*A CHILD’S MIND*

For decades Australia has been ranked as one of the healthiest nations in the world. Being in the top ten in the broadest index of wellbeing should be a cause of national celebration. Yet at the same time Australian children are warned that they may be the first generation to have a shorter life expectancy than their parents. While we are rightly preoccupied in 2021 with trying to control and eliminate the COVID-19 pandemic, the global obesity epidemic and a complex crisis in Indigenous health also demand attention and action. What I was invited to talk to you about today, Foetal Alcohol Spectrum Disorder or FASD, is a less well known but dangerous facet of the threat to the wellbeing of Australian children.

My research and work with some of Australia’s leading health specialists over the past 20 years indicates that FASD is a major factor in some of the biggest challenges *you* are facing including children with learning difficulties, children who appear too impulsive to learn, children being removed from family, children committing suicide and children growing into adults who cannot escape that cycle from the poverty trap to the futility of prison.

As the name states, FASD is a spectrum of neuro-developmental impairment caused by in utero exposure to alcohol. We are talking about babies with brain damage through no fault of their own. I have learned through working with clinicians, families, carers and many of these children, that it is essential to recognise FASD from the start as a *disability* and then we can bring sensitivity to our consideration of the best strategies for improving lives. In some parts of Australia, however, Foetal Alcohol Spectrum Disorder has not been classified as a disability although it has disabled an estimated 1.18 million Australians.[[1]](#footnote-1)

The foundational scientific fact for any discussion of FASD is that there is no known safe level of alcohol exposure during pregnancy. According to the Australian paediatrician and neuro-developmental specialist on FASD, Dr Heidi Webster, from the Sunshine Coast Child Development Service, even two binge drinking sessions during the first trimester of pregnancy is enough to cause Foetal Alcohol Spectrum Disorder. [[2]](#footnote-2) Dr Webster also advises that as almost 60% of all Australian pregnancies are unplanned, most women may not realise that they are pregnant early on, especially around day 18 when it appears that the alcohol can be severely damaging to the very vulnerable foetus.

I have collaborated with Dr Webster and many of her colleagues in the Neurodevelopment and Behavioural Paediatric Society of Australia. Within this neuro-development field there is an accepted estimate that of some 3 million Australian children born over the past decade, at least 105,000 have brain damage from alcohol exposure before their birth. Although Australia has a National FASD Strategic Action Plan, a ten-year vision for 2018-2028, all of the specialists and even the Federal Government caution that we don’t yet have adequate data collection on maternal drinking and damage to their babies.

There is a widely recognised Australian Guide to the Diagnosis of FASD which ideally should include a specialist multi-disciplinary team with a paediatrician, physician, psychologist, speech pathologist, and various occupational therapists and social workers. Physical traits are not always visible soon after birth and accurate assessment requires that multi-disciplinary team to assess where an individual is on this spectrum. I have learned from leading neurodevelopmental specialists that misdiagnosis of FASD as Attention Deficit Disorder or even conditions on the Autism Spectrum is not uncommon. Limitations on support for specialist diagnosis has contributed to the uncertainty over the exact number of Australian children who suffer this kind of brain damage.

The World Health Organisation’s estimate is that 7.7 babies are born with FASD from every 1000 births globally. Australia’s National FASD Strategic Action Plan presents estimates that range from less than one per one thousand births to other guestimates that it may be closer to 5% of all Australian births. Let me repeat, we know FASD occurs across Australia but we don’t yet have enough assessment or data collection to establish the full scale of this generational brain damage.

What we do know with great precision is the damage done in communities with high risk drinking patterns. Aboriginal women in the Kimberley Region of Western Australia led the way for an assessment they called *Lilliwan*, the Kriol word for “all the little ones.” When June Oscar, now Social Justice Commissioner and others including Maureen Carter and Olive Knight began assessing those little ones they calculated that the FASD rate was as high as 120 brain damaged children among every 1000 births. Paediatricians were truly shocked to see that this rate of FASD was as high as in some southern African communities and across the north European nations that once were part of the Soviet Union.

In Rockhampton, Queensland, a principal of an Aboriginal school told me that up to 80 per cent of the children at his school had been assessed as having Foetal Alcohol Spectrum Disorder. The evidence suggested that the faltering mental health of many of these children, their impulsiveness, poor memory and inability to concentrate, was linked to Foetal Alcohol Spectrum Disorder. Their ability to control their emotions, plan a simple task, absorb information and socialise with other people was significantly impeded. As they struggled to hear a parent or a teacher and to understand how to adapt to different situations they were steadily lost in a maze from which it was difficult to find their way out.

You may have witnessed such children by the age of ten or twelve disrupting the lives of their families, their classmates or even their communities. Some progress to so called minor crimes that through the ill-considered legislation of mandatory sentencing introduces them to confinement in juvenile detention centres and ultimately adult prisons. In a ground-breaking and devastating assessment by the Telethon Kids Institute of children in the Banksia Hill Detention Centre in Western Australia at least one in three of the detainees or 30 to 40% of the young people were affected by Foetal Alcohol Spectrum Disorder.[[3]](#footnote-3) About 87 per cent of them had a least one significant intellectual impairment.

The Banksia Hill findings did not come as a shock to Aboriginal community leaders and those of us who have worked closely with Aboriginal people in different capacities over the past fifty years. After seeing young people who had no understanding of cause and effect, after grieving with families who have lost children to suicide, and having pleaded with police and judges to consider the disability endured by so many children, I believe that the Banksia Hill evidence should challenge governments and the judicial system to reassess the whole process of handling such children who clearly have a disability. Mick Gooda, one of the Royal Commissioners examining the abuse of children in Dondale Detention Centre in the Northern Territory, told me that they were given the same warnings by health experts. Our nation has continued to underestimate the scale and impact of this intellectual impairment.

The latest investigations I can share with you indicate that we are staring at a spectrum of disability that impacts not only the first child, but quite possibly the grandchildren and even great grandchildren. Professor Kelly Huffman’s research at the University of California suggests that while the alcohol does not change the unborn baby’s genetic sequence, it does appear to disrupt how that sequence is read, the impact known as epigenetics.[[4]](#footnote-4)

This revolutionary science informs us that baby boys and girls, just like non-human primates, guinea pigs, dogs, pigs, chickens, rats and mice, are susceptible to epigenetic brain damage. Professor Huffman’s studies on mice indicate that brain size and body weight is most heavily affected in the first generation. Alarmingly the damage is also passed on to a second and third generation, albeit in slightly weaker forms of sensory and motor difficulties, and conditions such as anxiety and depression.

Trauma has many incarnations across the generations. Where we see violent behaviour, self-harm and suicide, abuse and addiction, arson and domestic violence on a large scale, it is very likely, based on the Telethon Kids Institute findings, that FASD is a significant factor. An inquest into the suicides in the Kimberley of five Aboriginal children aged between 10 and 13 indicated that there was circumstantial evidence that a number of them had Foetal Alcohol Spectrum Disorder. Many had also used alcohol and cannabis. As Professor Ted Wilkes put it when asked to explain the pattern of youthful suicides, “Young kids are using alcohol to escape from something horrific that has happened to them.”[[5]](#footnote-5)

This brings us to another facet of your work here at the Far West Children’s Home, as you see families disintegrate and the ongoing escalation of child removal in Australia. In several nations community services, and organisations for adoptive families and foster families have reported that widespread behavioural problems among many of the children in these services are linked to a significant percentage of these children being exposed to dangerous levels of alcohol in their mother’s womb. The Peterborough study in the United Kingdom assessed that up to 75 per cent of the distressing behaviour reported by adoptive families may have a maternal link to alcohol.[[6]](#footnote-6)

In an alcohol loving nation like Australia this signals that all the problems incurred in out of home care are likely to be made far worse by the largely hidden disability of FASD. Currently over 30,000 Australian children have been in out of home care for two years or more. Indigenous children are disproportionately impacted and are eight times more likely to have received child protection services. Yet the scarcity of FASD specialist centres means most of these children are not being diagnosed.

Women so often are not screened in pregnancy to establish possibly dangerous levels of alcohol consumption. Given the unplanned nature of their pregnancies many may not have even considered that pregnant pause in drinking. Someone may be telling them that a couple of glasses of wine to relax is OK during pregnancy when in fact there is no safe level of alcohol exposure for the unborn child. In the case of Indigenous families, a West Australian assessment of over 5000 families indicated that most young women did not get the early education about the risk posed by tobacco smoking and risky levels of alcohol consumption. Early education is an urgent first step. Some of the evidence I am sharing with you today should be added to our school curriculum as part of a 21st century public health campaign for all young girls and women. Boys too should be taught this in the early stage of their health education. Men need to learn the FASD facts of life and look in the mirror as to whether they are supporting their partners or daughters in the right approach to a safe and healthy pregnancy. To put this in a positive light, wouldn’t everyone want to give their baby the maximum chance of being in optimum good health?

We have not taken the FASD threat seriously enough in Australia because culturally we have normalised the consumption of a toxin. The truth is we should compare grog with tobacco, sugar and processed flour, as yet another of the so called *white man’s poisons*. While only 28% of us exceed the daily recommended limit of two standard drinks, as a nation we have clearly made alcohol so socially acceptable, so accessible and so heavily promoted as part of our good times and celebrations, that we spend less time facing up to the curse that some of us are handing our children, our grand-children and yes, even our great-grandchildren.

Drinking patterns in Australia indicate that most age groups are slowly moderating our dangerous levels of alcohol consumption. One exception I must point out is my age group, those in their seventies. But on average, Australians consume 9.4 litres of pure alcohol per year which is still above the OECD average. In the Northern Territory where much of my Aboriginal health work has been focussed over the past twenty years, Territorians consume 11.5 litres of pure alcohol. Even if we removed high risk Aboriginal drinkers from the calculation, Territorians still consume far more than the rest of Australians. This high risk drinking and significant FASD levels are inextricably linked to the NT’s annual alcohol social damage bill of some $1.3 billion dollars.

Disturbingly, the Northern Territory has become Australia’s last frontier for expanding grog sales. Woolworth’s alcohol division, Endeavour Drinks Group, has spent five years trying to build one of the biggest liquor barns in the country, a *Dan Murphy’s* within walking distance of three dry Aboriginal communities. A liquor mega-store smack in the middle of Australia’s highest levels of alcohol abuse has raised the ire of the Foundation for Alcohol Research and Education (FARE), Danila Dilba Health Service, NT Council of Social Services, Aboriginal Medical Services Alliance and Aboriginal Peak Organisations NT, as well as over 135,000 members of the Australian public signing on to a petition condemning this proposal.

I wrote to the Northern Territory Chief Minister, Michael Gunner, asking what happened to his commitment to a moratorium on new liquor licences? I also wrote to Woolworths saying, well you are the ‘fresh food people’, riding high on profits and with a commitment to a ‘green’ future, how can you blithely ignore the health risks to three generations?

Why the peak medical bodies are strongly opposed to this gathering tsunami of alcohol towards high risk drinkers is that governments know the evidence shows that pricing and availability are key factors to reduce the damage from abuse of alcohol. We know this too because of the remarkable progress demonstrated by the Fitzroy Valley communities in the Kimberley after their ground-breaking *Lilliwan* assessment. Through the efforts of a united community approach to public health promotion and controls on alcohol flow, that region has reduced the amount of drinking during pregnancy and seen steady reductions in the social damage which had seen a tipping point in 2006 with a contagion of suicides.[[7]](#footnote-7)

Australians and New Zealanders do have reason to celebrate our collective achievement of becoming among the first societies on earth to mandate an explicit pregnancy warning label on alcohol. Regrettably, the power of the grog industry and the weakness of our political class, have delayed the introduction of this simple warning until 2023. The Foundation for Alcohol Research and Education (FARE) suggests that this timeframe exposes another quarter of a million Australian pregnancies to possible harm from alcohol.

To assist your work with children impaired by FASD, you may want to draw on the Australian and global expertise that has been presented in a series of excellent webinars on the website of NOFASD Australia, the National Organisation for Foetal Alcohol Spectrum Disorders. These are life-changing tools for teachers, social workers, carers and families.

You can also go to the website of the law firm, Gilbert & Tobin, and see the Australia wide advocacy papers through which a group of us have advised the States and Territories on why FASD should be seen in law as a disability.

While I have written numerous articles about FASD in the national media, contributed to national health conferences and helped publish the research on FASD, the impetus for me is meeting the children affected by FASD, their families and carers. Cheryl Dedman who leads NOFASD Australia and many other mothers like her, have taught me about patience and persistence, how to see the individual characteristics of these children, how to understand the many different ways that they see the world and how to find the words to help them find their way. It is why I appreciate your work here at the Royal Far West Children’s Home and know that it makes a brilliant difference.

Jeff McMullen address at Far West Children’s Home. Manly. NSW. 30th January 2021.

1. Louise Gray, National organisation for Foetal Alcohol Spectrum Disorder. Address to Rockhampton Seminar on FASD October 12 2017. [↑](#footnote-ref-1)
2. Dr Heidi Webster, Address to Foetal Alcohol Seminar, Rockhampton, Queensland, October 13th 2017. [↑](#footnote-ref-2)
3. Charlotte Hamlyn, ABC NEWS, “One in three in WA youth detention have foetal alcohol spectrum disorder, study finds. March 3rd 2017. [↑](#footnote-ref-3)
4. Kelly Huffman, “Prenatal Ethanol Exposure and Neocortical Development: A Transgenerational Model of FASD.” Pub Oxford journal Cerebral Cortex. July 6 2017. [↑](#footnote-ref-4)
5. Irena Ceranic, ABC NEWS, Kimberley Indigenous Suicide Inquest told Kids using alcohol to escape ‘something horrific’. June 27 2017. [↑](#footnote-ref-5)
6. Geraldine Gregory, Venkat Reddy, Clare Young, “Identifying children who are at risk of FASD in Peterborough: working in a clinic without access to gold standard diagnosis. Adoption & Fostering Journal. UK. September 28 2015. [↑](#footnote-ref-6)
7. Martyn Simons, Maureen Carter, June Oscar, Glen Pearson, Kaashifa Bruce, James P. Fitzpatrick,

   A Reduction in reported Alcohol Use in Pregnancy in Australian Aboriginal Communities: a prevention campaign promise.

   Australian and NZ Journal of Public Health. 6 July 2020. <https://onlinelibrary.wiley.com/doi/full/10.1111/1753-6405.13012> [↑](#footnote-ref-7)