It is estimated that prenatal exposure to illicit drugs and alcohol (prenatal substance exposure, or PSE) affects 400,000 newborns annually in the United States (Young et al., 2009). Most of the concern regarding maternal substance use focuses on drugs such as methamphetamine, crack cocaine, and, recently, opioids. Although alcohol is the “primary cause of intellectual and developmental disorders worldwide” with lifelong consequences (Fomeray, Parish, Noraka, & Andreason, 2016), it has mostly been excluded from the discussion on substances that can harm the developing fetus. This article presents information on the effects, legislation, and current efforts on prenatal alcohol exposure and the child welfare system. There is a special focus on the current needs and potential solutions for child welfare social workers, children, and their families.


NASW along with other leading health organizations are members of the Collaborative for Alcohol-free Pregnancy, a cross-discipline initiative of the Centers for Disease Control and Prevention. NASW, in partnership with The University of Texas at Austin Steve Hicks School of Social Work, are working with the Collaborative to increase awareness of FASD, a group of conditions that affect individuals across settings and systems of care.

Fetal Alcohol Spectrum Disorders

Fetal alcohol spectrum disorders (FASDs)—the general term for the range of adverse effects associated with prenatal alcohol exposure—include a range of diagnoses, with associated mental, behavioral, developmental, adaptive, and, in some instances, physical signs that vary from mild to severe (Hagan et al., 2016; Williams & Smith, 2015). Community-based studies of the general population estimate that 2–5 percent of children may have an FASD (May et al., 2009). That percentage is even higher among children in child welfare populations: One international meta-analysis found the pooled prevalence of FASDs among children and youth in child welfare to be 17 percent (Lange, Shield, Rahm, & Popova, 2013), a figure well above that for the general population. There are also reasons to believe that FASDs are under-identified in child welfare populations. One national study found that 5 percent of children referred to a child welfare agency were diagnosed with FASD. It is estimated that this percentage is likely much higher among children who have been in foster care or other placements.
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The inadequate response to children with FASDs is largely an invisible problem in which children are either untreated or mistreated. Of course, many children are prenatally exposed to both alcohol and other drugs, which can complicate and confuse the identification of disorders, diagnosis, and treatment.

Prenatal Substance Exposure Legislation

The system for identifying children with PSE and responding to their needs is fragmented (Young et al., 2009). The federal Child Abuse Prevention and Treatment Act (CAPTA) requires states to implement policies and procedures to address the needs of newborns identified as being affected by illegal substance abuse or having withdrawal symptoms resulting from prenatal drug exposure (Young et al., 2009). Despite these requirements there is wide variation among states in terms of PSE policies and practices.

In 2016, the Comprehensive Addiction and Recovery Act (CARA) refined CAPTA, and the term illegal was removed. The updated legislation requires the secretary of health and human services to provide information to states about best practices related to safe care plans for infants born and identified as affected by substance abuse, withdrawal symptoms, or an FASD. CARA also requires states to develop policies and procedures to address the needs of infants affected by PSE. CARA further requires states to report the number of infants with PSE in the National Child Abuse and Neglect Data System. States are still determining how to best implement CARA, but the data system could be used to better understand the prevalence of PSE among children in child welfare and to identify children who need referral to appropriate care and services. CDC and ACF are currently expanding this work through a large-scale, multisite project to capture the full scope of policies, practices, and needs of children with PSE in child welfare.

Agency Procedures and Policies

• Many participants reported that there was no established policy for how social workers are supposed to identify PSE.
• Although permanency social workers have a required list of questions (including items about the mother’s pregnancy and complications at birth), targeted questions about PSE were not included.
• There were no formal processes for sharing records between medical professionals and child welfare staff.
• Several staff stressed the importance of capturing all information and services throughout case management. However, responses revealed the lack of a system to record data and inconsistency in capturing this information across cases.
• A few participants said they were not aware of any policy regarding documenting PSE.

Clinical Training

Children in child welfare can benefit if staff have knowledge on PSE, particularly on FASDs. Proper identification of FASDs can help parents, educators, social workers, and others understand how to best care for, treat, and support children and families (Young et al., 2015). Nevertheless, the exploratory study found the following:

• The majority of staff said they received no training or workshops focused on the prevention, identification, and treatment of FASDs.
• Most of the study participants said they gained their knowledge of PSE through “on-the-job” learning and case examples, which can lead to approaches that are not based on current research or best practices.
• Social workers struggled to distinguish PSE from other possible diagnoses, such as ADHD. An administrator noted that social workers who lack awareness about PSE are likely to suspect ADHD or other conditions because the behavioral indicators and symptoms are similar; but knowledge of PSE is important for determining best treatment.
• Every staff member interviewed stressed the need for training and education on PSE.

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Challenges & Opportunities

Establishing agency-level guidance for obtaining and documenting information on PSE may be beneficial because parental alcohol and drug use is often a major factor in bringing children to the attention of child welfare authorities (Casterling & Austin, 2008). For example, widespread concurrent alcohol and drug use (Singer & Minnes, 2011) implies that any child found to be prenatally exposed to other drugs is at serious risk for prenatal alcohol exposure, even if alcohol is not detected in the infant at the time of birth. Considering prenatal alcohol exposure in addition to prenatal drug exposure is important because (1) alcohol is metabolized very quickly by the mother and unlikely to be detected through a newborn toxicology screen, and (2) alcohol is “the substance most commonly found in postnatal maternal drug tests” (Hacker, 2011).

PSE educational requirements for social workers could be useful to ensure knowledge of current understanding and best practices regarding children with PSE and their families. Considering the limited to nonexistent formal training of staff that was found in the exploratory study, and taking into account the CARA legislation, child
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NASW standards maintain that care by well-prepared, knowledgeable social work professionals is associated with better outcomes for children and families in child welfare (NASW, 2013). Therefore, understanding the impact of alcohol and other drugs could help child welfare social workers to translate child welfare policy into practices that are responsive to the needs of children and families.

Current Efforts

The Centers for Disease Control and Prevention (CDC) and the Administration for Children and Families (ACF) are working together to improve the identification and care of children with PSE in child welfare. CDC and ACF conducted an exploratory study within an urban child welfare agency to assess staff knowledge, attitudes, policies, and practices regarding PSE. A qualitative methodology was used to better understand the broad, exploratory nature of this project. Semi-structured interviews were conducted with several respondent groups (nine administrators, seven clinical/investigative caseworkers, eight permanency social workers, seven trainers, three data staff members, three medical professionals, and seven caregivers). Each interview followed the same overall pattern and included questions about educational background training received, level of understanding, professional development, and training needs regarding PSE, acceptability of substance use among pregnant women, and position-specific questions about agency policies, perceptions of the prevalence of PSE, data collection procedures, and provision of services. This initial study revealed a lack of formal agency policies and a need for additional clinical training.

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Establishing agency-level guidance for obtaining and documenting information on PSE may be beneficial because parental alcohol and drug abuse is often a major factor in bringing children to the attention of child welfare authorities (Caterling & Austin, 2008). For example, widespread concurrent alcohol and drug use (Singer & Minnes, 2011) implies that any child found to be prenatally exposed to drugs is at serious risk for prenatal alcohol exposure, even if alcohol is not detected in the infant at the time of birth. Considering prenatal alcohol exposure in addition to prenatal drug exposure is important because [11] alcohol is metabolized very quickly by the mother and unlikely to be detected through a newborn toxicology screen, and [2] alcohol is “the substance most commonly found in postnatal maternal drug tests” (Hackler, 2011).

PSE educational requirements for social workers could be useful to ensure knowledge of current understanding and best practices regarding children with PSE and their families. Considering the limited to nonexistent formal training of staff that was found in the exploratory study, and taking into account the CARA legislation, child
Generally, well-informed approaches on PSE could help guide social workers to provide services that lead to positive outcomes for children and families.

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