

# **“In one magic minute, we can change the world”**



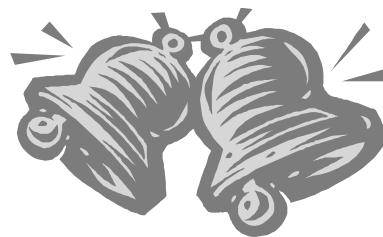
*(From Left), Suia Simi from ARFAN, with Elizabeth Russell from Queensland and Mayoress of Auckland City Diana Hubbard.*

International Fetal Alcohol Spectrum Disorder Awareness Day 2005 was celebrated around the world on the 9th September. New Zealand, being the first country to see the dawn of each new day, has proudly been the first to mark FASD Awareness Day since its inception in 1999 and this year was no exception.

**P**eople participating in Awareness Day, share in a “Minute of Reflection” at 9:09 am. The ninth minute of the ninth hour of the ninth day of the ninth month reflect the message that in the nine months of pregnancy, while breastfeeding or planning to conceive, women should not drink alcohol. It is also asking the world to remember the millions of people who are living with fetal alcohol disorders globally.

Media and events generated awareness in a number of New Zealand centres in both the North and South Islands including Invercargill, where four FASD training seminars were held for

health, social, education and justice professionals as well as the general public. These seminars were delivered by Dr Margot Symes who has studied FASD in New Zealand communities.



## **FASD Day Bells**

**T**o mark FASD Awareness Day, bells called the “FASD Bell Concordance”, ring at the ‘magic minute’ right around the world. They can range from the historic 56 bell carillon in Cape Town, to tiny bells rung by school children, and wind chimes and rain sticks played by native Canadians. Bells are historically associated with warnings, alarms, marking important moments, and simply pealing for the joy of connecting with the community. FASD Awareness Day is all of these things. Bells rang in many New Zealand churches including in Auckland and Marlborough. ►

## ► **FASD Day speakers**

At the Auckland Awareness Day event this year participants were privileged to have the Mayoress of Auckland City, Diana Hubbard, give the opening address. Diana spoke passionately and convincingly of the need for greater efforts toward FASD prevention and intervention in New Zealand.

Alcohol Healthwatch was honoured to have Australian author Elizabeth Russell accept an invitation to be keynote speaker for the Auckland FASD Awareness Day event which was coordinated in association with the Auckland Region Fetal Alcohol Network. While in New Zealand Elizabeth spoke on national radio and television as well as providing a workshop at the Cutting Edge, the annual alcohol and drug conference which was held in Dunedin.

## **About Elizabeth Russell**

Elizabeth is the biological mother of 2 adult children with fetal alcohol spectrum disorder and is a recovering alcoholic. She freed herself from the grip of 30 years of this disease in 1998 and then discovered fetal alcohol syndrome in 2001 immediately making the connection between her children's behaviour and the condition. When she was pregnant, she gave up smoking, took folic acid and other health measures, but no one told her that drinking alcohol could harm her unborn baby. In 2002 her sons were diagnosed, the eldest, with neurodevelopmental disorder and the younger with full fetal alcohol syndrome.

Elizabeth emerged from this period with a formidable quest to devote the rest of her life if necessary to fetal alcohol spectrum disorder education and prevention, thus also ensuring a positive consequence of her sons' suffering. She is determined to ensure that responsibility for prevention and education extends throughout the community and at all levels of decision-making.

Since early 2002 Elizabeth has been writing a book about her experiences and working as part of the Queensland branch of NOFASARD in Australia which stands for the National Organisation for Fetal Alcohol Syndrome and Related Disorders, <http://www.nofasard.org/>

## **New book available**

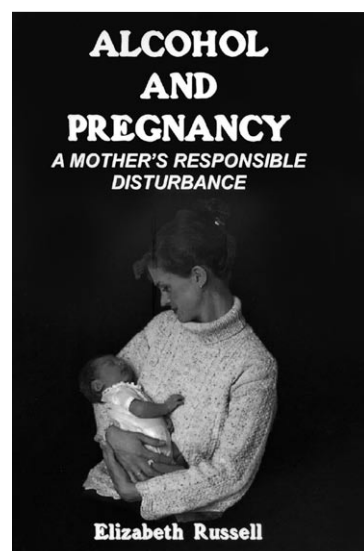
Elizabeth Russell's first book *Alcohol and Pregnancy – A Mother's Responsible Disturbance*, was published in July 2005.

In a foreword to this book Dr John Whitehall Director of Neonatology at the Townsville Hospital, Queensland, Australia wrote,

*This is an inspiring book. I was inspired by the display of a mother's unquenchable love. I was inspired by a revelation of honesty for which I know few peers. I was inspired by a commitment to refuse to succumb to defeat, but to struggle in the other direction, though the way was obscure."*

*"On a personal note, what can a neonatologist do? Frankly I have always avoided declaring to a mother that her baby has apparently been damaged by things she did during the pregnancy. I have thought to spare her additional pain. Elizabeth would have me wrong."*

Alcohol and Pregnancy – A Mother's Responsible Disturbance can be purchased directly from the Australian publishers [http://www.zeus-publications.com/alcohol\\_and\\_pregnancy.htm](http://www.zeus-publications.com/alcohol_and_pregnancy.htm) or from Christine Rogan, [christine@ahw.co.nz](mailto:christine@ahw.co.nz) at Alcohol Healthwatch.

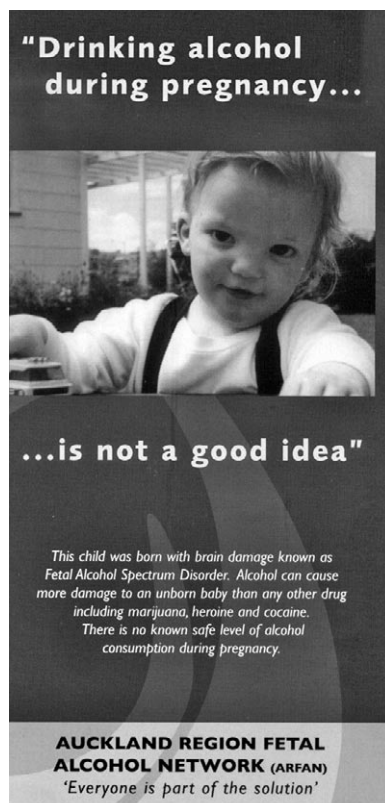


## **"Everyone is part of the solution"**

The Auckland Region Fetal Alcohol Network (ARFAN) has a new pamphlet. ARFAN is a group of professional and lay people in the Auckland region connected through a shared concern about preventing Fetal Alcohol Spectrum Disorder (FASD), the harm to an unborn baby caused by drinking alcohol during pregnancy and providing appropriate services and support to families. ARFAN provides a contact point and the opportunity to get together to collaborate on activities in the Auckland region and elsewhere.

Under a theme of "Everyone is part of the solution", the pamphlet was developed utilising a grant from the Alcohol Advisory Council for regional FASD activity. The pamphlet contains information about Fetal Alcohol Spectrum Disorder, the characteristics of prenatal alcohol exposure and also where to get further information.

If you would like copies of the ARFAN pamphlet or wish to join the network, contact [christine@ahw.co.nz](mailto:christine@ahw.co.nz) or download a PDF copy of the pamphlet from the Alcohol Healthwatch website.



# **Baby-making and booze – A commentary on health advice**

**Christine Rogan**

**O**n FASD Awareness Day the head of the Royal Australia New Zealand Obstetricians and Gynaecologists, Dr Kenneth Clark, openly challenged the New Zealand Ministry of Health advice that women should avoid alcohol during pregnancy and when planning pregnancy. Dr Clark, a New Zealand obstetrician, believes that advising abstinence during pregnancy will lead to women feeling “*inappropriately guilty*” and therefore they should be advised to “*minimise consumption*” (Dominion Post, 09/09.05).

A week earlier in Australia (ABC Online 01/09/05), Dr Clark stated that he supports the Australian Drinking Guidelines that advises up to one drink a day, believing that “*...the evidence to date is in keeping with that advice.*” However he goes on to say he does not advocate that women “should” drink in pregnancy. It may be that this kind of mixed message is contributing to women continuing to drink when pregnant.

According to New Zealand surveys, approximately 30 percent of pregnant women continue to drink during pregnancy (Mathew et al, 2001; Watson and McDonald, 1999). A 2005 Roy Morgan Poll in Australia reveals that 33 percent of Australian mothers aged 25-34 years report continuing to drink in pregnancy and a similar number believe it is unnecessary to abstain. Compare this to the USA where avoiding alcohol has been the official recommendation since 1989. Their figures have declined from around 30 percent to 12 percent (Center for Disease Control, 2002).

According to Dr Clark, evidence does not support a total ban, which raises the question of - which evidence? Alcohol is a teratogen, an agent - like mercury, tobacco, radiation, Thalidomide - that can permanently alter the course of whatever is developing at the time of exposure. Minimising drinking (whatever that means) is no guarantee of safety. Researchers studying alcohol teratogenesis suggest that, “*Alcohol effects on the developing human brain appear to be a continuum without threshold when dose and behavioural effects are quantified appropriately*” (Sampson et al, 2000). In other words there is no safe level for brain development. Perhaps Dr Clark’s evidence is measuring something different.

Advising one alcohol drink a day as inconsequential, does not take into account the sensitivity of brain development and how little alcohol it can take to alter the course of a finely tuned developmental process. For instance in the one hour it takes a unit of alcohol to be expelled by the mother’s liver, the baby has grown at least another 15 million new brain cells. Their ‘safety’ is unknown.

Dr Clark is not the only doctor openly challenging the advice to avoid alcohol during pregnancy. Dr Andrew Child, an obstetrician from Sydney’s Royal Prince Alfred Hospital and area director of women and children’s health Sydney, advises that women should not get drunk and should consider not drinking, “*But if you do drink, limit your alcohol to two standard drinks in a day and have two alcohol-free days a week.*” Research

has consistently linked an average of two drinks a day with physical abnormalities during fetal development. Two drinks a day is the maximum recommended daily amount for a fully developed non-pregnant adult woman not a developing fetus.

Dr Deborah Kennedy from the Royal Hospital for Women in Sydney, said she believed that a woman would have to drink 8 glasses or more every day throughout pregnancy to have a child with FAS (ABC Online, 01/09/05). She states “*Most women do not drink like that; women who do are chronic alcoholics.*” In fact, Canadian Research has shown that only 4% of mothers who gave birth to a child with Fetal Alcohol Syndrome were alcoholics - the other 96% being social drinkers (NOFASARD, 2005).

Doctors may be aware of Fetal Alcohol Syndrome and the need for prevention but even this commitment is arguable. Studies assessing the knowledge, belief and practice of doctors in relation to Fetal Alcohol Syndrome and alcohol consumption in pregnancy uncover some disturbing information. The effect of alcohol on the fetus has been evident in scientific and medical publications since 1973, yet, in one Australian study, only 25% of health professionals routinely provide information about the consequences of alcohol use in pregnancy; only 12% were able to identify the four essential features for a diagnosis of Fetal Alcohol Syndrome; and only 2% felt very prepared to deal with Fetal Alcohol Syndrome (Telethon Child Health Research Institute, 2004). Additionally, a review of 81 leading obstetric textbooks shows inconsistent recommendations, some choosing not to address the subject at all. Of the publications since 1991 only 25% recommended a zero alcohol intake during pregnancy (Sarkar, 2003).

From the perspective of an informed birth mother, this seems incomprehensible. Australian author Elizabeth Russell based on her own experience of drinking during pregnancy, challenges doctors on their lack of understanding of FASD and their silence on this condition. In her book she writes, “*If doctors knew of the immeasurable sadness experienced by both my husband and myself knowing that our cherished and beloved son could be in a very different position, they would surely change their perceptions of the discomfort they might experience when faced with having to discuss a mother’s alcohol intake.*” She goes on to state, “*As a matter of urgency doctors [in Australia] should be asking themselves whether silence has ever been an effective method of healing.*”

To quote Sue Miers from the Australian-based National Organisation for FAS and related Disorders (NOFASARD), “*Women want the facts.*”

Doctors who speak out on the subject are few and far between. It is long overdue for all health professionals to get to grips with the details and management of the most common teratogenic exposure in the western world. If they choose to believe ‘the jury is still out’ on the effects of low level

- ▶ drinking during pregnancy then at the very least they need to grasp the value of the precautionary principle, least their silence or inconsistent, inadequate advice on the matter, however well intentioned, backfires.

## **Aussie Newsflash** **(Australian Drug Foundation, 18/10/05).**

The Community Alcohol Action Network (CAAN) today joined the growing call for health warning labels to be added to all alcohol products and advertisements. The Director of CAAN, Mr Geoff Munro, said health warnings will help consumers make informed decisions about drinking.

“Australian companies which export alcohol to the USA label all bottles with health warnings. They alert drinkers of the danger of drink driving and drinking during pregnancy. If health warnings are good for American drinkers then surely Australians deserve them too”, Mr Munro said. “This is basic consumer information. It’s what people want and it’s what drinkers need.”

This is a view shared by others such as the Australian Medical Association, the Salvation Army, NOFASARD, Society Without Alcohol Trauma (SWAT) and the Community Health and Social Wellbeing Committee of the Australian Commonwealth Government.

Mr Munro said, “Health warnings are necessary to balance alcohol advertising which gives a one sided view. Alcohol advertising pretends that drinking is only done by attractive, young people who never get drunk, never assault anyone, never get sick. It never mentions the personal and social costs caused by excessive drinking.”

## **Recent Research on Alcohol and Early Development**

### **On newborn infection risk**

Data on 11,656 infants in the Maternal Lifestyles and Development Study showed that maternal alcohol consumption at any point during pregnancy significantly increased the risk of infection in full term newborn infants. Second trimester heavy drinking (defined as at least seven drinks per week) increased the risk seven-fold and binge drinking during the third trimester quadrupled the risk. The researchers believe this is the first study large enough to provide a conclusive link between neonatal infection and heavy alcohol use. Boggs. (June 2005) *Alcoholism: Clinical and Experimental Research*.

### **On executive functioning**

A report that critically reviews executive functioning in individuals with FASD shows they have deficits in the areas of inhibition, planning and strategy use, set shifting, fluency, working memory and on tests of emotion-related executive functioning. These are not simply due to a low IQ, and persist regardless of facial dysmorphology. Rasmussen C: (August 2005) *Alcoholism: Clinical & Experimental Research*. 29(8): 1359-1367.

### **On prevention**

Increasing FASD knowledge by a targeted media campaign shows that the outcome is determined by message frequency. It appears that, in order to produce a change in knowledge in at risk groups (in this case the message was targeting African American women in St Louis), a prevention message had to be heard at least 10 times. Mengel et al. (2005) [www.motherisk.org/JFAS](http://www.motherisk.org/JFAS)

### **On screening & early intervention**

Meconium tests reveal that 3% of newborns are exposed to heavy drinking during pregnancy. Doctors at Toronto’s Hospital for Sick Children Ontario have been testing newborns’ first bowel movements - called meconium - to determine how many women drank enough alcohol while pregnant to put their babies at risk. The test detects a metabolite of alcohol that shows up if a mother drank heavily during her second and/or third trimesters. It has previously been estimated that approximately 1% of the population is affected by prenatal alcohol exposure. This testing suggests that may be an under-estimation. Finding out early if a baby is affected by fetal alcohol spectrum disorder is important since steps can be taken to overcome learning and behavioural problems more effectively while the child is still young, doctors say. *Canadian Press*, (March 2005).

### **On breastfeeding**

Lactating women have for centuries been advised to drink alcohol to aid lactation but a new study to test the effects of alcohol on breast milk supply has found that alcohol disrupts hormonal balance and diminishes the infant’s milk supply. It is thought that the folklor has come about because alcohol increased the level of prolactin a chemical directly associated with perception of breast fullness, when in fact it had decreased oxytocin and produced less milk overall. Mennella et.al (2004) *Journal of Chemical Endocrinology & Metabolism*, Vol 90, No.4.

### **Fetus is the word**

The word ‘fetus’ is not an Americanisation. The English spelling ‘foetus’ is, according to Dr Paul McKechnie from the Department of Classics and Ancient History at the University of Auckland, a mistake. The ‘oe’ appears to be derived from the Greek language but there is no evidence of this. Instead the word ‘fetus’ has a latin origin, meaning ‘that which is born’ or ‘the young while still in the womb’. It seems that in 620AD St Isidore, Archbishop of Seville, made a mistake when he incorrectly wrote that foetus was derived from the verb, ‘foveo’ meaning to keep warm. It is probably cosy in there! *Dialogue*, (Nov 2004). Liggins Institute.



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