: 77% had poor concentration and attention, 62% were shown to withdraw, 57% were too impulsive, 53% were overly dependent, 53% were teasers or bullies, and 51% exhibited extreme anxiety.

Prenatal alcohol exposure can cause a wide spectrum of central nervous system problems including deficits in fine and gross motor function, attention, verbal learning and memory, and language, which persist **throughout the life span**. The interaction of this subtle brain damage with the complex psychosocial circumstances surrounding the birth of a child to a mother with alcohol problems can further compound development and result in costly and devastating social consequences.

* Teagle, S. & Brindis, C. (1998). Substance use among pregnant adolescents: A comparison of self-report and provider perception. *Journal of Adolescent Health*, 22, 229-238.