

Australia, Royal College of Nursing Australia, and the Australian Physiotherapy Association.<sup>5</sup> In this program, an Indigenous Australian health worker states that 540 out of 614 children aged under 12 in an (unnamed) Indigenous community are “already showing signs of primary and secondary disabilities associated with FAS and FASD”.<sup>5</sup> These findings are not sourced and therefore not verifiable.

We believe that unsubstantiated claims such as this can fuel racism against Indigenous children. Research conducted within a Queensland Aboriginal community school found that teachers were using information such as that provided in the video program to explain students’ poor school performances, when no formal diagnoses of FASD had been made for the children.<sup>6</sup> It is racially discriminatory to impute a lifelong and incurable disability to Indigenous children when no teratogenic condition has been diagnosed. The prevalence of FAS and FASD has not been comprehensively established in Indigenous or non-Indigenous communities in Australia.

There are other reasons why Indigenous students might not be succeeding in school, such as hearing impairments, being taught in Standard English (which is not their first language), or being assessed with culturally and linguistically biased school and IQ tests.<sup>6,7</sup> Stigmatising them as intellectually impaired can lead to low self-esteem, behavioural problems, and absences from school. These outcomes have been noted here and overseas,<sup>7</sup> yet some educationalists persist in blaming prenatal factors (including “bad genes”) rather than addressing the more difficult issues of systemic racism in the educational setting.

In light of the federal government’s campaign to protect Indigenous children and to encourage their educational potential, as well as its general attack on binge drinking, it is essential to fund programs that address FAS and FASD in both Indigenous and non-Indigenous communities. Further, all governments need to support the dissemination of clear and substantiated information on this preventable cause of intellectual impairment.

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## Fetal alcohol syndrome and fetal alcohol spectrum disorder in Indigenous schoolchildren

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**TO THE EDITOR:** A causal connection between alcoholic mothers and developmental delays and physical abnormalities in their babies was identified in the 1970s and termed fetal alcohol syndrome (FAS). Other less extreme but still disabling effects fall under the umbrella term of fetal alcohol spectrum disorder (FASD).<sup>1</sup>

Some studies have found higher prevalences of FAS among indigenous children in several countries, including Australia.<sup>2-4</sup> However, none are as high as those cited in a webcast video program produced by the Rural Health Education Foundation and accredited by (and examinable for professional development points awarded by) the Royal Australian College of General Practitioners, Australian College of Rural and Remote Medicine, Pharmaceutical Society of

- 1 Streissguth AP, Bookstein FL, Barr HM, et al. Risk factors for adverse life outcomes in fetal alcohol syndrome and fetal alcohol effects. *J Dev Behav Pediatr* 2004; 25: 228-238.
- 2 Elliott EJ, Payne JM, Morris A, et al. Fetal alcohol syndrome: a prospective national surveillance study. *Arch Dis Child* 2008; 93: 732-737. doi: 10.1136/adc.2007.120220.
- 3 Aboriginal Healing Foundation. Fetal alcohol syndrome among aboriginal people in Canada: review and analysis of the intergenerational links to residential schools. Ottawa: AHF, 2003. <http://www.ahf.ca/publications/research-series> (accessed Sep 2008).
- 4 Centers for Disease Control and Prevention. Fetal alcohol syndrome — South Africa, 2001. *MMWR Morb Mortal Wkly Rep* 2003; 52: 660-602.
- 5 Rural Health Education Foundation. Foetal alcohol spectrum disorder. Program ID 614 [webcast video program, first broadcast 8 Nov 2006]. Canberra: Rural Health Education Foundation, 2006. [http://www.rhef.com.au/programs/program-1/?program\\_id=66](http://www.rhef.com.au/programs/program-1/?program_id=66) (accessed Jul 2008).
- 6 Gould J. The affects of language assessment policies in speech-language pathology on the educational experiences of Indigenous students. *Curr Issues Lang Plann* 2008; 9: 299-316.
- 7 de Plevitz L. Special schooling for Indigenous students: a new form of racial discrimination? *Aust J Indigenous Education* 2006; 35: 44-53. □

### Brian D Bowring and Amanda Little

**IN REPLY:** The Rural Health Education Foundation is sorry that a statement on its live-to-air, interactive program was interpreted as being racist. We can see how this has occurred and have added an addendum to the program's website description to avoid any future misinterpretation of what the presenter was intending to communicate.<sup>1</sup>

The research on fetal alcohol spectrum disorder (FASD) quoted in the Foundation's program by an Australian Aboriginal health worker is currently unpublished, and was undertaken in 2000 during a fieldwork placement as a requirement for a Master of Applied Epidemiology (Indigenous Health).<sup>2</sup> This research identified that 540 out of 614 children aged under 12 in an (unnamed) Indigenous community had prenatal exposure to alcohol that exceeded the National Health and Medical Research Council (NHMRC) recommendations on alcohol consumption during pregnancy,<sup>3</sup> and were subsequently at risk of primary and secondary disabilities associated with fetal alcohol syndrome (FAS) and FASD. During the program's live discussion, the panel member incorrectly stated that the research cohort was already showing signs of primary and secondary disability related to FAS and FASD.

Two individual projects within the Masters research contributed to the findings. The first, examining the risks of maternal alcohol use for child physical and psycho-

logical development, involved retrospective, longitudinal analysis of a data subset from an existing study over a 5-year period of 8556 women who received antenatal care, with subsequent follow-up of the mothers and their children when the children were 5 years old. The second was a descriptive study involving all women in the (unnamed) Indigenous community who gave birth within a 5-year period immediately before the research. Medical record audit and focus groups (talking circles) were conducted. This research is currently being expanded in the context of PhD studies, and the candidate intends to submit the new findings for publication in the near future.

The video program content was developed in consultation with a group of health professionals with expertise in the area of Australian Indigenous health and FASD. At all times, the Rural Health Education Foundation seeks to provide positive examples of "what works" in its location-based filmed case studies. The Foundation and its representatives in no way meant to infer racism or discriminate against this (or any other) group of Indigenous Australians.

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- 1 Rural Health Education Foundation. Foetal alcohol spectrum disorder. Program ID 614 [webcast video program, first broadcast 8 Nov 2006]. Canberra: Rural Health Education Foundation, 2006. [http://www.rhef.com.au/programs/program-1/?program\\_id=66](http://www.rhef.com.au/programs/program-1/?program_id=66) (accessed Jan 2009).
- 2 Hayes L. What are you drinkin' now [Masters thesis]? Canberra: Australian National University, 2001.
- 3 National Health and Medical Research Council. Australian alcohol guidelines: health risks and benefits. Canberra: Commonwealth of Australia, 2001. □