

centre's clientele. Eighty percent of Crabtree Corners' families are aboriginal and most are single mothers. Many have alcohol and drug-abuse problems. There the prevailing syndrome is often described as FAS/NAS, for "foetal alcohol syndrome/neonatal abstinence syndrome". In her brief to the Sub-Committee, Ms. MacPhee states that of "the 30 reported live births in the Downtown Eastside in 1990 15 have FAS/FAE/NAS", a prevalence rate of 50%.¹⁶ Moreover, some of these women will have more than one baby, and the pattern of FAS/FAE/NAS is often repeated. The health of the offspring may be further compromised by maternal smoking, poor nutrition, and physical abuse.

Ms. MacPhee's statement that some women, who are problem drinkers, will have more than one child with FAS or FAE is supported by testimony from other witnesses. In some aboriginal communities in British Columbia and the Yukon, for example, heavy-drinking mothers have been reported to have more than one affected child:

"... there were multiple (FAS/FAE) births from single parents who were drinkers, very heavy drinkers. In other words, there were 10 children per mother and they were all FAS."¹⁷

Where the father is also drinking, it will be even more difficult for the mother to break the cycle and abstain from alcohol when pregnant.

E.L. Abel is an American researcher who has studied the question of FAS/FAE in families. His review of a number of case reports has shown that the later-born children of alcoholics are at much greater risk for FAS and FAE than are their older siblings. His conclusion is that, even allowing for a wide latitude of error, "the estimated probability of a second FAS child in a family, given another sibling with FAS, is very high."¹⁸

The Sub-Committee did not receive evidence that the siblings of an FAS/FAE child were likely to be similarly afflicted if the mother was a "social" drinker, rather than a problem drinker or an alcoholic. It is possible that the shock of having an FAS/FAE baby would alert a mother and father to the fact that even social drinking is unacceptable during pregnancy, and effect a change in maternal drinking behaviour during a subsequent pregnancy. A change in paternal drinking behaviour, in the direction of abstinence, would help the mother avoid alcohol during pregnancy.

The incidence rate for FAE births, and the numbers of FAE children born in Canada annually, also are not known. The Sub-Committee received a number of estimates in this area also. It is believed that there are many more FAE children than FAS children born in Canada each year. Dr. Casiro stated that FAE is "at least three times as frequent as the full foetal alcohol syndrome."¹⁹

DOSE-RESPONSE RELATIONSHIP IN FAS AND FAE

There is no agreement in the medical community on exactly how much alcohol a pregnant woman may consume without producing a child with FAS or FAE. There is agreement that the amount of damage caused to the foetus will increase with the amount of alcohol consumed by the mother. Ms. Judy Ferguson of Health and Welfare Canada made the following statement:

¹⁶ Betty MacPhee, "Brief to the Sub-Committee on Health Issues", April 2, 1992, p. 7.

¹⁷ Proceedings, Issue 9, p. 26.

¹⁸ Abel (1990), p. 36.

¹⁹ Proceedings, Issue 8, p. 26.