

Warning as Love: 2025 World Education Report

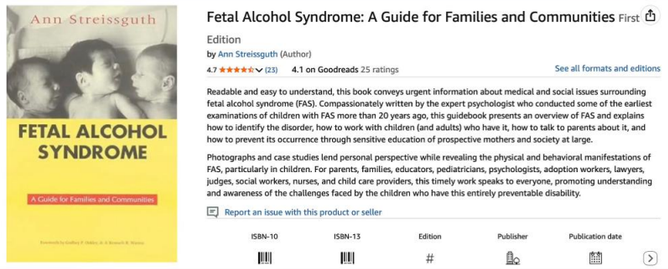
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- *Research Professor, Yonsei University*
- *Postdoctoral Research Fellow, Harvard TH Chan School of Public Health*

> *"Let all that you do be done in love." — 1 Corinthians 16:14*

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A Personal Journey: From Youth to Mission



- My WWCTU journey began in middle school in New Zealand.
- Reflecting on temperance daily for over 15 years.
- Warning about alcohol/drug harms is an act of love, not condemnation.
- Biblical duty to warn of addiction; bodies are temples of the Holy Spirit.

> *"Heal the sick, cleanse the lepers, raise the dead, cast out demons. Freely you have received, freely give."*
>
> *— Matthew 10:8*



The Four Pillars of FASD Research



1. Identify High-Risk Populations



2. Quantify the Long-Term Burden



3. Leverage Technology for Prediction



4. Synthesize Foundational Knowledge

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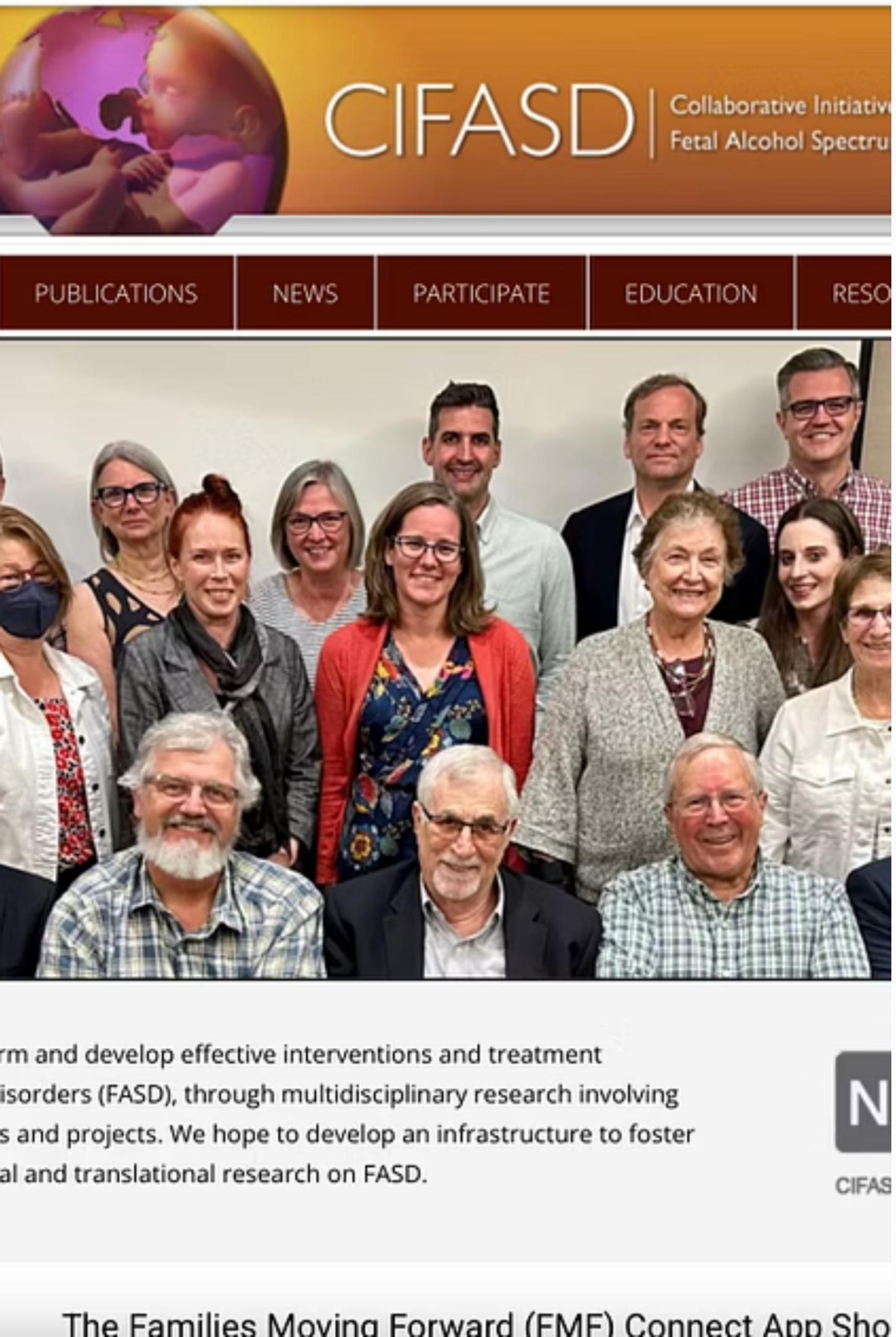


1. Identify High-Risk Populations

Pinpoints vulnerable groups using data on disparities, co-exposures, and Alcohol Use Disorders (AUDs).

Enables targeted, culturally-sensitive public health campaigns instead of generic warnings.

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CIFASD Research: The Evi dence Base

CIFASD Mission: *Informing FASD interventions through multidisciplinary research.*

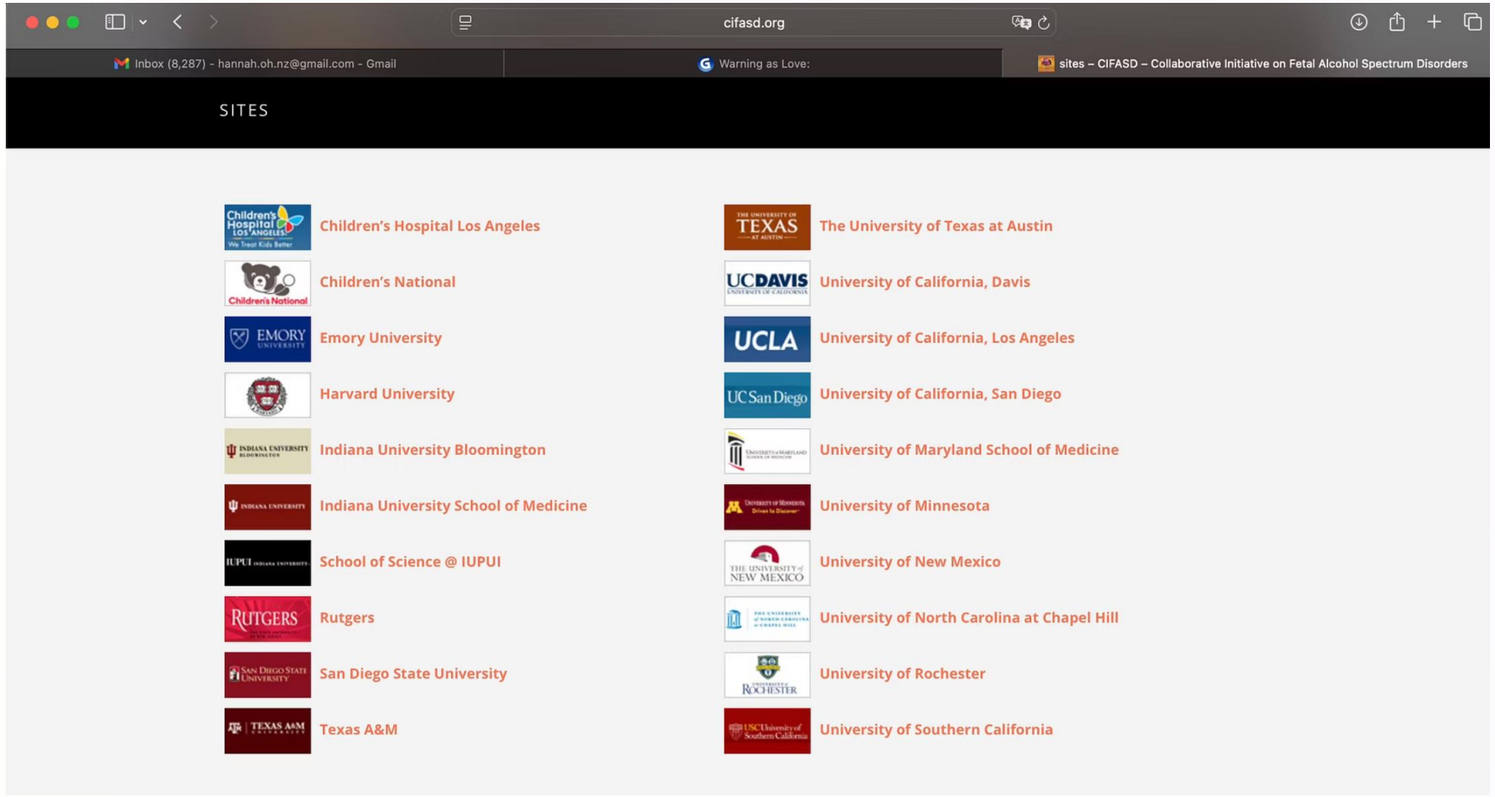
Funded by NIAAA.

Key Research Highlights:

- *Structural brain changes*
- *Cognitive & behavioral impacts*
- *Early screening & identification*
- *Effective intervention approaches*

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CIFASD: A Global Research Network



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Harnessing AI: Predicting FASD with Machine Learning

Key Research Insights:

Predictive Models

FASD models identified.

Data Analyzed

595 women, 5 US sites.

Key Findings

CatBoost best. Alcohol, age, race.

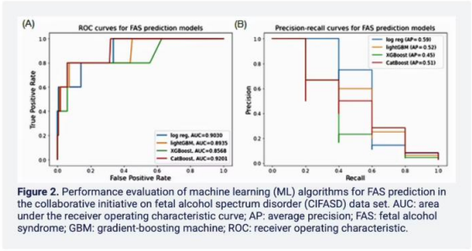
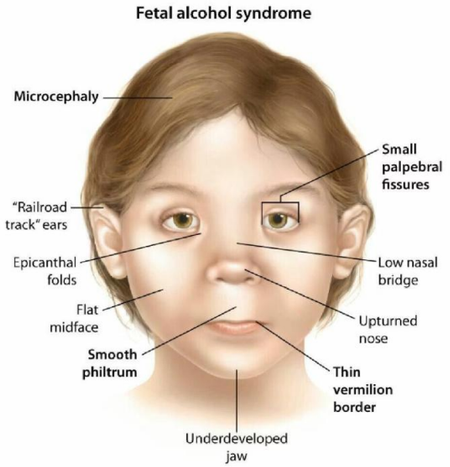


Figure 2. Performance evaluation of machine learning (ML) algorithms for FAS prediction in the collaborative initiative on fetal alcohol spectrum disorder (CIFASD) data set. AUC: area under the receiver operating characteristic curve; AP: average precision; FAS: fetal alcohol syndrome; GBM: gradient-boosting machine; ROC: receiver operating characteristic.

Transformative Potential:

- *Identify at-risk women early through universal screening i n prenatal care and assessment of specific risk factors (e.g ., history of alcohol use, mental health).*
- *Focus interventions on women with high-risk behavioral p atterns (e.g., binge drinking) and demographic profiles lik ely to lead to FASD, as identified by predictive models.*
- *Enable timely treatment and diagnosis for both mother (e. g., addiction support, counseling) and child (e.g., early dev elopmental screening, multidisciplinary clinics).*
- *Revolutionize early intervention and care by shifting from r eactive treatment to proactive prevention, integrating scre ening into routine care, and reducing the long-term health care burden of FASD.*



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2. Quantify the Long-Term Burden

Frames the lifelong consequences with data on increased hospitalizations, higher mortality rates (4.5x), and significant economic costs.

Provides the critical evidence needed to advocate for prevention funding and policy change.

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The Challenge: Alcohol as a Teratogen

No Safe Level

No known safe alcohol amo unt during pregnancy. Risks begin at conception.

Lifelong Impact

FASD affects brain, learning, behavior, and physical healt h. Effects are lifelong.

Hidden Epidemic

FASD is often undiagnosed o r misdiagnosed. Many lack p roper support.

> *"Rescue those being led away to death." — Proverbs 24:11*

Warning about alcohol in pregnancy fulfills this biblical call to protect vulnerable life.

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The Biology of Risk: Why Timing Matters

1

Weeks 3-8

- *Brain development begins*
- *Often before known*

2

First Trimester

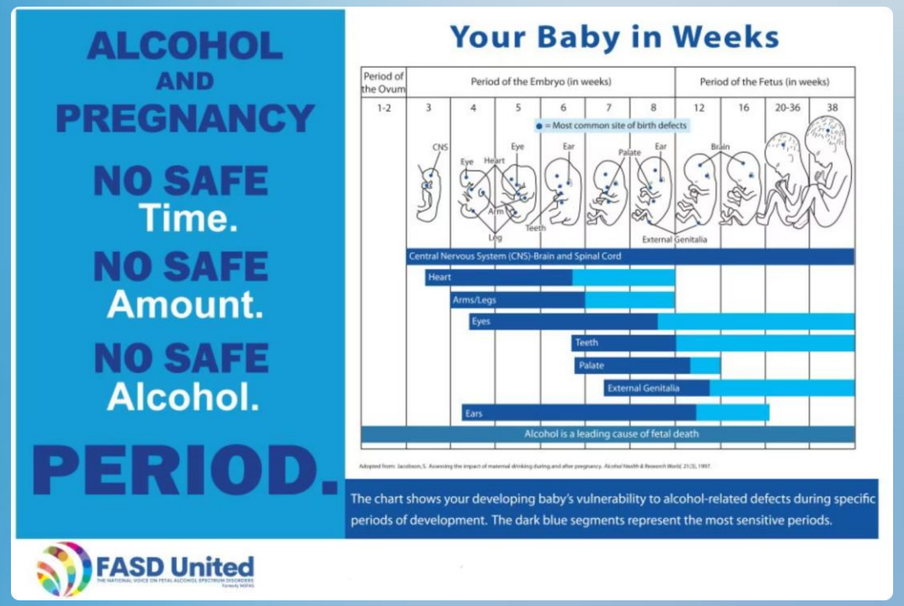
- *Rapid neural development*
- *Irreversible structural changes*

3

Second & Third Trimesters

- *Brain connections mature*
- *Continued vulnerability*

"You knit me together in my mother's womb." — Psalm 139:13





Global Approaches to Education: WCTU Australia

Digital Outreach

Online resources for educational articles on alcohol, smoking, and drugs.

Community Engagement

Educational talks to churches, schools, and community groups on alcohol and drug harms.

Informative Brochures

Print resources covering WCTU's mission, vaping, and alcohol's impact.

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WCTU Australia: Educating the Next Generation

1

Victorian Program

50+ year drug education program for Grades 5-8.

2

"DRUG FREE KIDS"

Quarterly newsletter for 6-12 year olds (print & online).

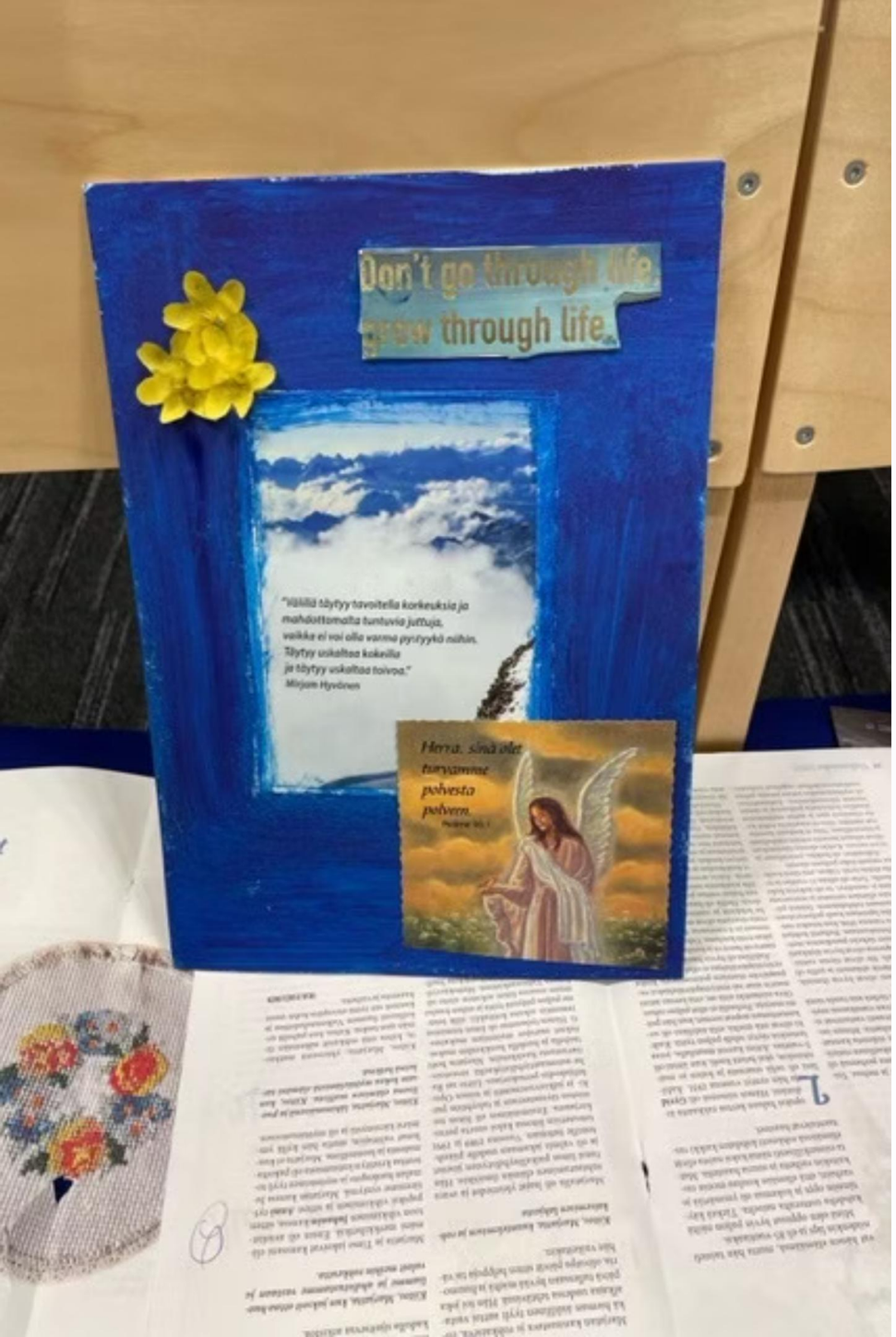
3

Digital Outreach

Updated "Drug Free Kids" website with games & news.

> *"Teach a child in the way he should go, and when he is old he will not depart from it." — Proverbs 22:6*

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Valkonauha Finland: Educational W ork

1 **Nationwide Campaigns**

Annual "Sober Summer" and "Sober Christmas" campaigns.

2 **Comprehensive Seminars**

Free multi-hour seminars on substance awareness and wellness.

3 **Elderly Care Focus**

Support for substance abuse and alcohol-related dementia in nursing homes.

4 **Valkonauha Magazine**

Distribution of "Valkonauha" magazine to health and social centers.

> *"The Lord gives wisdom; from his mouth come knowledge and understanding." — Proverbs 2:6*

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Valkonauha Finland: In Action

Our educational and outreach programs in action.







Top Row (L-R): *Seminar programs; Angel paintings by prisoners; Dr. Koivisto lecturing to Memory Experts.*

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3. Leverage Technology for Prediction

Applies advanced tools like Machine Learning to analyze health records and predict FASD risk at birth.

Fosters innovation and creates pathways for crucial early diagnosis and intervention.

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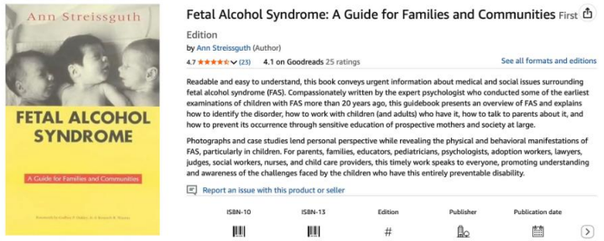
Fetal Alcohol Syndrome Prevention Centre (FPC), Korea

An Innovative Model

- *Hospital-based (O&G)*
- *Clinical care & education*
- *Digital prenatal tools*
- *Early identification & prevention*



Brochure/Book on FASDs Given out During Prenatal Care



Fetal Alcohol Syndrome: A Guide for Families and Communities First Edition

by Ann Streissguth (Author)

4.7 ★★★★☆ (23) 4.1 on Goodreads 25 ratings See all formats and editions

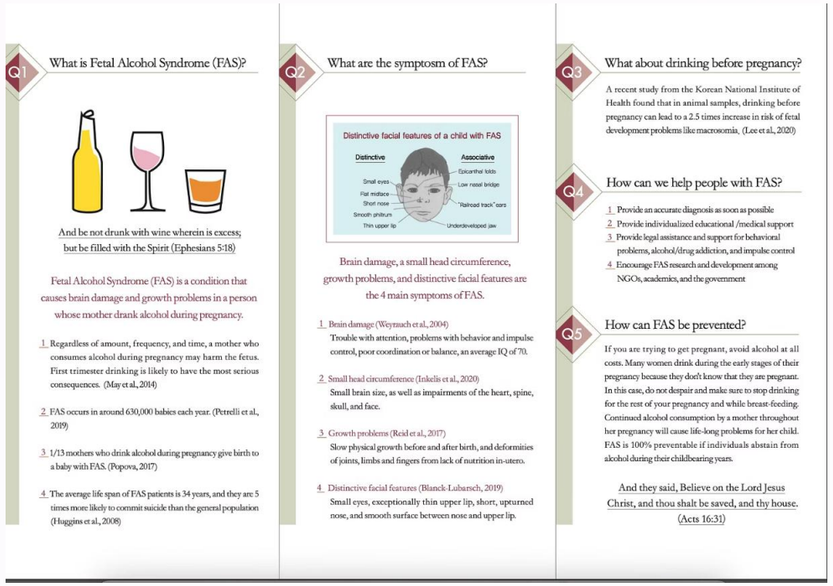
Readable and easy to understand, this book conveys urgent information about medical and social issues surrounding fetal alcohol syndrome (FAS). Compassionately written by the expert psychologist who conducted some of the earliest examinations of children with FAS more than 20 years ago, this guidebook presents an overview of FAS and explains how to identify the disorder, how to work with children (and adults) who have it, how to talk to parents about it, and how to prevent its occurrence through sensitive education of prospective mothers and society at large.

Photographs and case studies lend personal perspective while revealing the physical and behavioral manifestations of FAS, particularly in children. For parents, families, educators, pediatricians, psychologists, adoption workers, lawyers, judges, social workers, nurses, and child care providers, this timely work speaks to everyone, promoting understanding and awareness of the challenges faced by the children who have this entirely preventable disability.

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Q1 What is Fetal Alcohol Syndrome (FAS)?

And be not drunk with wine wherein is excess; but be filled with the Spirit (Ephesians 5:18)

Fetal Alcohol Syndrome (FAS) is a condition that causes brain damage and growth problems in a person whose mother drank alcohol during pregnancy.

1. Regardless of amount, frequency, and time, a mother who consumes alcohol during pregnancy may harm the fetus. First trimester drinking is likely to have the most serious consequences. (May et al., 2014)
2. FAS occurs in around 630,000 babies each year. (Petrelli et al., 2019)
3. 1/13 mothers who drink alcohol during pregnancy give birth to a baby with FAS. (Popova, 2017)
4. The average life span of FAS patients is 34 years, and they are 5 times more likely to commit suicide than the general population (Huggins et al., 2008)

Q2 What are the symptosm of FAS?

Distinctive facial features of a child with FAS

Distinctive: Small eyes, Flat midface, Short nose, Smooth philtrum, Thin upper lip

Associative: Epicanthal folds, Low nasal bridge, "Railroad track" ears, Underdeveloped jaw

Brain damage, a small head circumference, growth problems, and distinctive facial features are the 4 main symptoms of FAS.

1. Brain damage (Weynach et al., 2004)
   Trouble with attention, problems with behavior and impulse control, poor coordination or balance, an average IQ of 70.
2. Small head circumference (Inkelis et al., 2020)
   Small brain size, as well as impairments of the heart, spine, skull, and face.
3. Growth problems (Reid et al., 2017)
   Slow physical growth before and after birth, and deformities of joints, limbs and fingers from lack of nutrition in-utero.
4. Distinctive facial features (Blanck-Lubarsch, 2019)
   Small eyes, exceptionally thin upper lip, short, upturned nose, and smooth surface between nose and upper lip.

Q3 What about drinking before pregnancy?

A recent study from the Korean National Institute of Health found that in animal samples, drinking before pregnancy can lead to a 2.5 times increase in risk of fetal development problems like macrosomia, (Lee et al., 2020)

Q4 How can we help people with FAS?

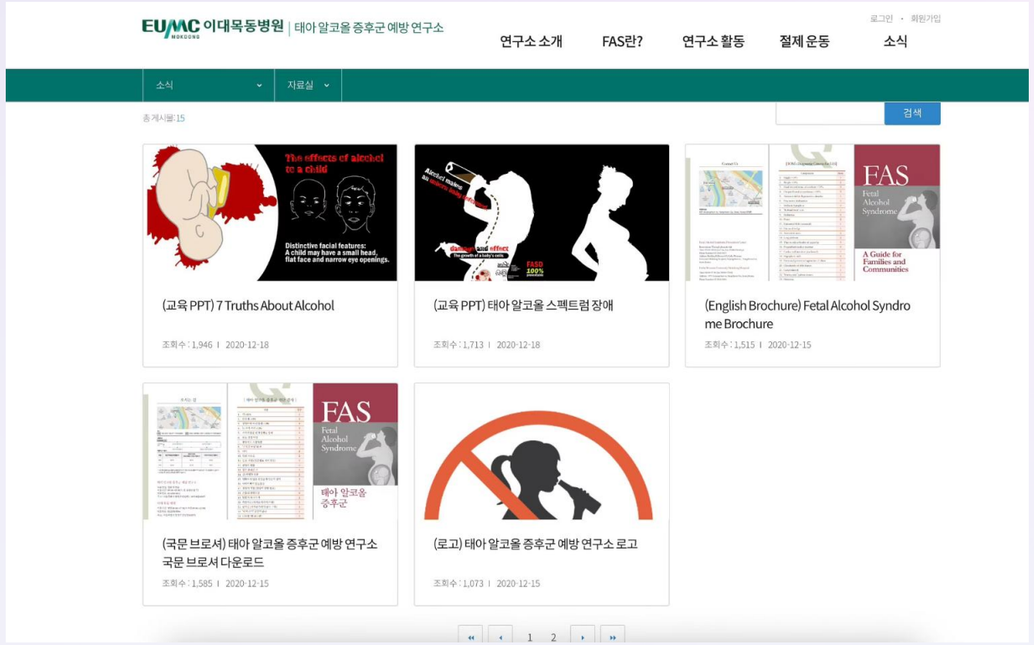
1. Provide an accurate diagnosis as soon as possible
2. Provide individualized educational /medical support
3. Provide legal assistance and support for behavioral problems, alcohol/drug addiction, and impulse control
4. Encourage FAS research and development among NGOs, academics, and the government

Q5 How can FAS be prevented?

If you are trying to get pregnant, avoid alcohol at all costs. Many women drink during the early stages of their pregnancy because they don't know that they are pregnant. In this case, do not despair and make sure to stop drinking for the rest of your pregnancy and while breast-feeding. Continued alcohol consumption by a mother throughout her pregnancy will cause life-long problems for her child. FAS is 100% preventable if individuals abstain from alcohol during their childbearing years.

And they said, Believe on the Lord Jesus Christ, and thou shalt be saved, and thy house. (Acts 16:31)

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로그인 · 회원가입
연구소 소개
FAS란?
연구소 활동
절제 운동
소식
소식
자료실
총 게시물 15
검색
The effects of alcohol to a child
Distinctive facial features: A child may have a small head, flat face and narrow eye openings.
FAS
Fetal Alcohol Syndrome
A Guide for Families and Communities
(교육 PPT) 7 Truths About Alcohol
조회수 : 1,946 I 2020-12-18
(교육 PPT) 태아 알코올 스펙트럼 장애
조회수 : 1,713 I 2020-12-18
(English Brochure) Fetal Alcohol Syndrome Brochure
조회수 : 1,515 I 2020-12-15
FAS
Fetal Alcohol Syndrome
태아 알코올 증후군
(국문 브로셔) 태아 알코올 증후군 예방 연구소 국문 브로셔 다운로드
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2



4. Synthesize Foundational Knowledge

Consolidates complex findings into accessible clinical guidelines and systematic reviews.

Equips frontline healthcare professionals with the knowledge to inform policy and prevent FASD effectively.

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Changing Norms

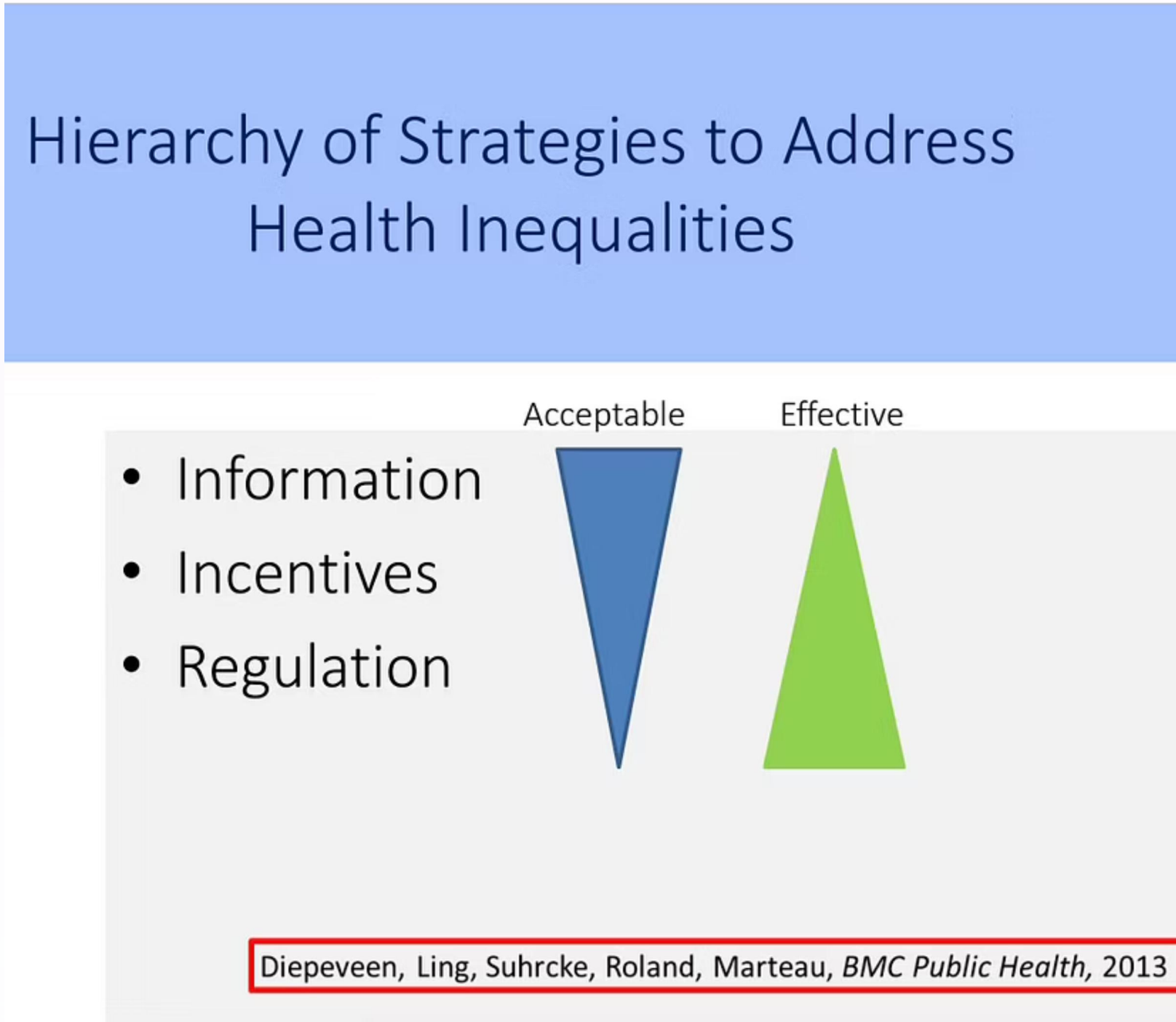
Information

- *Studies show tha t only 'health co nscious' people t end to pay atten tion e.g nutrition labels*
- *Younger = less at tention (immort ality bias)*

Regulation

- *Resistance*
- *Powerful in Chan ging Norms e.g. i ndoor smoking r estrictions*
- *Taxes*

> *"Love your neighbour as yourself." — Mark 12 :31*





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Punitive state policies targeting alcohol use during pregnancy and alcohol consumption among pregnant women

Sarah Soyeon Oh[1,2], Mir M Ali[3], Jewel Park[4], Bada Kang[5✉], Eun-Cheol Park[2,6] & Ichiro Kawachi[1]

This study aimed to determine whether punitive state alcohol policies targeting pregnant women who drink alcohol are associated with decreased alcohol consumption among pregnant women over time. This study used data from the Pregnancy Risk Assessment Monitoring System (15 states) between 1990 and 2015. A difference-in-difference (DiD) approach was employed to determine whether passage of state laws changed alcohol consumption rates among pregnant women, while controlling for state and time fixed effects. The study specifically examined punitive state alcohol policies that clarify the admissibility of evidence in child welfare proceedings related to prenatal alcohol exposure, focusing on allegations of child abuse, child neglect, child deprivation, or child dependence, as well as proceedings seeking termination of parental rights. Punitive state alcohol policies were not significantly associated with decreased rates of alcohol consumption among pregnant women (+1.54%, 95% CI, -1.47-4.55), within 3 years of implementation. State alcohol policies that adopted a punitive stance toward pregnant women who drink alcohol did not result in the reduction of drinking during pregnancy. Given that punitive policies may not effectively reduce alcohol consumption during pregnancy, our findings highlight the need for reevaluation and potential reform to better address maternal/child health outcomes.

Keywords Alcohol, Pregnancy, Addiction, Policy, Punitive

The U.S. Centers for Disease Control and Prevention (CDC) advises all women of reproductive age to "avoid alcohol unless they are using contraception"[1]. Against this backdrop of public health advice, there has been increasing concern regarding restrictions placed on women's reproductive rights. Some scholars have argued that rather than improving public health, certain policies targeting alcohol use during pregnancy may have the primary goal of paternalistically restricting women's reproductive rights[2].

Currently, an estimated 15–20% of women in the United States (US) are believed to consume alcohol during pregnancy[3]. It is undeniable that prenatal alcohol exposure increases the risk of lifelong disabilities and birth defects, such as fetal alcohol spectrum disorders and adverse birth-related outcomes including stillbirth, preterm birth, and low birthweight[4]. However, few studies have attempted to evaluate whether state-level alcohol and pregnancy policies have their intended effects (i.e., reducing drinking during pregnancy); and until recently, such policies received little media or public attention[5].

Yet the number of states with policies targeting alcohol use during pregnancy have steadily increased between 1974 ($n=1$) to 2013 ($n=43$)[5], with more states adopting "punitive" policies that seek to punish pregnant women's behaviors[2]. In fact, punitive policies (i.e., policies that initiate child welfare proceedings in the case of prenatal alcohol exposure as it pertains to allegations of child abuse or child neglect, as well as proceedings seeking termination of parental rights), are more common than "supportive" policies (i.e., policies mandating priority access to public and private treatment for substance use disorder or alcohol addiction, especially among postpartum women who misuse or are addicted to alcohol).

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Punitive State Alcohol Policies & Pregnancy (My Research)

- ***Question:*** *Do punitive alcohol laws reduce drinking among pregnant women?*
- ***Data:*** *Pregnancy Risk Assessment Monitoring System (15 states, 1990–2015)*
- ***Method:*** *Difference-in-Difference (DiD) analysis with state & time fixed effects*
- ***Focus:*** *Laws allowing prenatal alcohol use as evidence in child welfare / parental r ights cases*
- ***Findings:*** *No significant decrease in drinking (↑ 1.54%, 95% CI –1.47–4.55)*
- ***Takeaway:*** *Punitive approaches add legal pressure but don't improve health outc omes*
- ***Implication:*** *Policies must be evidence-based to truly protect mothers and babies*

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Our Vision: Warning as Love

Warn in love. Start early. Focus on Youth.

> *"I came that they may have life, and have it abundantly." — John 10:10*

- *Rooted in Christian temperance, enhanced by science.*
- *Fostering abundant life for families & communities - cure the environment, not just individuals.*
- *Contact: sarahoh@yonsei.ac.kr (Sarah Soyeon Oh)*

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