FOOD STANDARDS AUSTRALIA NEW ZEALAND

APPLICATION A576

LABELLING OF ALCOHOLIC BEVERAGES WITH A PREGNANCY HEALTH ADVISORY LABEL

Submission

prepared by

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To Food Standards Australia New Zealand
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Application A576 – Labelling of Alcoholic Beverages with a Pregnancy Health Advisory Label.

I wish to endorse the submission made by ALAC to place warning labels on alcohol containers regarding the dangers of drinking when pregnant.

It is an offence to humanity that a widely available and highly promoted poisonous substance currently does not carry health warnings. There is a strong moral and ethical obligation to inform the public about the health risks of alcohol that transcends and outweighs any commercial imperatives or perceived value about the effectiveness of doing so.

I am doing this submission independently. I am a social and community worker with teaching qualifications and experience. During the 1990s I worked for Child, Youth and Family Services followed by 4 years in the community. Part of my community work was education to prevent alcohol and other drugs abuse, and raise the awareness of FAS (Fetal Alcohol Syndrome). From this niche I connected to the local and international FASD email networks that promote the awareness of and prevention of FASD. My knowledge of FASD and its impact on the nation increased together with a personal passion to raise the awareness of and prevention of FASD.

I wrote a chapter entitled, *Pregnancy, Adoption, FASD and Mental Illness: Contemporary Challenges in Mental Health for Pacific Peoples*, edited by Gulbertson, Agee and Makasiale, a recently published book. This chapter links mental illness to FASD. I have enclosed a copy of this chapter for your information (Appendix 1).

For this submission, I have responded to some of the questions posed.

Yours faithfully

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CONTENTS

Questions & Answers:

1. What other strategies or programs are there in Australia or New Zealand (initiated by industry, public health, government, and consumer groups) to advise women of childbearing age of the risk of consuming alcohol when pregnant or if planning a pregnancy?

Alcohol Industry. I am not aware of any strategies by the alcohol industry to prevent FASD in New Zealand and Australia.

New Zealand Government. I am not aware of any SIGNIFICANT strategies or funds earmarked by the New Zealand (government) to meet the enormous need to raise the awareness of and prevention of FASD.

I think ALAC is taking the lead in this area and I am aware of what ALAC (NZ) has been doing to raise the awareness of and prevention of FASD, unfortunately, to my knowledge, New Zealand's is yet to acknowledge the seriousness of FASD and the enormity of it's prevalence in New Zealand.

Community Groups. I am aware of:

- Fetal Alcohol New Zealand Trust which ceased in 2003.

- Alcohol Healthwatch in conjunction with ARFAN (Auckland Region Fetal Alcohol Network). ARFAN developed into national FANNZ (Fetal Alcohol Network New Zealand). FANNZ is a network. Share information, ideas and opportunity to work together to raise the awareness of and prevention of FASD.

- Fetal Alcohol Support Trust, Hamilton – with national network with parents of children/people affected by FASD.

- I know there are FASD parent groups in the South Islands.

2. What information (from industry, public health, government and consumer groups) is available to women planning a pregnancy or pregnant women, about the risk of consuming alcohol?

Alcohol Industries. I don't know of any information given by the Australia and New Zealand alcohol industries to warn women about the risk of consuming alcohol while pregnant.

Government

- I think the Ministry of Health has a FASD brochure.
- ALAC NZ has resources – magazine, brochures, video tapes etc.

Community Groups

- Alcohol Healthwatch in conjunction with the Fetal Alcohol Network New Zealand printed a brochure on FASD.
- Fetal Alcohol Support Trust Hamilton use free resources from internets and makes it own resources.
- 2000 to 2004 I was working at Laveai Trust promoting the awareness and prevention of FASD in the Auckland Samoan Pacific Islands community. with support from ALAC and Alcohol Healthwatch, we did some projects including a youth concert and FASDAY (9/9 every year) events. I download free FASD material from internet and create my own resources to suit whatever FASD awareness promotions I undertake most of which are with Samoan communities.

3. What published and unpublished information is available that may provide answers to the risk assessment questions (1 – 3 below) regarding FASD to be addressed at Draft Assessment?

Community stories.

A mother told me that she drank about three times during the first trimester of her pregnancy. It was in parties (one party per month) and she drank - probably the most in one occasion was 4 glasses of wine. At six and half months of her pregnancy she drank two glasses of wine, and she gave birth that week. Her son grew up with many FASD symptoms including learning/school problems, wanting

to abandon school, fighting which police were involved, even though he grew up in a family with good parenting skills.

I am sure that Australia and New Zealand are full of stories of this nature (yet to be collected) confirming what the expert and countries like USA, Canada etc have confirmed, that ***there is no proven safe limit of alcohol while pregnant.***

I have no answer to question 4, 5 & 6

4. What other data are available regarding alcohol consumption by women of childbearing age and during pregnancy in Australia and New Zealand?
5. Are there any other data available on the incidence of FAS/FASD in Australia or New Zealand?
6. Are there any other data available relating to the level of awareness amongst women of childbearing age of the risk of consuming alcohol when planning to become pregnant and during pregnancy in Australia and New Zealand?

7. Do you think a health advisory statement about the risk of consuming alcohol when planning to become pregnant and during pregnancy on alcoholic beverage containers should be required? Why/why not?

Yes, alcohol containers should carry warning labels concerning the risk to the unborn children. These warning labels may be the first, or last, or first and last warning information that a pregnant woman sees while about to drink.

The warning labels are **WARNINGS** and should be clearly visible (audible or felt) at least **AT THE SPOT WHERE** the danger is likely to happen. Alcohol is so mobile flowing readily everywhere, so the best place to put the warning are on the alcohol containers.

The answer to this question rests on what is in the best interest of the nations' health. It is about health (including mental health, the ability to learn, earn and getting on well with others) ***versus*** the alcohol industry providing employment and making profits for themselves at the expense of the nations' health, education, earning ability, economic and healthy relationships.

Health of the nations
versus
Wealth of the alcohol industry

For your information, I have attached significant mention of pregnancy & alcohol in human history. (See Appendix 2). **Is the knowledge of Fetal Alcohol Disorder New?** Ancient Carthage forbade the bridal couple from drinking wine to avoid having defective children. Either we learn from history or we continue making defective children.

8. What further evidence is available about the use and/or effectiveness of a health advisory statement on alcoholic beverage containers regarding the risk of consuming alcohol when planning to become pregnant and during pregnancy?

Since 2000 I have been doing presentations in Pacific Island communities raising the awareness of FASD. During these presentations, people often ask, 'why aren't there warnings on alcohol containers, warning labels like that on cigarette packet?

This question from the community is evidence that the community takes note of warning labels. However, not everybody responds to the same symbols (writing or pictures) as my answer to question 11 details.

9. What wording for a statement about the risk of consuming alcohol when planning to become pregnant and during pregnancy would be appropriate on an alcoholic beverage container to raise awareness in pregnant women and women planning to become pregnant?

I suggest the following wording but <u>not on its own</u> following information in answer to question 11.

- This is not a commercial promotion. It is not for the alcohol industry.
- It is warning to protect the health/lives of future children/people.
- It is not for women only, it is for everybody, and
- Men are part of the pregnancy equation. So they should know their sperms are placed in safe environment.
- these words will support others to support and encourage women not to drink if they are pregnant.

10. What further evidence is relevant to the wording of such a statement, such as its likely effectiveness or appeal to women of childbearing age and/or understanding of the statement by women of childbearing age?

The wording above is **simple, clear**, and **tells the truth** – permanent brain damage to the child. It tells when not to drink.

The wording is not for women only. It is for everybody. FASD is a community problem – not a problem for woman only. Spouses, partners and everybody should be knowledgeable and support the women not to drink.

11. What are the advantages and disadvantages of a written statement compared with a pictorial image for conveying the risks of consuming alcohol when planning a pregnancy and during pregnancy?

It is common knowledge that the brain has two hemispheres – the left side and the right side. The TASI website gives the following on the brain left and right side:

> The left is analytical, verbal, sequential and linear; the right is visual, spatial, holistic and relational. It follows that the left is more logical, responding better to textual material, whilst the right is more imaginative, responding to images. If the right side is not stimulated, it is harder for students to put ideas into context. Studies have shown that the use of relevant images can increase a student's **recollection** and **comprehension** of new material, as well as stimulating discussion and promoting interest.

The TASI continues that, "Images are generally more evocative than words and more precise in triggering a wide range of association. While text can communicate a fact, argument or logical sequence, images invoke lateral thinking, objectivity and global context. By establishing a better balance between the use of images and the use of words, educators can increase the learning potential of their students... Images relevant to the text they accompany will assist learning, while others may simply be a distraction."

APPARENTS FUNCTIONS OF THE TWO SIDES OF THE BRAIN

Left	Right
Logical	Creative
Orderly commonsense	Intuitive, imaginative
Busy	Relaxed
Systematic, Sequential	Sub-conscious
Slow, detailed processing	Spontaneous
Deal with one thing at a time	Deal with many things at once
Sees small details	Sees in whole pictures
Control languages, numbers, symbols	Controls recognitions, aestheties, memory
Expressive	Receptive
Analyses	Synthesises
Mechanical	Artistic
Speaking	Musical
Writing	Spatial

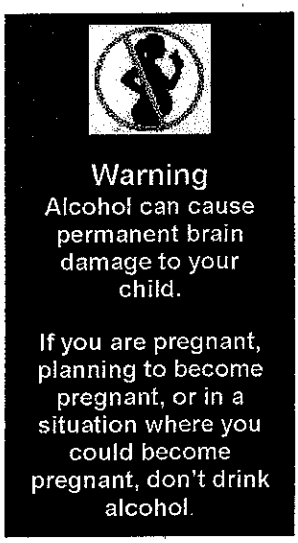
Getting both sides of the brain to work together greatly accelerates learning and performance

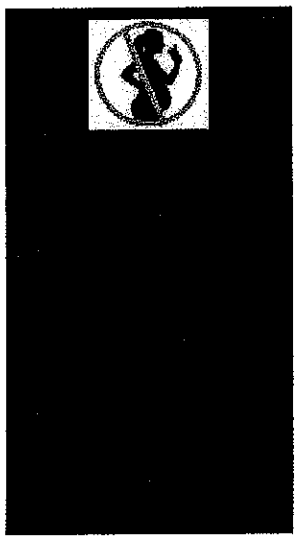
Source: Christine Ward & Jan Dally

Given all said, wisdom says let the warning be informative and attractive. Be simple and clear. Combine words, and pictures that support each other and will break through illiterate and other language barriers. Given the different colours of bottle and alcohol beverages, it should be mandated from the start that the warnings are visible and clear.

✓

X - **hard to see the words.**





- Picture/silhouette is the France logo copied from the FSANZ's Intial Assessment Report.
- "If you are pregnant, planning to become pregnant, or in a situation where you could become pregnant, don't drink alcohol." Kitson, K (2004)

12. What percentage of alcohol by volume should be used to determine which alcoholic beverages are to carry an advisory statement, if required?

Every alcohol container should carry the warning – wording and picture. If the containers are very small, may be require only the picture.

13. What is the likely impact on consumers, industry, and/or government if the status quo was maintained?

Refer to table on page 11 - 12.

14. What is the likely impact on consumers, industry, and/or government if an advisory statement on the risks of consuming alcohol when planning a pregnancy and during pregnancy is required on alcoholic beverage containers?

Refer to table on page 11 - 12.

Question	Stakeholders		
	Consumers (for this submission) Pregnant women, fetal & all who drink.	**Industry** Owners of alcohol production, employees including transporters & sellers of alcohol – all earning for self.	**Government** and its subjects.
13. What is the likely impact on consumers, industry, and/or government if the status quo was maintained?	• Fetals continue to have no voice and no choice but drink alcohol from mother, and then grow up with FASD problems. Many will end up with mental illness, crime, learning problems, alcohol & other drugs problems etc. • Mothers & all who drink continue in FASD ignorance, unless major FASD education takes place in school – from intermediate up. Families and the community continues to suffer with the impact of FASD.	• Business – power, capital and profit continue to flourish. • Owners continue to get richer. • Many employment available	• Continue to receive large tax from the alcohol industry. These taxes are far less than what is needed to deal with problems created by FASD. • Deal with increasing problems eg. mental illness and YOUTH crimes. • Need more eg. prisons, hospitals and services that deal with social, education, employment, economic etc problems caused by FASD. • Increase of fear, stress, misery, homelessness, etc in the community.
14. What is the likely impact on consumers, industry, and/or government if an advisory statement on the risks of consuming alcohol when planning a pregnancy and during pregnancy is required on alcoholic beverage containers?	• Being informed, many women will not drink when pregnant or likely to be pregnant. • Men, except those with inability to understand, will support women not to drink. • Many fetals will be saved from FASD • **Backfire:** It is a generalization that having warning labels on alcohol	• Reduction to sales. • Alcohol prices may drop. • May be loss of employment to many employees. • Loss of infecting children with alcohol before they are born. Bayer, Barr, Bookstein, Sampson & Streissguth (1998)	• Reduction to tax received. • Reduction in sequalae associated with FASD in the next generation. • Reduction to YOUTH problems in the next generation. FASD is for life • Education will improve for children saved from FASD.

	Consumer con't	Industry	Government
	containers will drive all women underground – hiding their drinking. I think there is some truth in it, however, it is only a small portion of women who will do this. There are steps that can be taken to help these women, but their existence should not block the warning from the people from the rest of the world. Most women will appreciate the warning information and stop drinking when pregnant.	• The alcohol industry want more clients for more dollars so they will sure highlight 'backfire' as an issue that will defeat the intention to raise the awareness and prevention of FASD.	•

Page 13 is blank.

15. How would labelling alcoholic beverages compare in terms of effectiveness and cost-effectiveness with other public health measures to inform pregnant women of the risks of alcohol consumption during pregnancy

Warning labels on alcoholic beverages have a unique advantage over other public health warning measures. They are right at the spot where the danger is likely to happen. As written above under question number seven:

> The warning labels are **WARNINGS** and should be clearly visible (audible or felt) at least **AT THE SPOT WHERE** the danger is likely to happen. Alcohol is so mobile flowing readily everywhere, so the best place to put the warning are on the alcohol containers.

Given the lack of fund earmarked for FASD, it is hard to reach the community with long term programmes that inform and bring about changes. So while people continue in ignorance, and no warning labels on alcohol containers, more and more children are born with FASD.

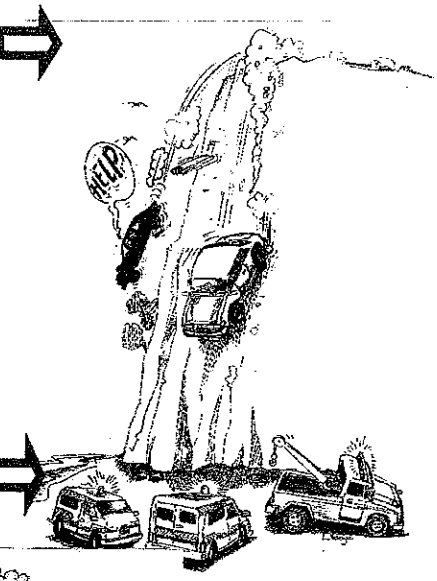
I suggest initiating synergy. Collaborate warning labels on alcohol containers with other health warning measures to inform pregnant women of the risks of alcohol during pregnancy, and their combined achievement is greater than the sum of their individual achievement.

Synergy! Collaborate warning labels on alcohol containers with other health warning programmes...and their combined achievement is greater than the sum of their individual achievement.

Fetal Alcohol Spectrum Disorder Prevention & Intervention

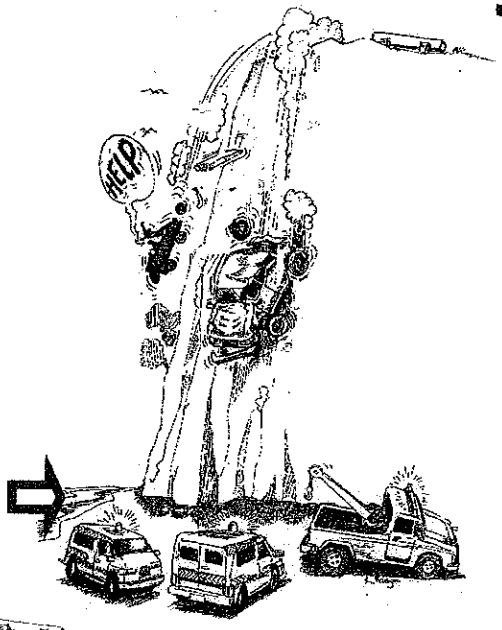
Primary Prevention Interventions

before FASD occur. Inform and encourage abstinence from alcohol during pregnancy, and help high-risk women to prevent pregnancy.



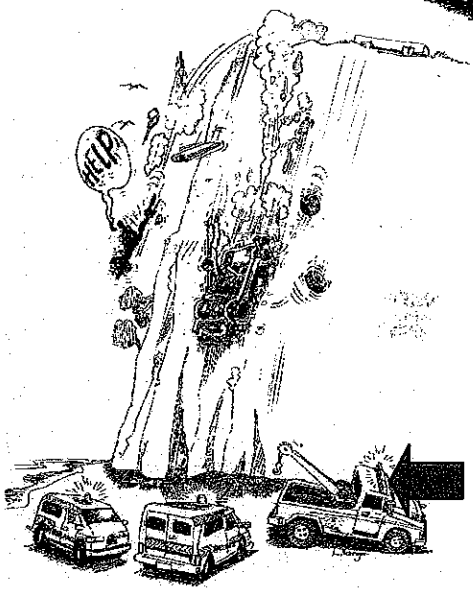
Secondary Prevention & Identification

Early detection of risky pregnancies to reduce consumption and immediate FASD intervention to minimize harm.



Tertiary Prevention & Intervention

Minimise effects of existing FASD and prevent secondary disorders developing adverse effects.



No Prevention, No Identification, No Intervention, No option but...

Increased risk of brain disorders, poor health and secondary disorders such as school failure, unemployment, crime and substance abuse.

I always take a bottle of alcohol beverage to my presentation, and I have always wanted to have warning labels to show during my FASD presentations, and to the young people at home. Warning labels on alcohol containers will sure save our next generation from FASD.

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Source: Penina Uluʻilani; Contemporary Challenges in Mental Health for Pacific people Univ of Hawaii Press Honolulu.

18

Appendix 1

Pregnancy, Adoption, FASD, and Mental Illness

SUIAMAI SIMI

I was born in the village of Fasitoʻotai in Samoa. A few hours after I arrived, my grandmother Saʻeseʻese Afamasaga Aukuso held me close to her frail body, looked me eye to eye (hers dimmed; mine, unaccustomed to light, were closed tight), and said that she was ready to go. She named me Suia-mai (a changeover) to signify the generational link that she and I were about to effect. She explained that she was ready to go and that I had come to take her place. She blessed me, then died two days later. Two years went by and her son Simi Savaiʻinaea Sekai followed her, leaving his creative and resourceful wife Lualuaʻi (nee Tamaseu) widowed, with their ten children. I am number nine.

Weeding was a task my mother and I often did together and during those times, she repeatedly and unconsciously (when she told me to pull out the roots) planted deep within me a principle that has left a lasting influence on how I should deal with problems, that is, to find and remove the roots and the problems will go. I have learned though that some problem roots are permanent, and others difficult to remove because, to start with, we don't know what to look for. Problems often need to be observed over time within and without their dynamic milieu of associated problems woven tightly together in subtle patterns that defy any attempt to find the roots. Losses associated with adoption, abandonment, poor parenting, and being born prematurely have received, I believe, far more than their just share as being the roots of antisocial behaviors and learning and mental problems that afflict many. Many books, research reports, and articles have been written on these issues. In this essay fetal alcohol spectrum disorder (FASD) is added to the matrix, and is presented as being a significant root of many of the problems mentioned.

Permanent roots cannot be removed and we just have to learn to dance with the resulting problems to the tune of the roots. FASD belongs to this type—it is for life. Correct diagnosis attracts right treatment. When we can identify and understand FASD, we can make a big difference in the lives of those affected. Often, through a lack of understanding problems, we can end up hurting the very people we try to help. This essay challenges us all to protect our future generations from FASD.

Through the twentieth century, research produced mounting evidence that in vitro exposure to alcohol can have devastating effects on the development of the unborn child. At a molecular level, "alcohol itself acts as a teratogen (an agent causing deformities) and specifically, as a neurotoxin (an agent that is toxic to brain cells and other nerve cells in the body)" (Kitson & Parackal, 2005). Throughout the lifespan, the consequent developmental impairment can result in complex psychological, learning, and behavioral problems. In a study of more than four hundred participants with a history of prenatal exposure to alcohol, Streissguth and O'Malley (1997) found that almost all had experienced mental health difficulties for which they had been referred to psychiatrists, psychologists, or social workers. This essay is therefore a conch shell, calling Pacific Island professionals and communities around the world to rise up and protect our unborn babies from FASD and to provide support and protection to those in our communities affected by it.

Fetal Alcohol Spectrum Disorder (FASD)

Although pregnant women have been warned against drinking alcohol in writings as ancient as the Bible and the works of Aristotle, and poor birth outcomes and patterns of birth defects were noted in studies by Sullivan (1899) in Britain and Lemoine (1968) in France, respectively, it was not until the later years of the twentieth century that fetal alcohol syndrome (FAS) was identified by Smith and Jones (Alberta Learning, Special Programmes Branch, 2004). These researchers noted a characteristic set of facial features and neurological changes in infants and children of mothers who were alcoholics while pregnant. Currently, a full diagnosis of FAS is based on a history of maternal drinking during pregnancy, as well as the presence of: (1) growth deficiencies; (2) a specific cluster of facial anomalies; and (3) central nervous system disorder.

The term *fetal alcohol effects* (FAE) was coined by Clarren in 1978 to describe a set of characteristics now known as alcohol-related neuro-developmental disorder (ARND), which he observed in a large group of physically healthy children and adults who seemed to be of relatively normal intelligence, but who experienced difficulties coping with the long-term effects of maternal alcohol abuse during pregnancy. Although these people were minimally affected by the facial characteristics of FAS, which had often disappeared by their mid-teens, they struggled with learning and behavioral problems that indicated dysfunctional central nervous systems (Buxton, 2004).

It is helpful to be familiar with other terms that have developed out of further research in the field, including partial fetal alcohol syndrome (PFAS) and alcohol-related birth defects (ARBD). As FAS was found to denote only the tip of the iceberg, and these other, hidden aspects related to FAS became more apparent, the need was evident for a term to describe the broad range of effects of prenatal alcohol exposure that do not apparently qualify for a FAS diagnosis. "By the end of the twentieth century," as Buxton (2004) reports, "fetal alcohol spectrum disorder (FASD) began to be used as an umbrella term denoting several kinds of diagnosis, just as the word *cancer* can refer to a number of debilitating conditions" (p. 45). In April 2004, the following definition was constructed by leaders in the field:

> Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. The term FASD is not intended for use as a clinical diagnosis. (NOFAS, 2004)

In the context of FASD, the term *primary disabilities* refers to the effect of alcohol on the fetus, including brain damage, facial characteristics, and small head or body. *Secondary disabilities* are those that develop after a person is born, particularly in the absence of appropriate care and protection to meet the special needs created by FASD.

In a study of secondary disabilities associated with FAS and FAE involving 473 participants, Streissguth and O'Malley (1997) found that of the six main secondary disabilities studied, mental health problems were by far the most prevalent, experienced by over 90 percent of the sample. Additionally, in participants age 12 and over, disrupted school experience (suspension, expulsion, or dropping out) and trouble with the law (defined as ever having been in trouble with authorities, charged, or convicted of a crime) characterized 60 percent of the sample. Approximately 50 percent experienced confinement (including inpatient treatment for mental health problems or alcohol/drug problems, or having been incarcerated for a crime), and a similar percentage had engaged in inappropriate sexual behavior. Approximately 30 percent of the participants were noted as having had alcohol and/or drug problems.

A list in the Royal Canadian Mounted Police FASD Guidebook (2003) identifies a range of problems that provide an indication of the scope of potential secondary disabilities: fear, anxiety, avoidance, withdrawal; victimization of and by others; shutting down, lying, running away, dropping out of school, joblessness, homelessness; willingness to please and comply; mental illness, depression, self-injury; violent or threatening behavior, impulsivity, trouble with the law; addiction issues; suicide. Malbin (2002) has also identified a number of these characteristics, including the broader categories of trouble at home and/ or school and mental health problems, and has added to the list fatigue, tantrums, irritability, frustration, anger,

and aggression. Kellerman (2002), herself an adoptive mother of an FASD child, has also noted the psychological manifestations of brain damage: emotional lability; inability to learn from consequences; attention deficits (not always hyperactive, but easily distracted by external stimuli); short-term memory deficits; inappropriate social interactions; difficulty managing money; poor judgment; vulnerability and naiveté.

Streissguth headed a team of researchers who studied 415 clients who had been diagnosed with FAS. The study identified a series of protective factors in the environment that might mitigate the long-term effects of FASD. The two most significant factors were obtaining an early diagnosis (before the age of 6) and living in a stable, nurturing environment (University of Washington, 2004). What this and many parallel studies emphasize is that while the negative effects of a mother's alcohol consumption during pregnancy cannot be reversed, the long-term damage can be contained through environmental stability, non-exposure to violence in the home, and particular attention during the formative years of late childhood and early adolescence.

Adoption, Premature Birth, and the Case of Fala

My own curiosity to understand what I now recognize as FASD started in the 1990s while I was working as an adoption social worker. I read everything on adoption that came my way. The lack of literature on Pacific Island adoption meant that most of my reading was from pālagi resources. It did not matter, because what I observed was that while the reasons for adoptions and the processes for effecting them varied with each case, culture, and country, the issues for those who were party to adoption relationships were basically the same.

People can be deeply affected by the losses and grief associated with adoption. For birth mothers/parents, it is the grief of having to give up children. For the adoptive parents with infertility issues, it is grief over the loss of the children that they could not have. For adopted people, it is loss associated with not growing up in their biological families, and not knowing who they are in the case of closed adoptions. Older children placed for adoption may also have suffered from multiple placements and often, from abuse. I came across all these issues among many of the Pacific Island adoption cases that were allocated to me.

I also became aware of the existing concern over the behavioral and/or learning problems known to be common among adopted people and of their disproportionate representation in psychotherapy in the United States, as well as in residential treatment centers, juvenile halls (correction centers), and special schools (Verrier, 1993). Consistent patterns of psycho-

logical and behavioral problems had been reported, and the individuals were characterized as impulsive, provocative, aggressive, and antisocial.

While still doing adoption work, however, I discovered through my reading that the antisocial behavior and other issues common among adopted children are also common among children who are born prematurely. I left the adoption work wondering whether there could be a common causal root to the behavior manifesting in these two groups of children—adopted/fostered and premature. The case of Fala illustrates the issues in question.

Fala is a Pacific Island teenager fostered by his aunt Lina (not their real names). Lina said that she was privileged to be foster mother to Fala. He was full of life, playful, and cheerful, and had a great sense of humor, a pleasure to have, but raising him had been a challenge. She said that knowing that Fala was born prematurely—at 29 weeks with a gestation weight of 1,160 grams (3.21 pounds)—forearmed her to deal with the problems that she had since learned were typical FASD characteristics. As a toddler, Fala had a number of seizures. When he was able to stand and hold on to things, rocking his new wooden cot became his favorite pastime, and the cot was a complete wreck before he was 3. As he grew older, he had become oppositional and reacted explosively to changes. He fought off both sleep and work. He had a short concentration span and had difficulty keeping on task.

Toward the end of intermediate school (junior high school), the teacher had written to Lina, concerned that Fala was not completing his homework, and that he had not developed the study skills required to succeed in high school. Getting him to do his homework was a struggle and Lina said that often she just gave up trying and instead directed her energy to ensuring that they had a happy relationship.

Fala had been suspended from school, and interviewed twice by police for his involvement in fights. Doing detention after school or during recess time was normal for him. (Detentions disappeared after Lina visited the school with FASD literature and explained that Fala was a potential FASD victim.) His high school reports were dominated by comments such as, "far too easily distracted and does not always behave in a positive manner . . . has more ability than his marks indicate, major problem has been that he has found it hard to settle into a pattern of work . . . seldom does his homework, although is capable of producing work of good quality . . . lacks concentration . . . needs to discipline himself to remain on task . . . tends to be talkative at inappropriate times . . . he finds it difficult to follow instructions," and so on.

Those who know Lina and the way she deals with others would say

that she was extremely patient and lenient, but Lina admitted that she had smacked Fala a few times. Here are some examples of their experiences. Fala was about 12. He usually dressed the way he wished. On one cold wet winter morning, however, he was asked to wear his jersey (sweater). He resisted aggressively but finally put it on after Lina persisted. At the door, Lina noted that it was beginning to rain so she asked Fala to wear his cap; again the instruction was met with intense opposition. As the tension built, Fala, with big tears rolling down from glassy eyes red with anger and determination, looked up straight into Lina's eyes and politely screamed: "Please, aunty, don't make me do it." Shocked and puzzled by the defiance, Lina, who was struggling to remain calm, came near to slapping Fala on the face. She was sure, however, that Fala would be sick by the evening if he did not wear his cap, and she decided that that would be the time to say, "I told you so." So, controlling her anger, she bent down, kissed Fala and said, "Go." (Fala did not get sick in the evening or at all during that winter.)

When Fala was 16, a similar scenario occurred and again it was winter. This incident, however, provided Lina with a profound insight. Fala had missed school for a day due to a cold. He normally wet his hair in the morning and left it soaking wet. Because he had been sick, Lina asked him to dry his hair properly. He resisted, giving as his reasons that "people won't know that I have had a shower in the morning" and "my hair looks untidy when it is dry." As usual, he was articulate. Tension started to build. As in the first incident, Fala was asked to wear his jersey and he resisted, not accepting any reasoning. He was then told not to bus home after school, but that he would be picked up. He became more oppositional and did not want to comply with any of the three instructions given.

At that time Lina had learned that Fala's mother had drunk alcohol during her pregnancy and that much of Fala's learning problems and antisocial behavior, including his dislike of change and his oppositional behavior, were common characteristics of children affected by fetal alcohol brain damage. So Lina bottled up all the pressure calmly, but firmly insisted that Fala obey all three instructions given.

In the kitchen, uncooperative Fala was having breakfast and had just put down an empty glass. Lina walked in and picked up the glass, thinking she would rinse it and put it aside to be washed later. Instead, she hurled the glass across the kitchen into the sink, shattering it to pieces. She was shocked and immediately regretted her impulsive action, thinking that if the inflamed situation had caused her (an adult, a social worker, a counselor to families with parenting problems, and an ex-teacher) to behave in this way, how would Fala's 16-year-old alcohol-affected brain be coping? How much longer could he cope? Fala, for his part, sat stunned and silent.

It is well documented that people with FASD generally find it hard to handle changes in their routine. Evensen and Lutke (1997), in their brochure *5 Magic Keys*, advise caregivers to be consistent: "Because of the difficulty students with FAS experience trying to generalize learning from one situation to another, they do best in an environment with few changes. This includes language. Teachers and parents can coordinate with each other to use the same words for key phrases and oral direction" (n.p.). In her *Ain't Misbehavin'* brochure, Evensen reminds parents that FAS children "don't have moveable parts in the thinking process; so, when you change a piece of the routine for the child, you have created an entirely new routine" (n.p.).

Fala's case illustrates the importance of effective change management in the routine of someone affected by FASD, and that understanding this can make a big difference in the day-to-day interactions with them. Lina understood Fala's situation, but it took her a while to realize that it was not just a matter of Fala's not wanting to do what he was asked to do. For Fala, it was also a case of experiencing three unexpected changes to his routine and he was struggling to cope. Realizing this, Lina withdrew one of her instructions, and said he could bus home, but he must dry his hair (which he did to his standard) and wear his jersey (which he put on without a word). On their way to school, Lina was able to explain a few more things and they parted happily. Understanding Fala's condition did not save one of the few glasses they own, but it certainly saved their relationship for the rest of the day.

Connecting with the FASD family

In 2003 I read stories of Native American children affected by FASD who had been fostered and who were subjects of legal battles over whether they should be adopted by their foster families or returned to their native tribes who were demanding them. I thought of Fala. He was born prematurely, had been fostered, and had behavioral and learning problems similar to those I had seen in the adoption context, and more recently read about in the FASD literature, but I did not think his birthmother, Kana (not her real name), had drunk alcohol while pregnant. I shared my thoughts with Lina, who agreed to ask Kana. The answer was yes. A pediatrician later wrote that Kana "was working during the pregnancy; she took no drugs but she was a social drinker, particularly at parties on the weekends, and at times she thinks she probably got reasonably high but never totally intoxicated and this was a relatively infrequent occurrence."

When Lina told me that Kana drank while pregnant with Fala, my

prematurely; he had a confirmed history of prenatal alcohol exposure; his behavior and learning problems were typical of those of children affected by FASD as well as a number of adopted children. Some children with prenatal alcohol exposure are born prematurely and remain with their birth families. Others are adopted or fostered. Some are born full-term and remain in their families while others are fostered or adopted, with the possibility of the recipient family's having no knowledge of FASD and that the mother drank during pregnancy. Whether a child is premature or not, or remains with the birth parents, or is adopted/fostered, the brain damage caused by alcohol in the uterus is permanent.

With respect to adopted children, Verrier (1994) had sought to find an explanation for the "high incidence of sociological, academic, and psychological disturbance among this population" and their predisposition to this vulnerability (p. xvi). The title of her own book on adoption includes the metaphor "the primal wound" and in the title of their book, Keck and Kupecky (1995) have used the metaphor "the hurt child" in addressing adoption issues for families in which the child has special needs. This led me to wonder whether Verrier's primal wound and Keck and Kupecky's hurt child, and their associated problems, may not stem solely from adoption or fostering issues, but that FASD may be a significant root of the problems in many adoption cases. Even ten years ago, at the time when these and many other books and articles on adoption were being published, FASD was not mentioned, or mentioned but not recognized as well as it is today. Intrigued, my curiosity led me to investigate further. In research by Streissguth et al. (2004), for example, 80 percent of their sample of 415 participants with FAS or FAE were not raised by their biological mothers. If they were not with their biological mothers, then it is possible that many may have been either adopted or fostered.

Speaking of the importance of identifying the influence of FAS on children's development and wellbeing, Ferry (1997) has urged:

> As adoption and FAS are often found together, every effort must be made to get these records and locate the birth mother or substantiate the cause of death if she is deceased. It is possible that her death may have been caused by an alcohol-related disease or accident. Follow her fate as far as possible because, even if she simply dropped out of sight, her trail up to her disappearance may indicate a life shattered by alcohol. Try to establish how many children she had (along with spontaneous abortions, if any) and whether any children were put up for adoption or removed from her care and whether or not their fate is indicative of FAS impairment. (p. 46)

The high incidence of children in foster care and available for adoption was underscored by Buxton (2004), who reported statistics from southern

in care of child protection services were assessed for fetal alcohol damage, and 50 percent were found to have FASD. Among children in permanent care and thus available for adoption, 70 percent had FASD" (p. 50). In the absence of comparable statistics for our Pacific population here, there is no reason to believe the situation would be any different.

The Challenge

The mental health of our communities starts in the womb. As a child, I asked my mother where I came from. She said that I grew inside a beautiful bag situated close to her heart. The bag, I later learned, is the womb, including the *fanua* (in Samoan, meaning both land and afterbirth). Rooted in this fanua, the new life draws nutrients from whatever the *palapala* or *elele* (soil or earth, but metaphorically, blood) yields. The fetus grows, unfolds, and takes shape according to its unique complex blueprint inherited from its parents. As a community we are vigilant in protecting our lands—mother earth—from pollution, including environmentally persistent neurotoxins like mercury and lead. Wisdom and morality dictate that we should be equally vigilant in keeping the fanua/uterus, home to our unborn babies, including their developing brains, absolutely free from all such pollution, including alcohol.

This humble conch shell's final note is that it is time we all imitated the biblical angel who told a young woman that she was about to become pregnant and have a baby, and that she was therefore not to drink wine or any fermented drink (Judges 13). Our communities need leaders who will blow the conch shells, beat the *lali*, the *pātē*, the empty cabin-bread tin, the empty gas cylinder, sing, preach, teach, and by example, sound out the message that as a community we need to support our women in making the decision not to drink when pregnant, breast feeding, or likely to be pregnant. This is a community problem that needs community action. We must pass the message on and educate the whole community, including our children, relatives, friends, church members, club mates, and work mates, as a personal as well as a professional responsibility. We must also develop cultures and rituals that support our women in avoiding drinking alcohol while pregnant—cultures and rituals that can transcend this generation into the next, with the message that pregnancy and alcohol do not mix, because one child with FASD is one child too many.

A ritual that is now observed by many around the world is International FASD Awareness Day, held on the ninth day of the ninth month every year (http://www.fasday.com). As the first country to see in the dawn of each

inception in 1999. The challenge now is to build a broader awareness of this problem on the part of our professions and the wider Pasifika community, to develop our local knowledge of its consequences for individuals and their families, and to commit ourselves to action to address the damage alcohol has caused our babies, and prevent further devastation.

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Appendix 2

Is the knowledge of Fetal Alcohol Disorder New?

1. **1050-1000 BC. The Bible** An angel cautioned a woman by saying, "Behold, thou shalt conceive and bear a son: and now drink no wine or strong drinks..." Judges 13.

2. **384 -322 BC Aristotle's** writing noted the negative effect of alcohol on pregnancy.

3. **Ancient Carthage** rituals forbade the drinking of wine by the bridal couple so that defective child would not be conceived.

4. **1726. College of Physicians report to the British Parliament** exposed the fact that "Parental drinking is a cause of weak, feeble and distempered children.

5. **1899. British** physician H.W. Sullivan studied women in the British prison system & their children, and he linked alcohol taken during pregnancy to poor birth outcome.

6. **1968. French** physician Lemoine reported case studies of children of alcoholic women who had a specific, recognizable pattern of birth defects.

7. **1973. American** doctors D.W. Smith & K.L. Jones studied infants and children with characteristic set of facial features and neurological changes and found that their mothers were alcoholics at the time of pregnancy. The pattern was named Fetal Alcohol Syndrome (FAS).

8. **Late 1970s**. More names of fetal alcohol disorders were coined, then Fetal Alcohol Spectrum Disorder (FASD) appeared—covering all fetal alcohol disorders, with FAS at the severe end.

9. **2004.** US & Canadian experts officially accepted the term FASD. 'FASD' is not used as a diagnose term.

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