

Awareness of the special nature of FAS and FAE needs to be developed at many levels in Canadian society, commencing with the school systems. Use of beverage alcohol is deeply ingrained in most segments of Canadian society. The responsible use of alcohol was stressed by many witnesses, particularly by the beverage-alcohol industry. Information about alcohol and its effects on human health, especially foetal health, should be dispensed early in a child's formal education.

It seems clear, also, that many institutions and persons who come into contact with FAS and FAE children and adults are not aware that the problems these persons face are due to foetal alcohol exposure. Various witnesses made reference to the fact that even professionals in social services agencies, members of the judiciary, and even persons working with child welfare services are unaware that "problem" children often are victims of Foetal Alcohol Effects, or even that such problems exist.

Unless persons in positions of societal responsibility are made fully aware of the special problems and needs of FAS and FAE children and adults, their difficulties will be compounded and no-one will be well-served.

RECOMMENDATION NO. 11

The Sub-Committee recommends that the Federal Government, in cooperation with Provincial and Territorial Governments and with the National Advisory Committee on Alcohol and the Foetus, develop and implement awareness and education programs directed at Canada's primary and secondary school systems, the judiciary, and social and child-welfare services to increase awareness and understanding of Foetal Alcohol Syndrome and Foetal Alcohol Effects and of the unique problems and needs of individuals so-afflicted.

(H) HEALTH-CARE CURRICULA

A recurring theme during our public hearings was that health-care professionals, particularly family physicians, were not well enough versed in the impacts of alcohol on the foetus to provide accurate and effective advice and guidance to pregnant women. There was also a frequently expressed concern that the diagnosis of FAS, and particularly FAE, children was often delayed because the attending physician was unfamiliar with the symptoms. Delayed or incorrect diagnoses can greatly complicate treatment programs for these children, and the uncertainty thus created adds to the distress of parents and children alike.

To some extent, the testimony we have received about health-care professionals reflects the situation a decade or more in the past. Foetal alcohol syndrome was only described in 1973 and the recognition of FAE developed somewhat later. Over the last decade, the level of knowledge and understanding in the health-care community of the impacts of maternal alcohol consumption presumably has increased somewhat.

Martha Bradford of Stoney Creek, Ontario is attempting to establish a national Foetal Alcohol Support Network for parents of FAS/FAE children. Mrs. Bradford cited the experience of one of her group members who searched for 13 years before finding a medical practitioner who was knowledgeable about FAS and FAE:

"The story of (a) member of our group is typical. (Her) son has been a patient or client of three MDs, two paediatricians, four psychologists, two psychiatrists, two neurologists, two speech pathologists, one occupational therapist, one audiologist, six special-needs special-education