

Florida House of Representatives

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Dear Representative,

Fetal Alcohol Syndrome HB 555

Did you know that Alcohol (wine, beer, & liquor) is the leading known **preventable** cause of mental retardation and physical defects in the world?

When a pregnant woman drinks alcohol, so does her unborn baby.

When a pregnant woman drinks alcohol, she risks giving birth to a child who will pay the price – in mental and physical deficiencies – for his or her entire life.

There is no known safe amount of alcohol to drink while pregnant and there also does not appear to be a safe time to drink during pregnancy.

It's important for women who are thinking about becoming pregnant to quit drinking because in the early weeks many women don't know they are pregnant. Mothers who drink during the first trimester of pregnancy have kids with the most severe problems because that is when the brain is developing. Alcohol easily passes the placental barrier and the fetus is less equipped to eliminate alcohol than its mother so high concentrations occur resulting in permanent damage to the developing brain, heart, and other organs.

Each year in Florida and the US there is 1 in every 750 – 1000 live births that have a pattern of physical, developmental, and functional problems referred to as Fetal Alcohol Syndrome (FAS).

Characteristics of FAS

Low birth weight	Small head circumference
Failure to thrive	Developmental delay
Organ dysfunction	Epilepsy
Poor coordination	Poor socialization
Learning difficulties	Behavioral problems
Facial abnormalities	hyperactivity
smaller eye openings	anxiety
flattened cheekbones	social withdrawal
thin upper lip	stubbornness

Societal “Costs” of FAS

The Department of Health staff analysis estimates that **in 2007** the state spent **\$493,567,966** caring for individuals with FAS through special education in the DOE, early care in DCF, medical care in Medicaid, and incarceration in DJJ. This is an annual expenditure that is fairly constant. These costs do not include the care of those children taken care of by families of means. *The mental aggravation, guilt, and family disruption with one of these children is immeasurable.*

What can be done?

This problem and recurring costs are totally 100% preventable – i.e.

Don’t Drink if Pregnant

CDC polling of women between the ages of 18-30 in 2005 revealed that 61% of them were unaware of the association of birth defects and mental retardation with drinking alcohol. Whatever education is taking place is obviously not reaching the target population. In 1989 the Surgeon General began requiring on all bottles of alcoholic beverages warning labels to not drink if pregnant. This label isn’t enough. 23 states have enacted legislation requiring a warning sign to be posted wherever alcoholic beverages are sold by the bottle or glass. Persistent warnings at the point of sale have increased awareness of the connection between alcohol and birth defects in all states where this is being done. In Georgia the signs are at no cost to the state as they can be downloaded and printed from an internet site. The ABC inspectors check for the signs as one of their establishment check-offs when they inspect the businesses that serve or sell alcoholic beverages.

In every state there has been opposition from the businesses that distribute, sell, and serve alcohol. If they would like to offer other ideas I would be willing to listen to see how they suggest we lower this recurring expense picked up by the taxpayers that is caused by their product. I have two ideas they could choose from. 1) Obtain a contribution of \$2M each from the distributors, the retailers, and from the restaurant associations to do an educational campaign on TV and then measure the response with educational surveys in 12 months. 2) Add a tax on alcoholic products sufficient to raise \$500M to pay for the expenses the taxpayers are picking up to treat this problem.

In a year with a budget shortfall, tackling this problem with a simple “no cost” effort makes excellent sense for the individual, the family, and the taxpayer.

Sincerely,



Ed Homan, MD

