

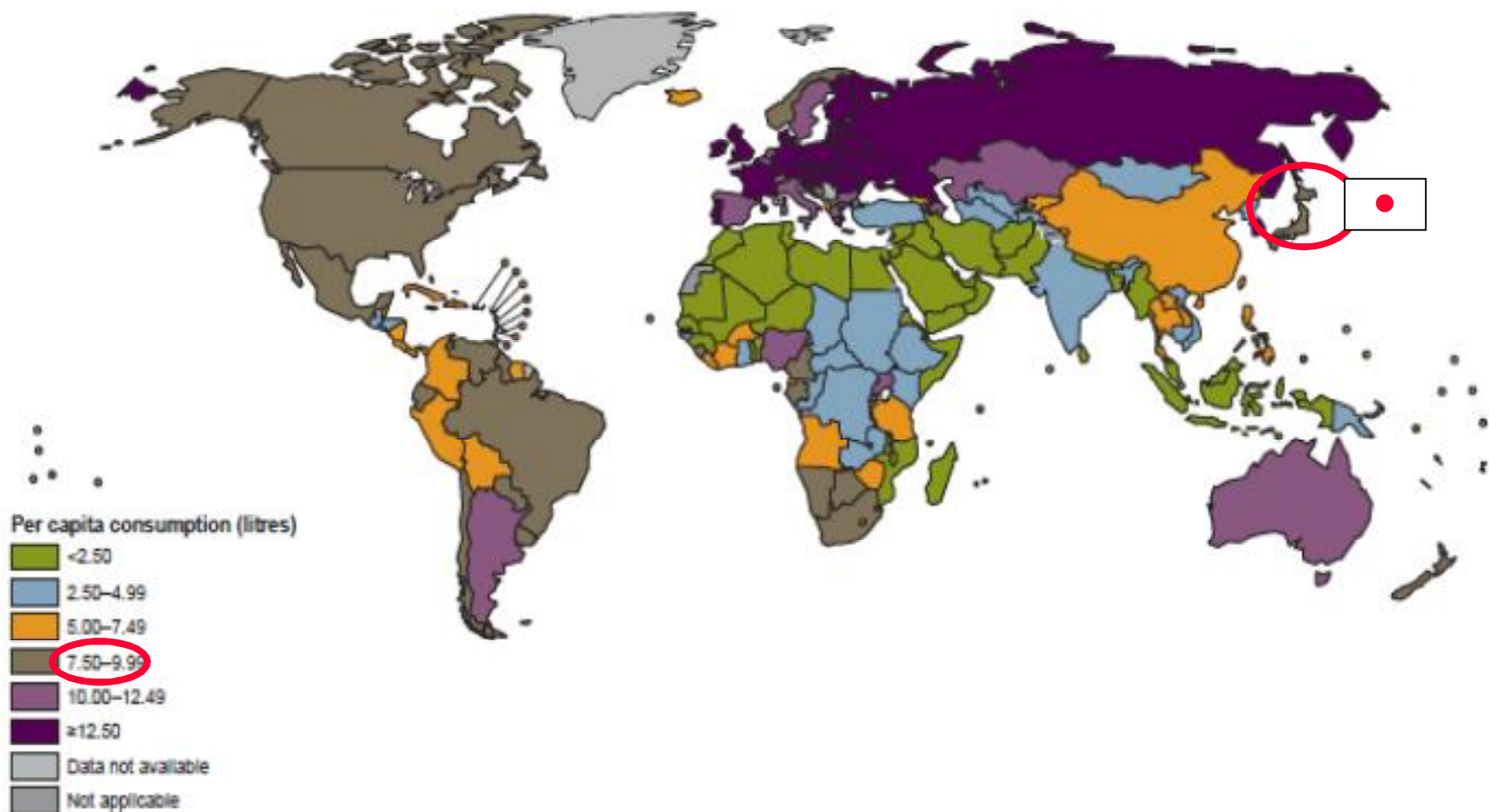
# Evidence and Policy for FASD in Japan

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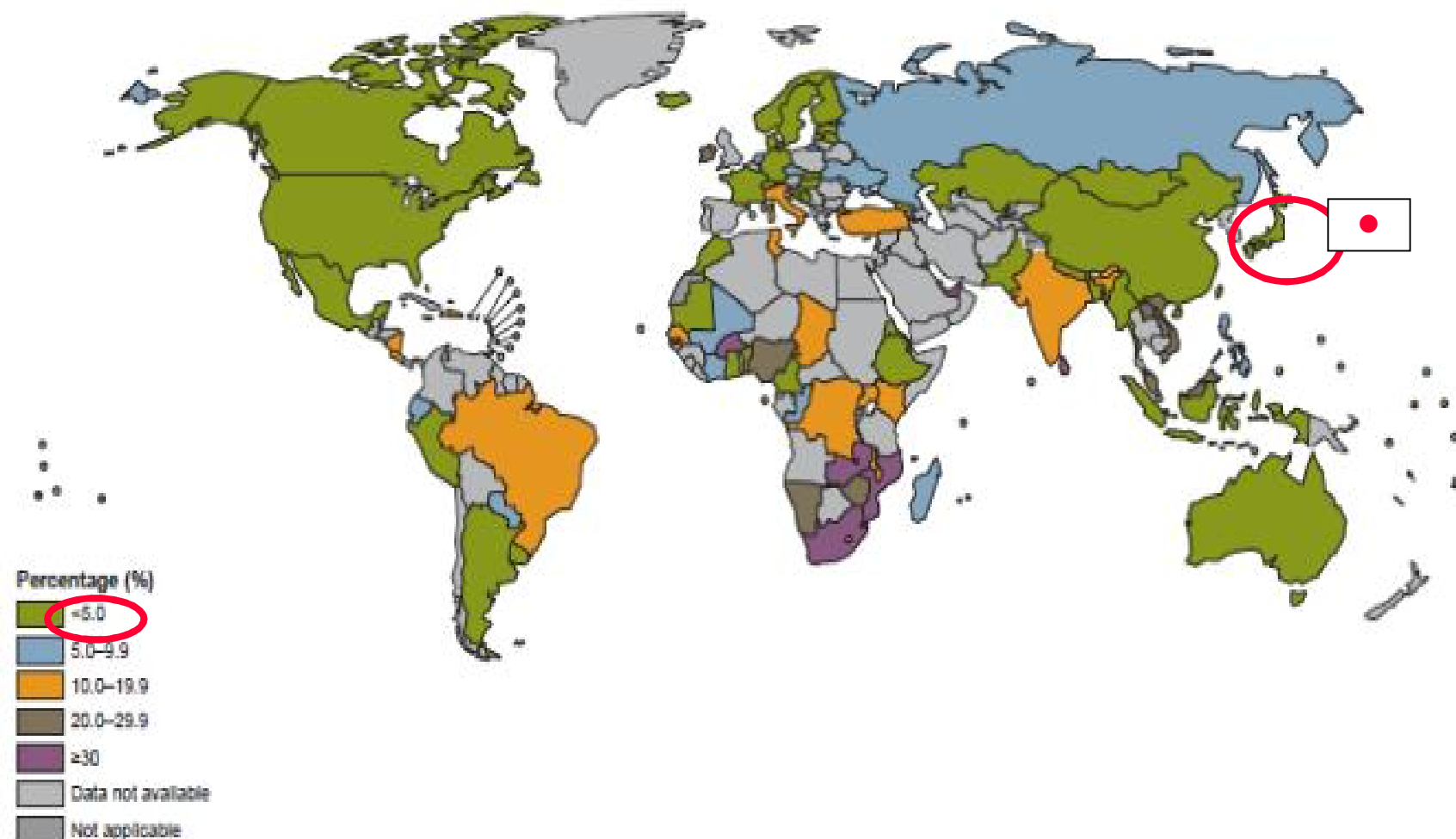
# Adult per capita alcohol consumption WHO, 2011

Figure 1. Total adult (15+) per capita consumption, in litres of pure alcohol, 2005<sup>a</sup>



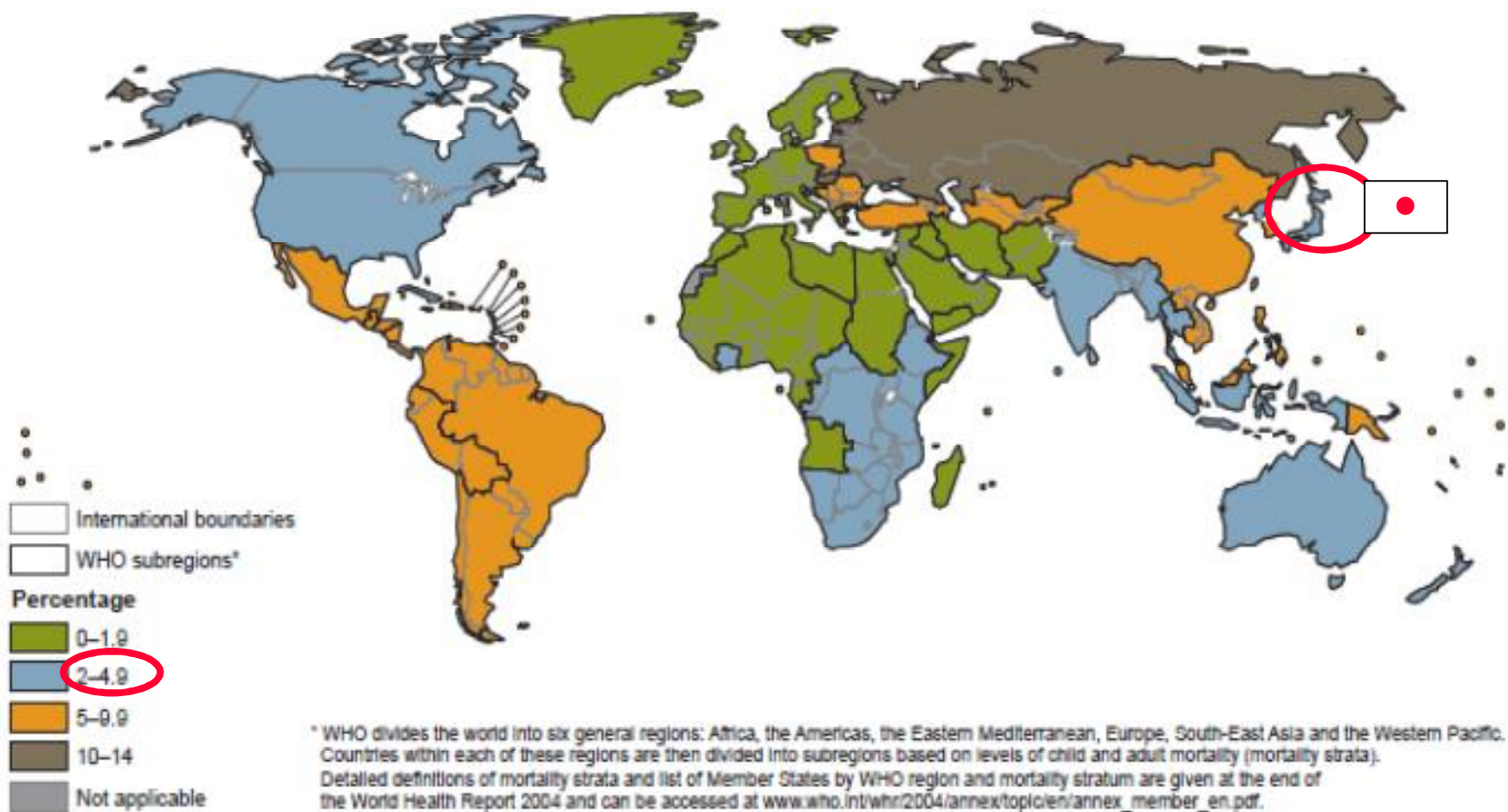
# Prevalence of heavy episodic drinking

Figure 9. Prevalence of heavy episodic drinking among past-year female drinkers, 2004<sup>a</sup>



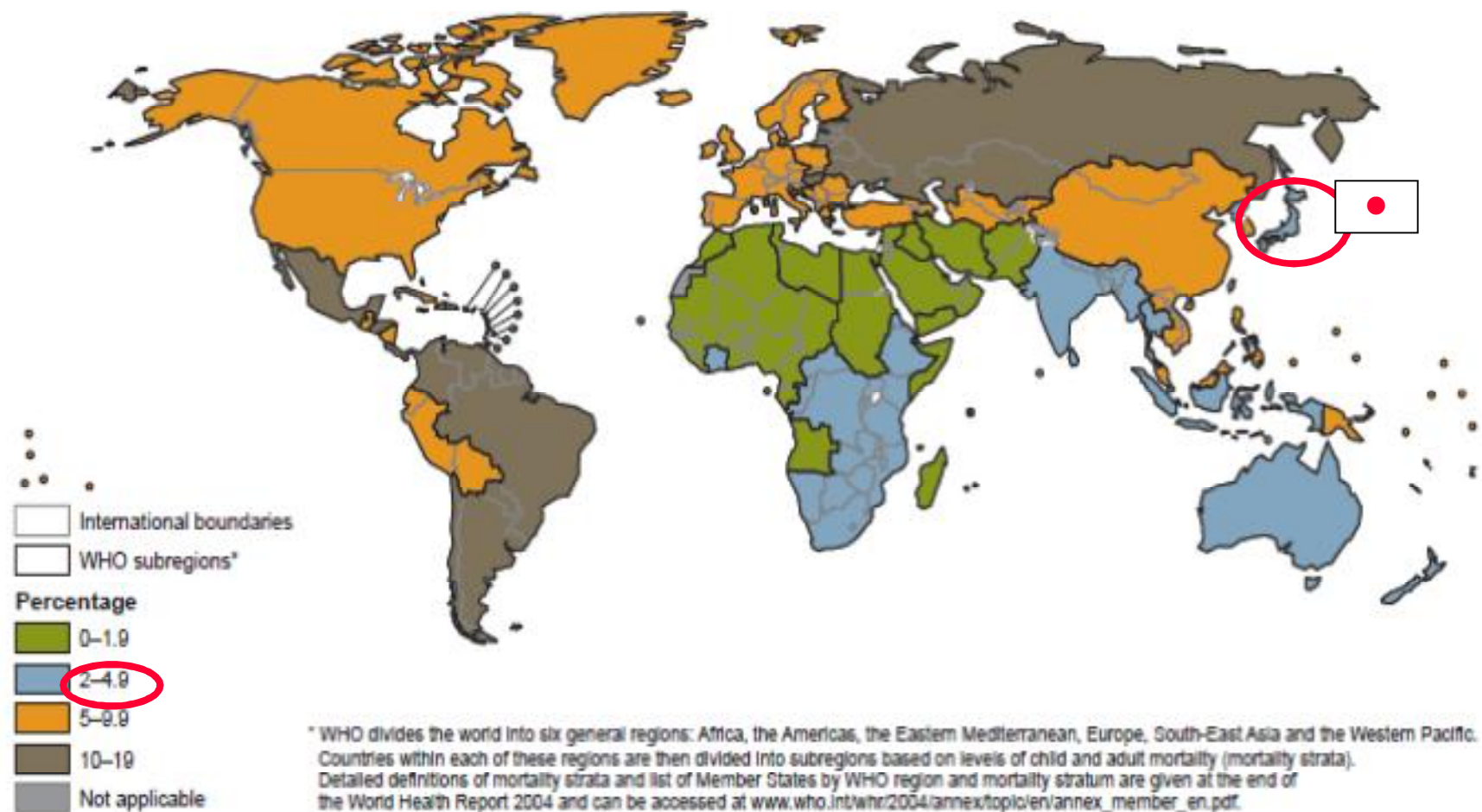
# Alcohol-attributable deaths

Figure 14. Alcohol-attributable deaths as a percentage of total deaths by WHO subregion, 2004



# Alcohol-attributable DALYs

Figure 19. Alcohol-attributable DALYs as a percentage of total DALYs by WHO subregion, 2004





# Japanese studies for FASD

Table 1 Japanese FASD studies classified by research category

| Item         | Number (%) |
|--------------|------------|
| Human        | 43 (39)    |
| Etiology     | 10 [23]    |
| Detection    | 25 [58]    |
| Case         | 19 [42]    |
| Others       | 6 [14]     |
| Treatment    | 0 [0]      |
| Prevention   | 4 [9]      |
| Non-clinical | 4 [9]      |
| Non-human    | 66 (61)    |
| Total        | 109        |

Italic figure shows the proportion to a total of 43 human studies 6

# Incidence of FAS in Japan

## Tanaka, 1995

- Incidence rate: 0.05 ~ 0.1 per 1,000 live births in 1995
- Only one questionnaire survey among administrative units in all area in Japan
- N=3,880 (valid response rate: 62% )

# Case reports of FASD

| Period | Number of cases reported |
|--------|--------------------------|
|--------|--------------------------|

|         |    |
|---------|----|
| ø81~ø85 | 4  |
| ~ø90    | 10 |
| ~ø95    | 8  |
| ~ø00    | 2  |
| ~ø05    | 4  |
| ~ø10    | 1  |

One case due to alcohol exposure at work place  
Several cases undiagnosed until the age of 20s or 30s



# Risk factor for FASD

Kurosawa, 2006

- Case-control study based on a monitoring system
- 3,188 cases (congenital anomalies)
- 7,322 controls (normal)
- No difference in alcohol intake

# Alcohol drinking during pregnancy in Japan

- Decennially nationwide survey
  - 18.1 % in 2000
  - 8.7 % in 2010
- Individual epidemiological studies
  - 5 % ~ 9 % from 1988 to 2009

# Japanese health policy for FASD

- Neither specific nor systemic policy for FASD
- Under the umbrella of alcohol and general health policy
- Program for education and check for alcohol drinking at antenatal care or health check-up

# Healthy Japan and Healthy Maternal Child 21

## Alcohol drinking during pregnancy

- Achievement goal: 0 % (2015)
- Present situation: 8.7 % (2012)
- The drinking rate during pregnancy was decreasing from 18% in 2000 to 15% in 2005 and 8% in 2009, although its outcome was unknown.

# FASD services implemented in Japan Sudo 2005

- Nationwide all municipal health centers
- Questionnaire survey ( N= 1,592)
- 24% of centers put emphasis on the education for alcohol drinking during pregnancy
- Education for alcohol drinking during pregnancy
  - Absolute abstinence: 26%
  - Possible abstinence: 64%

# Practice of FAS prevention

## Watanabe, 2006

- Questionnaire survey among 49 PHN at municipals in a local area
- All municipal mentioned the importance of FAS prevention
- Education:
  - FAS 41%
  - Alcohol 48%



# Possibility for prevention programs for FASD in Japan

- Program for education for alcohol consumption at antenatal care or health check-up
- 〇Health handbook for maternal and child
- No. of pregnancy reported in 2012  
1,105,863
- No. of pregnant women who received health check in 2012  
1,270,947

# Conclusions

- In Japan, studies related to FASD are greatly lacking, in particular for clinical and policy areas
- To address key issues for FASD, the development of a comprehensive and integrated health policy is urgently needed
- Integrated health policy include form risk and burden assessment and social marketing for community's awareness to management programs for prevention, diagnosis, treatment and care, and monitoring



# Literature search for Japanese studies of FASD

