

attempt to prevent their occurrence and to deal more effectively and compassionately with the victims and their families. This report discusses the issues associated with these conditions. The testimony is to be found in Issues Nos. 6-16 of the Sub-Committee on Health Issues of the Third Session of the Thirty-Fourth Parliament.

FOETAL ALCOHOL SYNDROME

Since foetal alcohol syndrome was described in 1973, a growing body of evidence has indicated clearly that the full-blown syndrome is the major expression of a continuum of effects exerted by alcohol on the developing foetus. Diagnosis of FAS is made after a careful physical examination and a determination that the individual displays specific manifestations in each of the three categories described below:

- (a) Prenatal or postnatal growth retardation, below the 10th percentile.
- (b) Central nervous system abnormalities which may include tremulousness, poor sucking reflexes, abnormal muscle tone, hyperactivity, attentional deficits, or mental impairment (e.g., mental retardation).
- (c) At least two characteristic facial anomalies, including narrow eye width, "ptosis" (drooping of the upper eyelid), a thin upper lip, a short upturned nose with underdevelopment of the groove between the base of the nose to the top of the upper lip, and general underdevelopment ("hypoplasia") of the midfacial area resulting in a "flattened" facial appearance.⁵

One of the problems with FAS, and even more so with foetal alcohol effects or FAE, is the difficulty of making an early and accurate diagnosis. Dr. Oscar Casiro, Chairman of the Child Health Committee of the Manitoba Medical Association, made the following statement to the Sub-Committee:

"Full foetal alcohol syndrome does not always become evident right from the time of birth or during the first few months of life. There is no specific test we can do that will make a diagnosis without leaving any doubt. Diagnosis is made on a clinical basis, based on physical appearance, and babies with foetal alcohol effects don't have all the physical characteristics the ones with the full syndrome have. There is a spectrum of abnormalities, a spectrum of damage caused by alcohol. Foetal alcohol syndrome is at the end of this spectrum."⁶

Dr. Casiro told the Sub-Committee that FAS is the leading cause of mental retardation in Canada and North America at the present time.⁷ Wendy Kemp, a Clinical Nurse Specialist with the Alberta Alcohol and Drug Abuse Commission, stated that 50% of FAS victims suffer mental retardation and another 30% are borderline mentally retarded.⁸ FAS is the major cause of mental retardation that is totally preventable.

Foetal alcohol syndrome children may suffer from a wide variety of physical and behavioural effects, in addition to the ones already described. One-fifth of FAS children have difficulty sleeping and are hyperactive. Many have severe learning disabilities and often are dyslexic. Congenital

⁵ Kenneth R. Warren and Richard J. Bast, "Alcohol-Related Birth Defects: an Update." *Public Health Reports*, Vol. 103, No. 6, November-December 1988, p. 639.

⁶ Minutes of Proceedings and Evidence of the Sub-Committee on Health Issues of the House of Commons Standing Committee on Health and Welfare, Social Affairs, Seniors and the Status of Women (hereafter, Proceedings), Issue 8, 20 February 1992, p. 19.

⁷ *Ibid.*

⁸ Proceedings, Issue 9, p. 22.