UNDERSTANDING FETAL ALCOHOL SYNDROME

DVD Version
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TEACHER’S RESOURCE BOOK
Bonnie Denmark

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# UNDERSTANDING FETAL ALCOHOL SYNDROME

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MAIN MENU

PLAY

CHAPTER SELECTION
From here you can access many different paths of the DVD, beginning with the introduction and ending with the credits.

1. Introduction
2. Possible Effects
3. Liz’s Struggles
4. Behavioral Problems
5. Prevention

TEACHER’S RESOURCE BOOK
A file of the accompanying Teacher’s Resource Book is available on the DVD. To open the file you need to load the DVD onto a computer that has a DVD-ROM and Adobe Acrobat Reader. Right click on the DVD icon and then double click on the file titled “Teacher’s Resource Book.”
In the past, many people assumed that it was harmless for pregnant women to consume a couple of drinks to “relax.” Now we know differently. The past few decades have been a time of alarming discovery about the effects of alcohol on a developing fetus. When a pregnant woman drinks alcohol, it is directly transported to the fetus and its developing organs. However, since the fetus’s liver cannot process alcohol at the same rate as an adult’s, higher concentrations of alcohol stay in the fetus longer, exposing it to toxic effects.

Women who drink alcohol while pregnant put their child at risk for fetal alcohol spectrum disorders (FASD). FASD is an umbrella term describing the range of effects that can occur in an individual whose mother drinks alcohol during pregnancy. At the most severe end of the spectrum is fetal alcohol syndrome (FAS), which may result in irreversible physical and developmental defects such as low birth weight, facial abnormalities, mental retardation, learning disabilities, emotional and behavioral problems, heart and joint problems and stunted physical growth.

A statement from the Institute of Medicine reads, “Of all the substances of abuse (including cocaine, heroin and marijuana), alcohol produces by far the most serious neurobehavioral effects in the fetus.” In fact, fetal alcohol exposure is the leading cause of preventable mental retardation and many other birth defects today. It can occur anywhere and anytime pregnant women drink alcohol, even during the first weeks of pregnancy—before a woman knows she is pregnant. FAS is 100 percent avoidable, but only if a woman completely abstains from alcohol while pregnant.

We must insure that today’s young people, the next generation of parents, receive this critical information so that they can make informed, safe choices. Furthermore, the United States has the highest rate of teen pregnancy and births in the industrialized world, and unplanned pregnancy poses one of the greatest challenges to preventing alcohol-related birth defects. Alcohol—the most commonly abused substance among teens—is a major factor in unprotected sex among youth, increasing the risk of unplanned pregnancies. Young women who are sexually active, not using contraception and drinking alcohol are at risk for having a child with FASD.

*Understanding Fetal Alcohol Syndrome* breaks the silence that has surrounded this subject. This compelling program demonstrates how a growing fetus is affected by alcohol use inside the womb and takes an up close and personal look at a young woman afflicted with fetal alcohol syndrome. Interviews with mothers of children with FAS provide insight into its lifelong physical and emotional effects. The activities in this Teacher’s Resource Book further educate students about the risks of drinking alcohol while pregnant and the indelible effects of FAS.
After watching the video *Understanding Fetal Alcohol Syndrome* and participating in the class activities included in this Teacher’s Resource Book, your students will be able to:

- define the terms *fetal alcohol syndrome* and *fetal alcohol spectrum disorders*
- identify the causes and characteristics of fetal alcohol syndrome (FAS) and fetal alcohol spectrum disorders (FASD)
- understand that alcohol-affected children may appear normal at birth and that problems in behavior and learning may show up later
- gain an understanding of the challenges faced by people suffering from FAS and FASD
- discuss decision-making skills as they relate to alcohol use, sex and pregnancy
- understand that it is dangerous to drink alcohol at any point during pregnancy
- consider the issue of responsibility in regard to themselves, others and society as a whole
- identify some reasons why the issue of alcohol-affected children concerns males as well as females, and some ways in which the expectant father can support the mother in remaining alcohol-free
The video opens with clips from a young woman’s interview with a vocational counselor. The young woman, Liz Kulp, says “no” to every job the vocational counselor mentions. Throughout this conversation, Liz looks and sounds much like an average young teenager. Then the narrator reveals that Liz is 20 years old and is meeting with a vocational counselor because she is having trouble finding and keeping a job. The narrator explains that Liz has trouble in just about every aspect of her life from learning things to coping with change to controlling her emotions. “It’s all because of a decision made more than two decades ago, before she was born. You see, Liz’s mother chose to drink alcohol while she was pregnant.” The title appears: Understanding Fetal Alcohol Syndrome.

Baby pictures of Liz are flashed on screen. Liz’s adoptive mother, Jodee Kulp, tells viewers, “Liz came to our home at five months. We had no idea what was wrong. She was called a ‘failure to thrive’ baby. She was 11 pounds, she did not look at human beings. Here you’ve got this little person in your home that you’re loving and caring about, and she won’t look at you.” Liz wasn’t a typical baby or a typical child, says Jodee. “She wouldn’t skip and she wouldn’t run with the other kids. She’d just stand back and watch.”

Liz was diagnosed with fetal alcohol syndrome (FAS) at 12 years old. The narrator explains that fetal alcohol syndrome happens only to babies whose mothers drink alcohol while they’re pregnant. “If a woman drinks alcohol during pregnancy, the alcohol enters her bloodstream and passes through the placenta to the fetus, where it can damage developing cells.” Dr. Donna Neale of Johns Hopkins University Hospital says, “Alcohol, unfortunately, is one of those things that really causes damage to the developing cells, the developing organs.”

The scene cuts to an egg breaking into a martini glass. As vodka pours over the egg, we hear, “Every single part of the body can be damaged by alcohol—the liver, brain, lungs, heart, central nervous system. Watch what one shot of vodka can do to the living tissue in an egg in less than 20 minutes.” Via a lapsed time video sequence, we see how the vodka damages the egg. The narrator says, “Imagine larger quantities of alcohol and many more cells and you can imagine what it does to a developing fetus.”

Jodee Kulp explains, “If a mother drinks alcohol during the pregnancy on day 20, whatever is developing at that day is now not there. It can be killed, it can be destroyed.” A graphic of a fetus reads, “First Trimester Development—Facial Features, Heart, Liver, Lungs, Bones and Central Nervous System.” The narrator says, “The first 12 weeks of pregnancy are critical for development of the baby’s facial features, bones, key organs and central nervous system. If a mother drinks alcohol then—maybe even before she knows she’s pregnant—severe damage can result.”

Dr. Neale says, “The biggest system really is the central nervous system, so that’s the brain.” The brain can be damaged at any time during pregnancy because alcohol can penetrate its natural defense system. Dr. Neale explains that the blood-brain barrier is a system we have in place
to protect our brain, but alcohol is not kept out by this barrier. “It passes through the maternal bloodstream, through the placenta and goes through to the fetus and in fact can affect the developing brain.” Jodee likens the brain of a baby exposed to alcohol to Swiss cheese or a street filled with potholes. The narrator says, “Because a fetus metabolizes alcohol more slowly than an adult, a developing baby’s blood alcohol concentration is higher than its mother’s.”

Pictures are shown of FAS babies with facial deformities. The narrator explains, “Babies with fetal alcohol syndrome pay the price for their entire lives with both mental and physical deficiencies. The most obvious are abnormal facial features.” Dr. Neale says that the lip, eyes, cheeks and chin can look abnormal.

Viewers are shown a tiny baby in an incubator. The narrator says, “Many babies with fetal alcohol syndrome have lower-than-normal birthweights.” Dr. Neale adds, “Babies who are born small are at risk for increased death in the first year of life, increased respiratory problems and probably long-term cardiovascular problems.”

Pictures of babies are flashed on the screen as graphics spell out: “FETAL ALCOHOL SPECTRUM DISORDERS: Mental Retardation, Birth Defects, Growth Problems, Central Nervous System Disorders, Organ Dysfunction, Epilepsy, Mental Retardation, Poor Memory, Learning Disabilities, Vision and Hearing Problems, Behavior Problems.

Fetal alcohol syndrome is the most severe disorder along a spectrum of disorders that can surface as a child grows. Dr. Neale explains, “If a woman has a lot of alcohol use in the latter part of the pregnancy, the child may not have the outward features, but still can have the affect on the brain, so that then leads to mental retardation, developmental delays, social adaptations, activities or behaviors not necessarily in their best interests—promiscuity in terms of early sexual activity, spending habits, issues with anger, those types of things.” Liz shares with viewers, “When I’m frustrated, I’ll react really crazy and everyone around me will look and stare. A good day would be for me… like no rages.”

Jodee says, “Liz always wants to be normal. She wants to look just like everybody else, she wants to be in regular school and do regular things.” The narrator reminds viewers, “But Liz isn’t normal.” The scene shifts to light glistening through trees. Jodee says, “You know how the lights flicker from the sunshine and it’s really beautiful? Liz would scream because the lights hurt her eyes.” The scene cuts back to the animation of the developing fetus. The eye sockets are shown as graphics state, “The eyes develop during the second trimester and are sensitive to light by the 16th week.” The narrator says, “Vision problems—caused by abnormal or incomplete development of the eyes—are common. The ability to see detail is reduced in 50 percent of children with FAS.”
Jodee explains that when Liz is under fluorescent lights for a long time, it makes her frustrated and gives her headaches. “Take a child like Liz in third grade, trying to learn, trying to read, trying to do all the different things that other kids are trying to do and then you put her in the middle of the classroom under fluorescent lights where everything’s dancing. How can she accomplish anything?”

The animation of the developing fetus is shown. The focus is on the developing brain as graphics read, “By week 10, the fetal brain produces almost 250,000 new neurons every minute.” The narrator says that the brain is always vulnerable to damage from alcohol because it develops throughout the pregnancy. Children with FAS frequently suffer from learning disabilities, speech and language development deficits, mental retardation or low IQ, and can have poor reasoning and judgment skills.

Jodee says that Liz had to work ten times as hard as the other students in order to “appear like she was on the same level.” Liz recalls the frustration of having ten spelling words instead of 20 like all the other kids in second grade. Jodee says, “She would be so exhausted and so frustrated and so angry that she’d just fall on the floor and cry.”

An animation of a developing brain is shown as graphics read, “Emotional development can be hampered when connections in the brain are damaged by alcohol.” The narrator states that children with FAS often have emotional difficulties such as poor socialization skills, behavioral problems, hyperactivity, inability to concentrate, social withdrawal, impulsiveness and anxiety.

Jennifer Stieve, Public Awareness and Communications Coordinator for the Minnesota Organization on Fetal Alcohol Syndrome, appears on camera. “These children are incredibly frustrating to raise. You have to be prepared to deal with not only an infant, but an infant who doesn’t do everything that infants are typically supposed to do, who doesn’t develop on time, who cries and cries and cannot be comforted.”

As she grew up, Liz confronted bigger problems. She relates, “I would start lying and telling stories, and my stories would get bigger and bigger. I overspent money. I didn’t like to be touched because it would just irritate me. It would feel like you’re grabbing me and then I’d hit you.” Dr. Neale explains, “Children born with fetal alcohol syndrome have a difficult time controlling their emotions. We all can get angry sometimes for various reasons, but most of us are able to keep that emotion in check. Unfortunately, children born with fetal alcohol syndrome don’t.”

The animation of a fetus is shown. The narrator explains that children with FAS are often born to alcoholic mothers and can suffer from their own problems with substance abuse.
The scene shifts to Liz reading from *The Best That I Can Be*, a book that Liz wrote about living with fetal alcohol syndrome. “But it’s a struggle for her to read from her own book,” says the narrator. Liz explains, “I had a problem with the letters kind of blending into each other, so that made it really difficult to read.”

The narrator says that Liz doesn’t trust herself to drive a car because she doesn’t like to think what could happen if she made a mistake behind the wheel. Not being able to drive is one of the reasons Liz needs help finding a job. Vocational Counselor Annmarie Ransom comments on the challenges of working with individuals with FAS. “They have a hard time dealing with a lot of change, they need things communicated to them in a variety of formats. We need to explain it to them verbally, maybe show them, maybe write it down.”

Jennifer Stieve sheds light on the independence issues faced by people with FAS as they reach adulthood. “Most people expect their children to grow up and leave the house when they’re 18. They go to college or they get a job or something, but a lot of these young adults can’t do that. They’re not prepared at 18 to leave. Many of them will continue living at home for many, many years. Some never leave or some have to move into assisted living facilities because they lack the basic skills necessary to function independently.”

Dr. Neale says, “What breaks my heart about this is that fetal alcohol syndrome is preventable. If mothers don’t use alcohol during the pregnancy, the fetus is not going to be affected. It’s as simple as that.”

Images of kids with FAS are intercut with an animation of how alcohol in the bloodstream enters the fetus. Jodee comments, “Forty-five thousand babies are born each year with fetal alcohol syndrome in the United States. That’s forty-five thousand babies with brain injuries that don’t need to have brain injuries.” Dr. Neale adds, “It’s the number one cause of mental retardation that can be preventable in this country.” Jennifer Stieve says, “There is no safe level of alcohol during pregnancy.” Jodee Kulp offers, “If Liz’s birth mom could’ve made different decisions, life would’ve been easier for Liz. But I believe that Liz’s birth mom probably had fetal alcohol [syndrome], too, and so it goes on and on and on. This generation has an opportunity to do something that no other generation has and that’s because we know more about fetal alcohol syndrome that we didn’t know before. They have the opportunity to stop it.”

The program concludes with Liz reading from her book, *The Best That I Can Be*. She concludes, “I am not angry with my birth mom drinking when I was in her stomach, she did not know she was hurting me. I just know that it affects me and I have to live with it.”
Who Is Responsible?

This activity is intended to help students recognize the important role played by both partners in a pregnancy, especially when it comes to avoiding any risk of alcohol abuse.

In Class:

1. Ask students to brainstorm a list of things that an expectant mother can do to promote the healthy growth of her unborn child.

2. Write students’ answers on the board. Answers should include items such as: *eat nutritious food, exercise moderately, see her doctor regularly for prenatal checkups, avoid stress, get plenty of rest, abstain from alcohol and drugs, check with her doctor before taking prescription or over-the-counter drugs,* etc.

3. Continue until you have at least 12 different answers on the board. Number the students’ responses from 1 to 12 (or beyond, depending upon the number of answers provided).

4. Now separate the class into two groups: one group of males and one group of females. (Note: If your class size is too large for two groups, create as many male and female groups as necessary.)

5. Instruct students to determine who is responsible for each item on the blackboard list. Students should use this key to identify their choice:

   Woman (W)  Man (M)  Both (B)

6. Allow students ten minutes for private discussion over who should be responsible for each item on the list.

7. After ten minutes, ask each group to write down their decisions. The group of males should place their answers to the left of the list, and the females should write their answers to the right of the list.

8. Allow ample class time to discuss why each group made their selections. Be sure to make these teaching points:

   - *A healthy newborn is the responsibility of BOTH parents.*
   - *There are many ways that a pregnant woman’s partner can be an active participant in the pregnancy—especially when it comes to making decisions about alcohol and other drugs.*
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STUDENT ACTIVITIES
Pre/Post Test

Decide whether the following statements are true or false.

1. **TRUE or FALSE:** Children affected by fetal alcohol syndrome (FAS) act like typical kids.

2. **TRUE or FALSE:** Fetal alcohol syndrome occurs only when women drink alcohol while they are pregnant.

3. **TRUE or FALSE:** It takes 20 to 30 days for a shot of vodka to damage the living tissue in an egg.

4. **TRUE or FALSE:** Damage to a fetus from a mother’s alcohol use can occur only in the first trimester of pregnancy.

5. **TRUE or FALSE:** When a pregnant woman drinks alcohol, the developing baby’s blood alcohol concentration is higher than its mother’s.

6. **TRUE or FALSE:** Children affected by fetal alcohol syndrome always have visible facial deformities that are characteristic of FAS.

7. **TRUE or FALSE:** Vision problems are common in children born with FAS.

8. **TRUE or FALSE:** Fetal alcohol syndrome can cause emotional problems such as impulsivity, anxiety and social withdrawal.

9. **TRUE or FALSE:** Many people who were born with FAS cannot live independently as adults.

10. **TRUE or FALSE:** Fetal alcohol syndrome cannot be prevented.

*The Answer Key to this activity appears on the next page.*
Answer Key

1. **TRUE or FALSE:** Children affected by fetal alcohol syndrome (FAS) act like typical kids.  
   
   **FALSE**

2. **TRUE or FALSE:** Fetal alcohol syndrome occurs only when women drink alcohol while they are pregnant.  
   
   **TRUE**

3. **TRUE or FALSE:** It takes 20 to 30 days for a shot of vodka to damage the living tissue in an egg.  
   
   **FALSE**

4. **TRUE or FALSE:** Damage to a fetus from a mother’s alcohol use can occur only in the first trimester of pregnancy.  
   
   **FALSE**

5. **TRUE or FALSE:** When a pregnant woman drinks alcohol, the developing baby’s blood alcohol concentration is higher than its mother’s.  
   
   **TRUE**

6. **TRUE or FALSE:** Children affected by fetal alcohol syndrome always have visible facial deformities that are characteristic of FAS.  
   
   **FALSE**

7. **TRUE or FALSE:** Vision problems are common in children born with FAS.  
   
   **TRUE**

8. **TRUE or FALSE:** Fetal alcohol syndrome can cause emotional problems such as impulsivity, anxiety and social withdrawal.  
   
   **TRUE**

9. **TRUE or FALSE:** Many people who were born with FAS cannot live independently as adults.  
   
   **TRUE**

10. **TRUE or FALSE:** Fetal alcohol syndrome cannot be prevented.  
    
    **FALSE**
Choose one of the topics below to research. Gather information from books, magazines, newspapers and reputable websites, and then write a brief research paper. Use a Resource Tracker to keep track of your sources.

Alcohol and Pregnancy
Doctors warn women not to consume alcohol during pregnancy in order to prevent fetal alcohol syndrome (FAS) or fetal alcohol spectrum disorders (FASD). How is alcohol transported to the fetus? How does alcohol affect the developing fetus at different stages of pregnancy? How much alcohol is safe for a pregnant woman to drink without harming the fetus? Can damage to a fetus occur before a woman finds out she is pregnant? Is this damage reversible?

The Basics of FAS and FASD
Define fetal alcohol syndrome (FAS) and fetal alcohol spectrum disorders (FASD). How do they differ? What are the symptoms and characteristics of FAS and FASD? Describe physical, learning, emotional and behavioral problems that are associated with FAS and FASD. How many babies are born each year with FAS and FASD? Why is it important to diagnose FAS and FASD early on in a child’s life?

Living with Fetal Alcohol Syndrome
What is life like for a child born with fetal alcohol syndrome? What traits do these children exhibit in infancy and childhood? What physical and behavioral problems do these children typically have? How does it affect their families? How do children with FAS do in school? How do they fare in adulthood in terms of living alone and keeping a job? Is there a greater risk for drug and alcohol dependence as they get older? Is there a treatment for FAS?

Warning Labels
In 1988, the U.S. Surgeon General ruled that all alcohol bottles must be labeled with a warning against drinking when pregnant. And in 2005, the U.S. Surgeon General issued an Advisory on Alcohol Use in Pregnancy to raise public awareness about this important health concern. Investigate whether these public warnings have significantly reduced the incidence of fetal alcohol spectrum disorders (FASD). Are other measures being planned by the government to help prevent FASD?

Preventing FAS
At an individual level, does a male partner’s participation in a pregnancy have any impact on a woman’s use of alcohol and other drugs? Investigate how a man can actively help his partner remain drug- and alcohol-free during her pregnancy. What are some ways to prevent FAS on a community level? Research at least two FAS prevention activities supported by the Centers for Disease Control, listed at <www.cdc.gov/ncbddd/fas/fasprev.htm>. What do you think is the most effective means of spreading awareness about the dangers of drinking alcohol during pregnancy?
### ACTIVITY 2B

**RESOURCE TRACKER**

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**HUMAN RELATIONS MEDIA**

12  **UNDERSTANDING FETAL ALCOHOL SYNDROME**
How much do you know about fetal alcohol syndrome (FAS)? Test yourself and then check your answers by referring to the fact sheets that your teacher may distribute—especially Fact Sheets 1, 2 and 4—or by consulting the following websites:

National Organization for Fetal Alcohol Syndrome <www.nofas.org>

Centers for Disease Control and Prevention (CDC), Fetal Alcohol Spectrum Disorders <www.cdc.gov/ncbddd/fas/fasask.htm>

Mayo Clinic <www.mayoclinic.com/health/fetal-alcohol-syndrome/DS00184>

**CIRCLE ONE**

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<table>
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<tbody>
<tr>
<td>1. Babies born with FAS will recover within the first six months after birth.</td>
<td>True / False</td>
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<td>2. Mental retardation can never be prevented.</td>
<td>True / False</td>
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<td>3. It is safe for a woman to drink a small amount of alcohol during her pregnancy.</td>
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<td>4. FAS can be caused by a biological father’s alcohol use.</td>
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<td>5. FAS is 100 percent preventable.</td>
<td>True / False</td>
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<tr>
<td>6. FAS is 100 percent curable.</td>
<td>True / False</td>
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<tr>
<td>7. Alcohol can affect a baby’s development and cause birth defects in the very first weeks of pregnancy—before a woman even knows that she is pregnant.</td>
<td>True / False</td>
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<tr>
<td>8. Most adults with FAS are able to live alone and function at a job.</td>
<td>True / False</td>
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<tr>
<td>9. The vast majority of people with FAS have mental health problems.</td>
<td>True / False</td>
</tr>
<tr>
<td>10. Most people with FAS get in trouble with the law.</td>
<td>True / False</td>
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*The Answer Key to this activity appears on the next page.*
Answer Key

1. **False.** Birth defects caused by alcohol are permanent. Children with FAS remain below average in physical and mental development throughout their lives.

2. **False.** FAS is the leading known cause of mental retardation—and FAS is completely preventable if a woman does not drink alcohol during pregnancy.

3. **False.** No one knows how much alcohol will put a fetus at risk for FAS or FASD. For this reason, there is no such thing as a “safe” amount of alcohol for a pregnant woman, and there also does not appear to be a safe time to drink during pregnancy.

4. **False.** FAS is not caused by the biological father’s alcohol use. The sole cause of FAS is a woman drinking alcoholic beverages while she is pregnant.

5. **True.** FAS is 100 percent preventable—only if a woman does not drink alcohol while she is pregnant.

6. **False.** There is no cure for FAS. There is no way to undo the damage done by alcohol to the developing fetus.

7. **True.** A baby’s brain and heart begin to develop in the early weeks of pregnancy. Women generally don’t realize they are pregnant for several weeks or more.

8. **False.** One study showed that 80 percent of people age 21 or over with FAS could not hold down a job or live independently.*

9. **True.** One study showed that 90 percent of people age 12 or older with FAS suffered mental health problems.*

10. **True.** One study showed that 60 percent of people age 12 or older with FAS had trouble with the law. *

This is your chance to imagine the life of a person affected with FAS. Read the article entitled *I’m the Visible Teen with the Invisible Disability*, which is reproduced on the pages that follow. Also read the *Problems Faced by Children with FAS* and *Living with Fetal Alcohol Syndrome* fact sheet. Then write a fictional story about a typical school day in the life of a person your age who was exposed to alcohol before he or she was born. Give the student a name, a pet, a favorite sports team—all the normal things that a kid your age might have.

Here are some things to consider:

- How does this person behave?
- How do other kids respond to this student?
- What happens if people tease the kid for being different?
- What if someone tells him or her to do something bad like pushing another kid, taking a test off the teacher’s desk, writing on a wall, scratching a car, throwing food in the cafeteria or delivering something illegal to another person?
- What happens if it’s an assembly day and the school schedule is different that day?
- What if the pressure of “trying to be good” and the frustration of not being able to control his or her impulses are overwhelming?
- Think about this person’s limitations in various classes, such as math and gym. Does he or she complete assignments during the study period?
- Consider everyday tasks like packing a backpack, closing a three-ring binder, paying for food at the lunch counter, getting a snack from a vending machine, etc.

*This activity is continued on the next page.*
I’m the Visible Teen with the Invisible Disability

Nobody can see my disability. I look just like every other teenager. Attractive, friendly, talkative. But nobody sees my disability. They can’t see how my neurons are scrambled in my brain. They can’t see the misconnections between the left and right brain. They can’t see the little empty spaces in my frontal lobes where brain cells were supposed to grow but didn’t. Nobody can see that I have static encephalopathy.

But everybody can see how inappropriate my behavior can be when I am out in public. Everybody can see how immature I can be compared to other teenagers my age. No one sees the two-year-old tantrum as soon as I get home when things have been too overwhelming for me. No one sees when I get out of control at the slightest little problem at home from trying to cope when I am out.

They don’t see how hard I work when I can’t control my behavior. They don’t see my frustration when I forget the rules, again. Can they see my anger when I am blamed for trouble over and over? They probably can see that because I wear my feelings on the outside; I just can’t keep them in all the time. But they don’t see that as a disability. They say I’m unmanageable. They say I’m a problem. But I’m not a problem. I HAVE a problem. I have static encephalopathy.

Everybody can hear me, because I say a lot, to anyone who will listen. And I can talk a good talk. I can fool people into thinking I really understand what I’m saying. What they don’t see is that I’m not as savvy as I appear to be. They don’t see that my level of comprehension is way below my level of expression.

I act like I know it all. I act like I’m capable of taking care of myself. They don’t notice that I have trouble managing money. Sometimes I can’t even figure out the right change for the snack machine. They don’t notice that I have trouble remembering what I got in trouble for yesterday. They think I should be able to learn from my consequences. But I can’t. It’s not that I don’t know the rules. I do. It’s not that I don’t understand consequences. I do. I just can’t make myself do what I know I should do. I don’t know why I can’t. I just can’t.

They don’t notice that I’m a little short in the common sense department. Or do they? Some people tell me, “You should know better than that.” And I do know better. I just can’t be better. The doctor says it has to do with lack of impulse control and poor judgment from damage to my brain before I was born.

Some people say I should just grow up. They say I act half my age. The researchers say it has to do with “arrested social development” that is common in people with mental disorders caused by prenatal exposure to alcohol. Everybody can see that I’m friendly and talkative. Some people call me a “social butterfly.” But nobody can see how lonely I am. My friends don’t invite me to their activities. They never ask me to visit them. They never call me when I give them my phone number. I have lots of “friends” but I don’t have a best friend.

This article is continued on the next page.
Nobody can see my fear. Because I have no fear. I’m not afraid of strangers. I’m not afraid of heights. I’m not afraid of unprotected sex. I’m not afraid of the dangers of the real world. Should I be? Maybe I forget.

Even when people tell me things over and over, I still forget. The psychologist says I have a problem processing information, memory deficits, attention deficit disorder and hyperactivity. Duh!

Some people, including me, say my mom is overprotective. But the experts say I am vulnerable to abusing others and being abused by others in social situations. I complain about being restricted because my mom doesn’t let me go to the mall or spend the night at a friend’s house. I guess she knows that I can’t behave appropriately when I’m not properly supervised, and she doesn’t want me to get into big trouble. My conscience doesn’t seem to work right. I don’t want to get in trouble. I don’t want to make people mad. I don’t want to be “inappropriate.” I don’t want to be bad.

I just want to be accepted and understood. Not blamed and shamed. I want to be appreciated for my gifts. I do have some if you look more closely. I want to be cared for as a person. I want you to care, even when I act like I don’t. I want to be respected, just like you do. And I need you to role model respectful behavior for me so I can be respectful too.

And I want you to stop talking bad about my birth mom because she drank when she was pregnant with me. Maybe she couldn’t stop drinking. Maybe her doctor told her it was okay to drink when she was pregnant. Maybe she couldn’t control her behavior either. Maybe she just did what everybody else around her was doing. Maybe she wanted to be accepted, and went along with the crowd. Maybe she didn’t think about what she was doing. I don’t want to make excuses for her behavior or for my behavior. I just want you to see. Maybe she had static encephalopathy too, just like me. But nobody could see.

© Teresa Kellerman

Source: FAS Community Resource Center <www.come-over.to/FAS/VisibleTeen.doc>
Choose one of the topics below to debate in class. Divide students into a “pro” and a “con” group. Each side must support its position with researched facts and valid, respectful arguments.

1

Is it fair to hold a woman criminally responsible if she gives birth to a child with fetal alcohol syndrome? In the last few years, several women who have given birth to children with fetal alcohol syndrome have been charged with child abuse. At least one was charged with murder. Are these fair charges? Should an alcoholic mother spend time in jail because she was unable or unwilling to stop drinking during pregnancy? Is this a valid solution to the problem? What other solutions exist?

2

Should bartenders be legally required to refuse to serve alcohol to pregnant women? Drinking alcohol is a serious health risk to both the pregnant woman and her child. If a mother won’t take proper precautions, is it society’s responsibility to protect the fetus? Or is a woman entitled to choose what she does with her body, even if she makes dangerous choices?

3

If a husband knows that his wife is pregnant and he sees her drinking alcohol, does he have a right, or even a responsibility, to prevent her from drinking? Or would that be infringing on her personal freedom? If he does not prevent her from drinking and the baby is born with FAS, should the husband be held responsible? Why or why not? What kind of penalties should apply?

4

Each year as many as 45,000 babies are born with FAS, costing the nation about four billion dollars. The lifetime cost per child affected with FAS is estimated to be more than two million dollars. Given these statistics, what role does society have in preventing FAS? Should there be a law that permits authorities to imprison pregnant women who are confirmed alcohol abusers during their pregnancy? How far should such a law go? Or is it a personal freedom for a woman to choose how she wishes to live, regardless of the harm she could be causing to an unborn baby?
In 1988 President Ronald Reagan signed a bill that required all alcoholic beverages to display the following warning label:

**WARNING:**

1. According to the Surgeon General, women should not drink alcoholic beverages during pregnancy because of the risk of birth defects.

2. Consumption of alcoholic beverages impairs your ability to drive a car or operate machinery, and may cause health problems.

Many alcohol-awareness groups believe that this message is not strong enough. In the space below (or on a separate sheet of paper), create a warning label that you would like to see appear on all alcoholic beverages in the future. You can use words and pictures to get your message across. Above all, design your warning label so that people will pay attention to it.
As individuals, we all have moments when we feel invisible—as if nothing we say or do really matters to others. But as part of our larger society, everything we choose to do (or choose not to do) has an effect on others.

For this exercise, think about how you would react to each of the following scenarios. On a separate sheet of paper, answer these questions for each scenario:

1. Do you have a social responsibility to intervene? If so, how?

2. Is there a limit to how far you should intervene? If so, what is the limit?

3. Does the other person have a right to act without disturbance from others? If so, why?

Scenario A

You are walking home from school when you see a 12-year-old boy throwing rocks at a stray cat. The cat is limping and tries to scramble up a tree.

Scenario B

You are at the supermarket when you see an older man shoplifting.

Scenario C

At your town’s Fourth of July celebration, you see a pregnant woman drinking heavily. You do not know her, but she looks pretty drunk.

Scenario D

At a wedding, you see your pregnant aunt smoking a cigarette.
Name: ________________________________

ACTIVITY 8
RESPONSIBILITY

**responsibility** n. The state or quality of being responsible; moral, legal or mental accountability; a duty or obligation.

Fetal alcohol syndrome (FAS) and fetal alcohol spectrum disorders (FASD) are 100 percent preventable if a pregnant woman shows appropriate responsibility by not drinking alcohol during her pregnancy.

**Read the excerpts below.** The first is a statement from a birth mother of a child born with FAS as she reflects on her decision to keep drinking while she was pregnant. The second is from a poem about a child with FAS.

“One of the greatest pains I have experienced in my sober life was finding out that what I had done while drinking had harmed my baby... I kept crying and saying how stupid I had been then, stupid and selfish. Of course once the major grief of learning about my son’s diagnosis subsided somewhat, I realized I hadn’t been stupid or selfish as much as sick.”

— Yvette, from “My Thoughts on Being a Birth Mom to an Alcohol-Affected Child,” <www.members.aol.com/AlphaMom33/birthmom.html>

"Don’t ask my child to forgive you for standing idly by
While he was being tortured in his mother’s womb.
For he will.
But he should not.

— Bruce Ritchie, *Don’t Ask My Child to Fly*,
<www.come-over.to/FAS/poems/dontfly.htm>

**Write a paragraph about what responsibility means to you.** Answer the questions below.

- What does it mean to have a responsibility to yourself? To an unborn child? To society?
- Responsibility requires thinking through the consequences of your behavior—but does it also require thinking through the consequences of other people’s behavior and stepping in where necessary?
- If a woman is “sick” and feels she cannot stop drinking, who is responsible for protecting the unborn child she is carrying?
- Where is the line drawn between social responsibility and interfering with someone else’s freedom?
What would you do in the following situations? Work in groups to act out the scenarios below.

1
You are at a Fourth of July party with your sister, Maya, and her husband, Carl. Carl is on his third beer. Maya, who is five months pregnant, is really feeling the summer heat. She has been taking sips of Carl’s beer, “to keep cool,” as she puts it. You are concerned about the health risks that alcohol may pose to your sister and her pregnancy. You also wonder if Carl will be okay to drive home after the party. Role play a discussion between Carl, Maya and you.

2
You have a friend who drinks at every party and gets really drunk. She makes out with every new guy she meets at these parties. Yesterday she confided in you that she thinks she might be pregnant, but she’s afraid to find out for sure. You decide to have a talk with her. Role play the discussion.

3
You often babysit for your three-year-old neighbor. A few times you thought you smelled alcohol on his mother’s breath. You hope this is your imagination, especially because she is pregnant with her second child. However, one day you run across several empty vodka bottles and you realize she has a problem. You decide to say something.

4
Your oldest sister has been married for three years and is anxious to begin a family. She confesses to you that she and her husband have been trying for the last six months without luck. She is feeling very sad about this. She is drinking a glass of wine while she pours her heart out to you. Come to think of it, she is drinking a glass of wine nearly every time you see her. What if she gets pregnant and doesn’t find out for several weeks while she continues drinking her wine? You plan to have a talk with her.
For this assignment, look through magazines and cut out (or photocopy) an alcohol advertisement that specifically targets women. Staple your advertisement to this page.

In the space below, write a personal essay in which you examine your ad and answer the following questions. Use the back of this sheet if more space is needed.

- What does the advertisement imply?
- How are the women portrayed? Do these women appear to be successful, independent adults?
- Are these women old enough to drink alcohol?
- Are these women old enough to become mothers?
- What is your general reaction to the ad?
- Would your reaction to the ad change if you knew that one of the women in the ad was two weeks pregnant? How?
- Would your reaction to the ad change if you knew that one of the women in the ad was six months pregnant? How?
FACT SHEETS
Here are the facts about fetal alcohol syndrome and fetal alcohol spectrum disorders.

- When a pregnant woman drinks any alcoholic beverage, so does her unborn baby. The alcohol is transported to the fetus and all of its developing organs.

- **Fetal alcohol syndrome (FAS)** is a combination of irreversible physical and mental birth defects characterized by abnormal facial features, growth deficiency, mental retardation, learning disabilities, behavioral and emotional problems and joint and heart problems.

- **Fetal alcohol spectrum disorder (FASD)** is a term used to describe a broad range of effects associated with alcohol use during pregnancy. Unlike people with FAS, those with other prenatal alcohol-related conditions under the umbrella of FASD may not show the identifying physical characteristics of FAS and, as a result, they often go undiagnosed.

- FAS is the leading known cause of mental retardation and is the single largest cause of preventable birth defects. They are 100 percent preventable only if a woman does not drink alcohol while pregnant.

- Even when not mentally retarded, people with alcohol-related birth defects can have problems with learning, memory, attention span, communication, vision, hearing or a combination of these things. These problems often lead to difficulties in school and in getting along with others.

- A mother’s use of alcohol can affect a baby’s development and cause birth defects in the very first weeks of pregnancy—before a woman even knows she is pregnant.

- FAS is not an inherited genetic disorder. The sole cause of FAS is women drinking alcoholic beverages during pregnancy.

- There’s no cure for FAS. Birth defects caused by alcohol are permanent. Children with FAS remain below average in physical and mental development throughout their lives.
How common is fetal alcohol syndrome (FAS)?

Each year more than 45,000 babies are born with fetal alcohol syndrome (FAS) or other alcohol-related birth defects.

The lifetime cost per child affected with FAS is estimated between two and four million dollars. People with severe problems, such as profound mental retardation, have much higher costs.

Each year, the United States spends about two billion dollars on alcohol-related birth defects.

Can FAS be cured?

Fetal alcohol spectrum disorders (FASD), including FAS, are permanent conditions. They last a lifetime and affect every aspect of a child’s life and the lives of his or her family members. There is no cure for these conditions but they can be completely prevented if a woman does not drink alcohol while she is pregnant. With early diagnosis, a child with an FASD can get services that can help him or her lead a more productive life.

How much is too much?

There is no such thing as a “safe” amount of alcohol for a pregnant woman, and there also does not appear to be a safe time to drink during pregnancy.

As little as two drinks in early pregnancy or four drinks all at once (a binge episode) can kill developing brain cells.

A can of beer, a glass of wine, a mixed drink or a shot of liquor all have roughly the same amount of alcohol, and they all have the same effect on a fetus.

No one knows how much alcohol will put a fetus at risk for FAS or FASD. For this reason, pregnant women should not drink alcohol at all.

Can a father’s drinking cause FAS?

FAS is not caused by the biological father’s alcohol use. FASDs are caused specifically by the mother’s alcohol use during pregnancy. However, the father’s role is important. He can help the woman avoid drinking alcohol during pregnancy and can encourage her by avoiding alcohol himself.

Source: Fetal Alcohol Spectrum Disorders, Frequently Asked Questions <www.cdc.gov/ncbddd/fas/faqs.htm>
How can a woman prevent FAS?

FAS is 100 percent preventable only if a woman does not drink alcohol while pregnant, so:

Abstain from drinking alcohol at any time during pregnancy.

Stop drinking alcohol altogether if you plan to become pregnant, as soon as you know you’re pregnant or if you think you might be pregnant. Your baby’s brain, heart and blood vessels begin to develop in the early weeks of pregnancy.

Consider giving up alcohol during your childbearing years if you are sexually active and not using effective birth control. Many pregnancies are unplanned. Women often do not know they are pregnant for several weeks or more.

If you have an alcohol problem, don’t get pregnant until you get help. If a woman is not able to stop drinking, she should contact her physician, local Alcoholics Anonymous or local alcohol treatment center. The Substance Abuse and Mental Health Services Administration has a Substance Abuse Treatment Facility locator to help people find drug and alcohol treatment programs in their area <www.findtreatment.samhsa.gov>.

NEVER engage in binge drinking (four or more drinks on one occasion), which can expose a fetus to the highest amount of alcohol.

How can others help?

Fathers, friends and family members can play an important role in promoting an alcohol-free pregnancy.

If you know of someone who is pregnant and is consuming alcohol, advise them of the risks of alcohol use during pregnancy.

Encourage and support the woman’s decision to avoid alcohol.

Avoid situations where alcohol is present.

Make sure non-alcoholic options are available.

Stop drinking as well.

Get regular medical checkups to find out more about FASD.

Sources: National Organization for Fetal Alcohol Syndrome <www.nofas.org>
Mayo Clinic <www.mayoclinic.com/health/fetal-alcohol-syndrome/DS00184>
Problems that affect school and learning:

- mental retardation, low IQ, delayed development
- learning disabilities, problems with math and language
- behavior problems, hyperactivity, extreme nervousness and anxiety
- problems with memory, judgment and organizational skills
- poor coordination and motor skills
- Even those who have normal or near-normal intelligence suffer from a short attention span, inability to grasp cause and effect and difficulty understanding the consequences of their behavior.

Physical problems:

- abnormally small at birth and usually do not catch up as they get older
- facial deformities including widely spaced eyes, a short upturned nose and flat cheeks, a very thin upper lip, a smooth skin surface between the nose and upper lip
- vision and hearing problems
- organs may not form properly so there can be brain damage, heart defects, liver and kidney problems
- deformities of joints, limbs and fingers
- small head and brain size

Life problems of FAS sufferers age 12 or older*:

- 90 percent suffered mental health problems.
- 60 percent had disrupted school experiences: suspended, expelled or dropped out.
- 60 percent had trouble with the law.
- 50 percent suffered confinement: either incarcerated for a crime or confined to inpatient treatment for mental health problems or alcohol/drug problems.
- 50 percent demonstrated inappropriate sexual behaviors.
- 30 percent had alcohol or drug problems.

Source: Gelernter, Carey Quan. “Sufferers and Society Both Pay a Price for Affliction” in San Diego Union Tribune, Jan. 1997 (cites CDC study by Ann Streissguth)—article accessible through <www.depts.washington.edu/fadu> resources
The more than 45,000 children born each year with alcohol-related damage may have a lifelong struggle with physical problems, learning disabilities and behavior problems. The organs of babies with FAS may not form properly—especially the heart and brain. Sometimes people with alcohol-related birth defects are not mentally retarded and show no outward signs of a disability, but still have brain damage. They are at risk for psychological problems, criminal behavior and problems with daily living. Fetal alcohol exposure may increase the risk for later alcohol, tobacco and drug dependence.

**People with FAS often:**

- act out in response to anger and frustration, have tantrums
- exhibit lying, avoidance, withdrawal, shutdown, running away
- exist in the “here and now,” do not project much into the future
- have trouble generalizing—when a little piece of their routine changes, it is viewed as an entirely new routine
- are unable to apply consequences from past actions
- cannot follow directions or remember rules from one day to the next, so they get into trouble repeatedly
- lack inhibition, have trouble distinguishing between public and private behaviors
- cannot control impulses, tell right from wrong, weigh pros and cons when making decisions or be good even when really trying
- lack judgment when someone tells them to do something bad
- appear very immature compared to other kids their age
- are moody; their emotions seem to be on a roller coaster
- need to talk to themselves out loud
- have difficulty with time and money
- may be friendly to the point of being inappropriate or vulnerable to dangerous situations
- cannot stay focused; might flit from one activity to another

Alcohol Policies Project
Center for Science in the Public Interest
<www.cspinet.org/booze/fas.htm>

Centers for Disease Control FAS Prevention Branch
Department of Health and Human Services
Fetal Alcohol Spectrum Disorders
<www.cdc.gov/ncbddd/fas/fasask.htm>

Fetal Alcohol and Drug Unit, University of Washington
(See “Resources” section.)
<www.depts.washington.edu/fadu>

Fetal Alcohol Syndrome: Support, Training, Advocacy, and Resources (FASSTAR)
“Characteristics and Features of Fetal Alcohol Syndrome”
<www.come-over.to/FAS/brochures/characteristics.doc>

Mayo Clinic
“Tools for Healthier Lives: Fetal Alcohol Syndrome”
Mayo Foundation for Medical Information and Research, 1998-2006
<www.mayoclinic.com/health/fetal-alcohol-syndrome/DS00184>

March of Dimes
Quick Reference: Fact Sheets
“Drinking Alcohol during Pregnancy”
<www.marchofdimes.com/professionals/14332_1170.asp>

Medline Plus
“Fetal Alcohol Syndrome”
<www.nlm.nih.gov/medlineplus/ency/article/000911.htm>

National Council on Alcoholism and Drug Dependence
<www.ncadd.org>

National Organization on Fetal Alcohol Syndrome (NOFAS)
<www.nofas.org>

Substance Abuse and Mental Health Services Administration
Department of Health and Human Services
Fetal Alcohol Spectrum Disorders Center for Excellence
<www.fascenter.samhsa.gov>


### Other Health Programs for Grades 7-12 from Human Relations Media

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