FOETAL ALCOHOL SYNDROME

INTRODUCTION

Alcohol has been described as the most widely used legal drug in the world. Health and Welfare Canada's "National Alcohol and Other Drugs Survey", carried out in 1989, found that 78% of adult Canadians were "current" drinkers; that is, they reported consuming alcoholic beverages at least once in the 12 months prior to the survey. An additional 16% of Canadians were "former" drinkers, having consumed alcohol at some time in their lives. Only 7% of Canadian adults reported that they had never consumed an alcoholic beverage. ¹

The use of alcoholic beverages, in a variety of settings, is firmly entrenched in Canadian society. Also, the production and sale of beer, spirits, and wine comprise major industrial activities in Canada, as in other countries. Figures published by Statistics Canada show that sales of Canadian beer, spirits, and wine in Canada in 1988 amounted to a total of more than \$7.6 billion; sales of Canadian beer, at almost \$4.6 billion, accounted for more than half this total. When imported products are included, the total value of Canadian sales of alcoholic beverages for 1988 rises to almost \$9.6 billion. ²

The deleterious impact on the foetus of maternal alcohol consumption had been suspected by some medical practitioners and researchers for perhaps a century before foetal alcohol syndrome (FAS) was formally described and named in 1973. Many articles on FAS refer to citations in the Bible, the Koran, and Talmudic writings, suggesting that ancient civilizations knew of the association between alcohol and foetal injury. A critical review of these references by Dr. Ernest Abel, Professor of Obstetrics at Wayne State University, concludes that the ancient texts have been both misquoted and misinterpreted:

"To sum up, the Bible, the Talmudic fathers, and the Ancient Greeks and Romans were not aware of any dangers associated with drinking during pregnancy. These writers were all men and they were only interested in the effects of alcohol on themselves and on other men."

Today, there is no question that maternal alcohol consumption can have devastating impacts on the foetus. The basic fact is that when the pregnant woman drinks, her unborn child "drinks" also; that is, the alcohol in the mother's bloodstream circulates through the placenta into the bloodstream of the foetus. It is possible that the blood-alcohol level in the foetus will remain at an elevated level for a longer period than that of the mother because the immature foetal liver metabolizes the alcohol more slowly.

While much remains to be learned about foetal alcohol syndrome (FAS) and the related condition, variously called "foetal alcohol effects" (FAE) or "alcohol-related birth defects" (ARBD), enough is now known about both conditions for governments at all levels to take positive actions to

Health and Welfare Canada, *National Alcohol and Other Drugs Survey:* Highlights Report, Health Promotion Directorate, Health Services and Promotion Branch, June 1990, p. vii.

Statistics Canada, Beverage and Tobacco Products Industries 1988, Catalogue 32-251 Annual, Industry Division, November 1991, Table II.

K.L. Jones, D.W. Smith, C.N. Ulleland, and A.P. Streissguth, "Patterns of malformation in offspring of chronic alcoholic mothers", Lancet, No. 7815:1267-1271, 9 June 1973.

Ernest L. Abel, Foetal Alcohol Syndrome, Medical Economics Books, Oradell, New Jersey, 1990, p. 3.