

SA's FAS statistics among highest in the world

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Vuyo Mkhize

Johannesburg - Foetal alcohol syndrome is a thorn in the Department of Health's side, but it isn't only its burden to bear.

With South Africa's incidence of the syndrome being among the highest in the world, an interministerial task team, chaired by Social Development Minister Bathabile Dlamini, has been set up to reduce alcohol-related harm from the disorder.



But even then, it isn't the government's task alone. NGOs and organisations such as the Foundation for Alcohol Related Research (FARR) have also been at the forefront of tackling this problem.

Today (Friday) is International Foetal Alcohol Syndrome Day - a day used to raise awareness on the dangers of drinking alcohol during pregnancy. According to the latest update (June 2016) by FARR, published in the South African Medical Journal, foetal alcohol syndrome disorder (FASD) rates in South Africa range from 29 to 290 per 1 000 live births.

It is a lifelong, incurable mental condition caused by prenatal alcohol exposure - not necessarily abuse.

“There are still many myths around FASD. Some people still believe, for instance, that a woman must be an alcoholic to give birth to a child with FASD. The truth is, however, that no amount of alcohol is safe during pregnancy,” FARR chief

executive Leana Olivier said on Thursday. “There is no known safe amount of alcohol pregnant women can drink without raising the risk of damaging their unborn babies,” Olivier stated.

She explained that a large proportion of children with ADHD-like symptoms - a common behavioural disorder in all communities - could be attributed to alcohol consumption during pregnancy.

“A child with FAS can suffer from various defects, apart from intellectual deficits. Apart from damage to the eyes, ears and heart, this may also include brain damage. This results in lifelong problems such as learning disabilities, interpersonal relationship problems, developmental disabilities such as fine motor development, co-ordination, arithmetic, and cause-and-effect reasoning,” Olivier said.

“In addition, most of these children have attention and hyperactivity problems.”

According to Ministry of Health spokesman Joe Maila, the provinces that run the most programmes are the Northern and Western Cape, due to very high prevalence levels, and it is left to NGOs such as FASfacts and FARR to run such programmes.

Maila said surveillance was done by research bodies and NGOs.

“Determining a case of FAS requires a great deal of clinical skill and experience, and therefore cannot simply be done as part of ‘normal health surveillance. Researchers that currently do surveillance are highly skilled and trained. However, the Department of Health does collect information on alcohol consumption, including by women’, as part of health information surveys such as the Demographic and Health Survey that is currently in the field,” he said.

He admitted that the department had not done any calculations of the cost of FASD to the public healthcare system.

“The costs are no doubt very high in terms of factors such as additional educational requirements, behavioural problems and difficulties for people with FASD to get and maintain employment when they are adults,” Maila added.

He said the department believed public health interventions such as reducing access to alcohol and stopping the promotion of alcohol, including to women of child-bearing age and younger, was critical to reducing alcohol-related harm.

FARR said it had completed 11 studies in four provinces, recording the highest reported FASD rates in the world. In some areas, the prevalence rate is as high as 25 percent.

“The Department of Health estimates the average FASD prevalence in South Africa is at 6 percent. Compared to the next highest rate in the world, namely 1 percent in the US, this rate is alarmingly high,” said FARR founder Professor Denis Viljoen.