
Fetal Risk, Federal Response: Alcohol Warning Labels and Fetal Alcohol Syndrome

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Abstract

In the late 1960s and early 70s, physicians in the United States and France published the first medical observations linking alcohol consumption during pregnancy with adverse birth outcomes. Coined Fetal Alcohol Syndrome (FAS) in 1973, the syndrome's etiology was difficult to arrive at due to complications presented by dosage, exposure, timing during pregnancy, and a host of maternal factors. Despite the ambiguities surrounding FAS, within three years US government agencies were discussing the idea of requiring warning labels to alert the public to the risk of FAS. However, the first legislative subcommittee hearing devoted to FAS occurred in 1978, and it was a full fifteen years after FAS's initial definition that Congress passed the Alcohol Beverage Labeling Act mandating warning labels. This paper examines the medical emergence of FAS and early legislative discussions of the risk of alcohol consumption during pregnancy. I will introduce two preceding historical case studies of substances that impacted fetal development, thalidomide and cigarettes, and examine the federal regulatory response to the risks posed by each. By discussing comparative antecedents, my goal is to situate FAS within the historical legislative framework for how emergent fetal risks were interpreted as public health concerns. I will then outline the substantial differences surrounding the public health response to FAS, differences that have much to do with the politicized history of alcohol in the US. Further, as FAS occurs disproportionately in marginalized socioeconomic groups, dimensions of social justice at the science-policy interface are also critical to this public health history.

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