

SUBSTANCE ABUSE IN AUSTRALIAN COMMUNITIES.

Sue Miers on behalf of NOFASARD (National Organisation for Foetal Alcohol Syndrome and Related Disorders) has prepared this Report

NOFASARD

NOFASARD is currently an unfunded organisation incorporated in July 1999.

Its objects and purposes are:

- Promote and resource good practice in the management of foetal alcohol syndrome and related disorders resulting from foetal exposure to alcohol.
- Provide information, advocacy, education and support that will assist carers and those working with and affected by foetal alcohol syndrome and related disorders.
- Work towards the prevention of foetal alcohol syndrome and related disorders.

SUMMARY OF MAIN POINTS

I Purpose of Submission

II Facts about Foetal Alcohol Syndrome (FAS)

III Social & Economic Costs of FAS

IV Other relevant issues

- **Vulnerability of Aboriginal Communities**
- **FAS should not be viewed as an Aboriginal issue or a woman's issue**
- **Education of the wider community**
- **The Role of the National Health & Medical Research Council**

V Recommendations

VI References

Annexure 1 Secondary Disabilities

Annexure 2 Foetal Alcohol Syndrome

Annexure 3 Transcription of Speech by Canadian Attorney General & Minister for Justice

Annexure 4 Report Canadian Correctional Services - web link

Annexure 5 Foetal Alcohol Syndrome in South Australia and a Report on the 1999 Prairie Province Conference on Fetal Alcohol Syndrome - web link

I PURPOSE OF SUBMISSION

The purpose of this submission is to highlight the particular social and economic cost of the spectrum of Foetal Alcohol Syndrome (FAS)- a disability that is directly related to foetal exposure to alcohol and to make recommendations that might bring Australia in line with other western countries who currently lead Australia in dealing with the impact of this disability.

The spectrum of FAS has lifelong implications that result in a huge and compounding public health problem that we believe Australian policy makers are currently failing to recognize. The impact of FAS stretches far beyond the individual who has it. It affects families, friends, local communities, schools, workplaces, public places and the wider community. FAS is a lifelong disorder and secondary disabilities associated with it include, alcohol and drug problems, offending issues and mental health problems. (See Annexure 1) In many cases FAS would be THE root cause of substance abuse and offending issues and their resulting social and economic costs.

II FACTS ABOUT FAS

FAS (see Annexure 2) is acknowledged by the World Health Organisation as being one of the leading recognised causes of intellectual disability in the Western World. (WHO 1997) It's incidence surpasses both Spina Bifida and Down syndrome, yet in Australia there appears to be a perception that FAS is rare and consequently our health authorities are not acknowledging or identifying the many children/adults who have this disability. There are no systems interventions to deal with it at any level. There is no public education, no professional training, no public policy and no management programs or services for people with FAS or their families.

The incident rate for the spectrum of FAS is now conservatively estimated to be 9.1/1,000 live births. (Sampson et al in Teratology 56:317-326 1997) On current census figures for the population of Australia, (19,154,983 - Australian Bureau of Statistics May 2000) **this could equate to a figure of over 174,000 affected individuals.**

Researchers have still not determined a safe level of alcohol consumption during pregnancy and there is currently no way of knowing with absolute certainty how much alcohol causes what degree of effects. (Malbin 1999 Prairie Province Conference on FAS)

III SOCIAL & ECONOMIC COSTS OF FAS

Individuals with FAS have difficulty maintaining successful independence. They have trouble staying in school, keeping jobs and sustaining healthy relationships. They may have problems with drugs and alcohol dependency, and become involved with our judicial system. Children and adults with FAS are also quite vulnerable to physical, sexual and emotional abuse.

The effects of this disability have an impact on the Education System, the Social Welfare System, the Health System and the Criminal Justice system yet it would

appear that none of these agencies in Australia have specific policies or funding in place to deal with it. It is interesting to note that in contrast to Australia, the Canadian Health system alone has recently announced an \$11 million initiative for FAS. (Health Canada Online Jan 2000)

There is very limited Australian research on the incidence of FAS or its economic cost to the community but researchers in USA estimate that each individual with FAS/E costs the taxpayer approximately \$2 million in his or her lifetime, for health problems, special education, psychotherapy and counselling, welfare, crime and the criminal justice system. (Sumner Calvin R, M.D., undated in FASworld Report 1999)

IV OTHER RELEVANT ISSUES

Vulnerability of Aboriginal Communities

Alcohol is the most ingested teratogen in the world and foetal alcohol exposure affects children of **all** socio-economic, cultural and political backgrounds. According to the Center for Disease Control and Prevention (CDC) in USA. a study, in which more than 100,000 women were interviewed, shows surprising results about which groups of women are more likely to drink during pregnancy. Babies born to mothers in the following groups (in order) are at highest risk: (Obstetrics & Gynaecology 1998)

- **Women with a college education**
- **Unmarried women**
- **Female students**
- **Women who smoke**
- **Women in households with greater than \$50,000 annual income**

None the less, of particular concern in Australia is the impact due to historical disadvantage that alcohol has had on many Aboriginal communities. Historical disadvantage places these communities as some of the most vulnerable in Australia to the impact of FAS. Personal communication received by NOFASARD from some Aboriginal communities indicates that their incidence rates for FAS could be far, far higher than 9.1/1000. In one community alone a health worker has reported that of the twenty women in her pregnancy clinic at least 50% are binge drinking at least three times per week. We believe the impact of this is reflected in the poor literacy and numeracy rates recorded for Aboriginal children, high incarceration rates of Aboriginal peoples and Aboriginal deaths in custody figures.

Overseas research shows a direct relationship between FAS and educational outcomes/ offending and mental health issues. eg. The Canadian Justice Minister in a recent speech revealed that over 50% of those incarcerated in a Manitoba prison suffered from some degree of foetal alcohol syndrome. (see Annexure 3). A detailed document has been produced that highlights the implications of FAS for the Criminal Justice System in Canada. (see Annexure 4)

In other words, poor literacy and numeracy skills and high incarceration and suicide rates in some Aboriginal communities may be attributed to the fact that many of this

population have an undiagnosed and untreated brain injury and have not received the treatment, compassion or care they need to achieve successful outcomes.

This is an indictment on mainstream Australia. The governments of USA, CANADA & New Zealand are addressing the impact of FAS. It is a truly shameful situation that the Australian government has not addressed it.

FAS should not be viewed as an Aboriginal issue or a woman's issue

FAS is not a woman's issue. It is a disability caused by foetal exposure to alcohol. Although alcohol and drug related birth defects could be totally prevented this can only occur if women's needs are being met in other areas.

Women need to be given accurate realistic information about alcohol's possible effects on the foetus. The people of Australia have a shared responsibility to ensure that women are able to make a choice about alcohol use during pregnancy. Everybody has a role to play to ensure that women have adequate support (money, food, housing, transportation, child care) and reassurance that pregnancy is a shared responsibility (partner, family, friends and community)

The Aboriginal community cannot deal with the spectrum of FAS if there are no systems supports and no acknowledgment that this disability is also prevalent in the wider community. The Australian Government has a responsibility to ensure this occurs and should be leaders in this role.

Education of the wider community

NOFASARD is of the opinion that education is very instrumental in effecting change and they applaud organisations such as CEIDA, Australian Drug Foundation and Alcohol & Drug Council of Australia for the work they do in trying to reduce the harm caused by drugs and alcohol.

However, NOFASARD are concerned that the women of Australia are being denied adequate and accurate information to enable them to make informed choice about alcohol use during pregnancy.

We are disappointed and concerned about the lack of depth and content in information pertaining to alcohol use during pregnancy that appears in the above organisations publications and web pages. They are nowhere near as helpful or informative as that being disseminated by organisations similar to theirs in New Zealand, Canada or the USA. (Alcohol Advisory Council NZ – www.alcohol.org.nz ; Canadian Centre on Substance Abuse – www.ccsa.ca ; Health Canada Office of Alcohol Drugs & Dependency – www.hc-sc.gc.ca/hppb/alcohol-otherdrugs/ ; US Clearing House for Alcohol & Drug Information – www.health.org/index.htm

The Role of the National Health & Medical Research Council

NOFASARD is aware of the role that is played by the NHMRC with respect to guidelines about responsible drinking levels. They have also been alerted to rumours

that the current NHMRC guidelines of abstinence during pregnancy may in fact be altered in the new guidelines that are currently due for release.

NOFASARD believes that **any national guidelines that do not advocate for abstinence for alcohol use by women who may become pregnant or during pregnancy and breastfeeding are totally irresponsible for the following reasons.**

1. **Researchers have not yet been able to determine a safe level for alcohol consumption during pregnancy.** Putting it simply, when a pregnant mother consumes alcohol so does the foetus. **The blood alcohol content of the foetus is exactly the same as that of its mother.** (Streissguth 1997) As a responsible society we would never agree to a mother giving her newborn baby alcohol, in fact there are laws to protect children from this. On the contrary, advice that no harm is caused by small to moderate alcohol intake during pregnancy is an irresponsible message that appears to reflect little understanding of the necessity to protect the unborn child at a time when her/his brain is going through the most critical and vulnerable stages of development.
2. There is much recent literature that now demonstrates that even small/moderate amounts of alcohol may cause harm to the foetus eg:
 - Dr Jennifer Little from the University of Belfast conducted "startle" tests on unborn babies that showed that "even low level of alcohol may have an effect on the central nervous system functioning" (as reported in London by Reuters January 27th 2000)
 - A USA report supported by the National Institute on Alcohol Abuse and Alcoholism concludes that:
 - *"....data demonstrate(s) a statistically significant association between moderate drinking during pregnancy and children's adverse neurobehavioural outcomes. The data also demonstrate that that these effects may be severe enough in some children to affect their day-to-day functioning. ...These data also demonstrate that as with most neurotoxicants, the human organism is markedly more vulnerable to alcohol exposure during the prenatal period than at any other point in the lifespan. Because of this heightened vulnerability and the apparently long-term, permanent nature of alcohol-related deficits, the best advice continues to be abstinence.....For the purpose of this article, 7 – 14 drinks per week is considered moderate drinking "* (Jacobson & Jacobson 1999)
 - This view is also supported in a report prepared for the Australian Commonwealth Department of Health and Aged Care. Contained in this report's "Summary of evidence of fetal damage in relation to moderate intake and drinking patterns" the following conclusion was made:

- *“There is considerable evidence to show that prenatal alcohol exposure can result in preventable neurological deficits in offspring, even at intake levels that would be considered moderate.”*(Single et al 1999)
3. Alcohol is a behavioural teratogen. It has been established that moderate alcohol intake during pregnancy can and does in many cases affect the behaviours and cognitive abilities of children who have been foetally exposed, even though they do not necessarily present with an intellectual disability or low IQ. (Streissguth 1997)
 4. Australian health authorities do not appear to be exploring the possibility that behaviourally and cognitively impaired children may in actual fact be suffering the effects of foetal exposure to alcohol. This is in contrast to their counterparts in Canada, USA and New Zealand. One American researcher claims the prevalence of impaired individuals could be as high as one in five. (Loock in McCreight 1997)
 5. The neurological damage that can be caused by foetal exposure to alcohol has far reaching effects. Not acknowledging this damage means that appropriate supports and interventions are not put in place for affected children. Lack of identification and implementation of appropriate supports and interventions for affected children means they have a far greater risk of developing secondary disabilities such as abusing alcohol and other drugs, getting into trouble with the law, disrupted school experience and mental illness. (Streissguth 1997) In Australia at present problems such as these are being reported in epidemic proportions.
 6. Even when appropriate supports and interventions are put in place, **affected children will never reach the potential they could have reached** had they not been foetally exposed to alcohol.
 7. Many other peak bodies throughout other countries support a policy of ‘no alcohol if planning to conceive, during pregnancy and during breastfeeding.’ eg. Health Canada, United States Department of Health & Human Services, World Health Organisation, Federal Ministry for Health and Consumer Protection Austria, The National Board of Health Denmark, Dept. of Health Ireland, The Swedish Alcohol Retail Monopoly (ICAP Report 1999) and The Ministry of Health New Zealand (personal correspondence from Fetal Alcohol New Zealand Trust)

V RECOMMENDATIONS

Given the devastating impact this disability has on those who have it, their families, the general community, education, health, mental health and judicial systems NOFASARD make the following recommendations:

1. That the Australian Government does not endorse any national guidelines for the consumption of alcohol during pregnancy unless such guidelines advocate abstinence during conception, pregnancy and breastfeeding.

2. The Australian Government ensure that the women of Australia are provided with in depth, accurate and realistic information (comparable to that being given to women in USA, Canada and New Zealand.) about alcohol and its effects on unborn children and also ensure that government programs and funding meet women's needs in the areas of health, finance, food, housing, transportation and child care.
3. The Australian Government legislate for the labelling of alcoholic beverages to warn about the danger of alcohol to the unborn child.
4. There is an urgent need for sound Australian based research to encourage informed discussion about FAS and identify its full impact on Australian society and the areas of greatest need.
5. Immediate steps should be taken to establish a working party/task force to gather and study information on FAS and discuss ways for implementing diagnosis, prevention and intervention strategies.
6. The Australian Government should investigate fully the possible root causes of low literacy and numeracy skills amongst Aboriginal children and the high incarceration and suicide rates in Aboriginal youth and adults and ensure that adequate funding is provided for appropriate programs to address such root causes.
7. There is an urgent need for collaboration amongst all health professionals in the prevention, diagnosis, intervention, care and support of FAS-affected individuals.
8. There is an urgent need for the dissemination of clear, accurate, complete and consistent information about FAS to all responsible agencies by implementing:
 - Up to date educational and training resources covering all FAS issues
 - Development of protocols and best practice guidelines for FAS diagnosis and management
 - Development of integrated services through the coordination of resources and personnel.

VI REFERENCES

World Health Organisation - C. *Fetal Alcohol Syndrome Online*, accessed 16 August 1999 URL www.who.int/msa/mnh/mnd/prev.htm

Sampson, P; Streissguth, A; Bookstein, F; Little, R; Clarren, S; Dehaene, P; Hanson, J and Graham, J, Jr. (1997) - *Incidence of Fetal Alcohol Syndrome and Prevalence of Alcohol-Related Neurodevelopmental Disorder* Teratology 56:317-326 (1997)

Australian Bureau of Statistics - Online, URL
<http://www.statistics.gov.au/websitedbs/d3310114.nsf/Homepage>

1999 Prairie Province Conference on Fetal Alcohol Syndrome - *Conference Papers & Audio Tapes* Governments of Alberta, Saskatchewan and Manitoba

Canada Prenatal Nutrition Program *Fetal Alcohol Syndrome/Fetal Alcohol Effects* (January 2000) Health Canada Online URL
www.hc-sc.gc.ca/english/archives/releases/2000_14ebk1.htm

FASworld Report 1999 Volume No 1, Issue No 1

Streissguth, A (1997) - *Fetal Alcohol Syndrome: A Guide for Families and Communities* Paul Brookes Publishing Company: Baltimore

Jacobsen, Joseph; Jacobsen, Sandra (January 1999) *Drinking Moderately and Pregnancy* Alcohol Research & Health 1999 US Government Printing Office

Single, Eric; Ashley, Mary Jane; Bondy, Susan; Rankin, James; Rehm, Jurgen with the assistance of Maureen Dobbins (October 1999) *Evidence Regarding the Level of Alcohol Consumption Considered to be Low-Risk for Men and Women* Prepared for the Australian Commonwealth Department of Health and Aged Care

McCreight, Brenda (1997) - *Recognizing and Managing Children with Fetal Alcohol Syndrome/Fetal Alcohol Effects: A Guidebook* Child Welfare League of America: Washington DC

International Center For Alcohol Policies - ICAP Reports 6 (January 1999) *Government's Guidelines on Alcohol and Pregnancy*

Obstetrics and Gynaecology, Vol. 92, pp. 187-192, Aug. 1998: *Alcohol Consumption by Pregnant Women in the United States During 1988-1995*

ANNEXURE 1

Secondary Disabilities

In a secondary disability study undertaken by Streissguth (1997) of 415 individuals with FAS/E between the ages of 12 and 51:

- 90% had mental health problems
- 60% had “disrupted school experience”
- 60% experienced trouble with the law
- 50% were or had been confined in prison, drug and alcohol treatment centers or mental institutions
- 50% had exhibited inappropriate sexual behaviour
- 30% experienced alcohol/drug problems

In the same study in those individuals aged 21 or over:

- 80% were unable to be self sufficient and were in dependent living situations
- 80% experienced problems with employment

Only 7 of the ninety adults in this sample lived independently and without employment problems.

Reproduced from: Primary and Secondary Disabilities in Fetal Alcohol Syndrome
Ann Streissguth, Helen Barr, Julia Kogan and Fred Bookstein in *The Challenge of Fetal Alcohol Syndrome* (1997) Edited by Ann Streissguth and Jonathan Kanter

ANNEXURE 2

Foetal Alcohol Syndrome

Foetal Alcohol Syndrome (FAS), Foetal Alcohol Effects (FAE), Alcohol Related Neurodevelopmental Disorders (ARND) and Alcohol Related Birth Defects (ARBD) are all names for a spectrum of disorders that potentially result when children are prenatally exposed to alcohol.

Alcohol's teratogenic effects on the developing foetus cause these disorders. The brain and the central nervous system of the unborn child are especially sensitive to prenatal alcohol exposure and this can lead to long-term developmental disabilities.

Alcohol is the most ingested teratogen in the world and prenatal alcohol exposure affects children of all races and socio economic backgrounds. Alcohol produces by far the most serious neurobehavioural effects in the foetus when compared to other drugs including heroin, cocaine and marijuana. (American Institute of Medicine 1996)

Although prenatal alcohol exposure does not always result in FAS there is still no safe known level for alcohol consumption during pregnancy. Alcohol can damage the foetus throughout pregnancy, not just in the first trimester. The alcohol crosses the placenta and produces equivalent concentrations in foetal circulation to that in the mother. There is still no known safe level of alcohol that may be consumed during pregnancy. Studies conclude that the developing brain can be injured even at low alcohol exposure levels. (Streissguth 1997, Canadian Medical Association Policy Summary 1993; Canadian Paediatric Society 1996 American Academy of Paediatrics 1993)

The diagnosis of FAS is based on a triad of features (Mattson & Riley in Streissguth & Kanter 1998)

- Pre- and/or post-natal growth deficiency;
- A distinct pattern of craniofacial malformations; and
- Brain and Central Nervous System (CNS) dysfunction

All three criteria must be confirmed for a diagnosis of FAS. **However, there are also many children who lack the facial features of FAS but who have confirmed histories of prenatal alcohol exposure and have serious behavioural and cognitive deficits.** These are sometimes referred to as any one of the following:

- FAE – Foetal Alcohol Effects (this is an unclear term that has been used in many different ways. More commonly it has been used to indicate that an individual has some but not all of the characteristic features of FAS. Currently researchers discourage the use of FAE because of the confusion and clinical problems it creates.)
- ARBD- Alcohol related birth defects or disorders
- ARND- Alcohol related neurodevelopmental disorder

The most critical effect of alcohol on the foetus is the permanent injury to the brain and central nervous system. Alcohol exposure in utero may be an important, preventable determinant of attention deficits (ADD and ADHD) in children. (Shaywitz et al 1980)

People with this spectrum of disorders usually experience trouble in three areas; (Morse in Malbin 1993)

- **Difficulty translating information from one sense or modality into appropriate behaviours** - they are unable to link what they hear into appropriate behaviour, they talk the talk but can't walk the walk, they have a spotty memory and inconsistent performance.
- **Difficulty generalising information** - links are not automatically formed - they learn information in isolated pieces and can't transfer rules learnt to new situations, they have inflexibility of thought, they have difficulty predicting outcomes.
- **Difficulty perceiving similarities and differences.** - they have difficulty distinguishing fact from reality, distinguishing between friends and strangers and have trouble evaluating differences in environments - have difficulty making associations and integrating behaviours, difficulty with abstraction ie maths, money & time and exhibit behaviours that are socially inappropriate and intrusive.

Organic brain damage caused by prenatal alcohol exposure may also be indicated by symptoms such as distractibility, slow cognitive pace, perseveration, hyperactivity, tactile defensiveness and impulsivity. (Malbin 1993)

Behavioural and cognitive deficits may not show up until the child is approximately three years of age. **F AE/ARBD/ARND are not a less severe form of the disability, in fact it is this group that have a far greater risk of developing secondary disabilities such as mental illness, getting into trouble with the law, disrupted school experience, abusing alcohol and other drugs and unwanted pregnancies.** These disabilities severely impair their quality of life and are extremely costly to society. **Secondary disabilities can be ameliorated. Research has shown that one of the greatest protective factors for this is diagnosis before the age of 6.** (Streissguth et. al 1997).

The incidence of FAS is 1/1000 births. The incidence of FAE/ARBD/ARND could be as high as 1/100 or some researchers even say 1/5. (McCreight 1997)

References

Shaywitz, Sally MD, Cohen, Donald MD and Shaywitz, Bennett MD (1980) - *Behaviour & Learning Difficulties in children of normal intelligence born to alcoholic mothers* The Journal of Pediatrics June, 1980

American Academy of Pediatrics Policy Statement (1993) - *Fetal Alcohol Syndrome and Fetal Alcohol Effects* (RE9310) Pediatrics Volume 91, Number 5 May, 1993, p1004-1006

Canadian Medical Association Policy Summary (1993) - Online URL
<http://www.cma.ca/inside/policybase/1993/2%2D15.htm>

Canadian Paediatric Society (1997) - *Prevention of Fetal Alcohol Syndrome and Fetal Alcohol Effects in Canada* Paediatric & Child Health 1997:2(2):143-5

Streissguth, A & Kanter, J (1997) - *The Challenge of Fetal Alcohol Syndrome, Overcoming Secondary Disabilities* University of Washington Press: Seattle

Malbin, Diane (1993) *Fetal Alcohol Syndrome Fetal Alcohol Effects - Strategies for Professionals* Hazelden Centre City: Minnesota

McCreight, Brenda (1997) - *Recognizing and Managing Children with Fetal Alcohol Syndrome/Fetal Alcohol Effects: A Guidebook* Child Welfare League of America: Washington DC

Astley S & Clarren S (1997) - *Diagnostic Guide for Fetal Alcohol Syndrome and Related Conditions* University of Washington:Seattle

ANNEXURE 3

TRANSCRIPTION/TRANSCRIPTION SPEECH/ALLOCUTION

Transcription: Media Q Inc.

DATE/DATE: October 16, 1999

LOCATION/ENDROIT: Edmonton, Alberta

PRINCIPAL(S)/PRINCIPAUX: The Honourable Anne McLellan, Minister of Justice and Attorney General of Canada

SUBJECT/SUJET: An Address to the Alberta Teachers' Association Social Studies Conference, "Thresholds '99"

Hon. Anne McLellan: Thank you very much Linda. It's a great pleasure to be here. I apologise for not being here on Thursday night as the program originally advertised. But as Linda's pointed out, because the House came back this week with the Speech from the Throne, speeches in response to the Speech from the Throne, and everything surrounding that, I was instructed to stay in Ottawa and be there yesterday morning for Question Period and debate in the House of Commons. So, it is a pleasure for me, however, to be here this morning, and thank you for making the adjustments to the schedule so I could speak to all of you this morning.

It is a great pleasure for me to be here because, as I hope you'll see from my more formal and prepared remarks in a few minutes, we as a government see that children and families have to be, must be, a key priority, not only of our government but provincial, municipal governments and of associations like yours, the ATA. Obviously, none of us working alone can achieve what we want for children and families in our society, and what we all have to do is work together and share our experiences and the challenges, the frustrations and, dare I say, sometimes I guess, the pain and the failures. But, by doing that, we will have the opportunity to put the focus on children and families in a way that deals with some of the root causes of — in my case, the root causes of crime — in your case obviously the root causes of, I suppose, social maladjustment, inability to learn, frustration, whatever. But, I know that you people are on the front lines on a daily basis — in the way that many of us are not — in terms of identifying the root causes of some of the concerns we have when we start talking about working with families and working with children to make sure we all have the kind of society we ultimately want — where everyone has the opportunity to achieve and succeed. So, I thank you all very much for the work you do on a daily basis and the insight that you provide to us because, as I was mentioning earlier to your new president, I've had the opportunity to meet on a number of occasions with your previous president, Bonnie MacKay, and other members of the ATA to talk about issues of mutual concern, and I know that that relationship will continue. And organizations like yours give very valuable input in terms of helping us work with the provinces and others to develop the programs and strategies and put the funding in place to deal with some of the problems that we all know exist.

I think you people know better than anyone that, as a society, we do have a special responsibility towards children — to protect them, to nurture them and to help them reach their full potential as adults. And, as I've already mentioned, children are a

priority for the Government of Canada. Whether it's through the National Children's Agenda, or other initiatives, such as our Youth Justice Renewal Strategy or our funding of crime prevention programs in communities across Canada, our goal is to work with Canadians and families everywhere to create a society that puts children first.

Just before I go any further, I want to just relate to you a little story that someone in my office found when we were doing some work on early intervention and kids and how important it is to get involved. And this is a little story from the *London Times* of 1828. And I just want to read you this very quickly because it sets the scene for all the early intervention work that we in my department and in the Government think is so important. So, on September 6th, 171 years ago, the *Times* reported the following:

Charles Smith, an urchin about six or seven years of age, was indicted for picking a gentleman's pocket of a silk handkerchief. This little fellow was taken with the property in his possession, although he attempted to say he found the property on the stones or the sidewalk that day. The gentleman who was robbed was so struck by the innocent appearance of the child, and his apparent helplessness, that he wished to decline prosecuting him, until informed by the magistrate at Queensquare that he was an old offender, though young in years. The gentleman accordingly consented to prosecute, and this apparently innocent little victim was consigned to the iron grip of the law. As the officer was conducting him through the streets to the prison, the young lad, we suppose for the purpose of keeping his hand in, picked the pocket of a gentleman while in the custody of the officer. This hopeful youth was sentenced to three years' imprisonment and hard labour, and to be twice well whipped.

I suppose that there is a certain grim humour in this story, depicting the tenacity of a cherub-faced urchin trying to survive in the streets of London. Trying to survive through crime. But, “the iron grip of the law” — as it was described in the paper — that clutched children at that time was cruel by today's standards. But, you know, more importantly, it was also ineffective. Little Charles Smith continued to ply his trade even while under arrest.

To me, this story highlights the importance of intervening in the lives of young people early. An increasing body of knowledge says that we need to peel back the layers, discover what triggers a child to act out against society, and, wherever possible, respond to the root causes. And this holds true whether we are speaking about children as offenders or as victims. Whether as offenders or as victims, too many children suffer the effects of poverty, illiteracy, substance abuse, poor parenting and a family history of violence and suffering. Children in crisis often become children in trouble with the law.

How then can we intercede to help troubled children? How can we protect and respond to children who suffer abuse at the hands of others? These are the questions that we all struggle with whenever we are confronted with incidents of children in crisis.

For our part, the Government of Canada has placed these issues very high on the Justice agenda. As Minister of Justice, I am keenly aware that now is a time for innovative thinking to respond to these two large and complex challenges. Solutions need the involvement of all sectors of society — particularly at the community level — to go beyond just the narrow response of the law.

Now, why the emphasis on community-based solutions? Because communities are better placed than the formal justice system to give an at-risk child a better start in life, or a troubled child or a young offender the kind of support that he or she needs to turn things around.

Now just before I talk a little bit about our crime prevention strategy, let me tell you the construct in which we are working as a government and in which provincial governments and attorneys general are working.

As many of you know — you teach social studies, probably some of you teach the law, some of you teach your students about the criminal justice system — therefore, you know that the criminal justice system is reactive in most instances. What it does is react after someone has hurt another person — after someone has violated one of society's rules. The criminal justice system puts in action, as a reaction to that harm, the police, the prosecutors, the courts, and, in many cases, jail or prison. And we need that system. You know, I'm not suggesting for one minute that we don't need that system. We do. We can't live in a world of naivete where we think that there won't be crime. There is; there will be. In spite of our best efforts, we need that system.

But it's reactive, whereas I think, what we've all discovered is that we've got to be a lot more proactive. And maybe we should think about trying to divert some of those billions of dollars that the federal and provincial governments spend reacting after somebody has been harmed up to the front end of the system and act proactively to identify the root causes of crime and prevent crime in the first place. Because when you prevent crime, you are preventing the creation of any more victims. There are no more victims if you can prevent crime — no more pain, no more hurt, no more families ripped apart because they've been a victim of crime and lost a loved one, or whatever the case may be. Also, if you prevent a young person from falling into a life of crime, you don't lose the productive capacity of that individual, and he or she is not in your school being disruptive, or whatever the case may be.

So, the construct in which we're all trying to work today is acknowledging the importance of the formal criminal justice system. Also acknowledging that it is largely reactive, and we need to start thinking about a more proactive strategy and putting some more dollars in the front end to prevent people from being hurt and prevent people from becoming criminals. And that's the philosophy that underlies a lot of our early-intervention, community-based strategies.

And that is part of the philosophy that underlies our National Strategy on Community Safety and Crime Prevention. It's a \$32 million a year initiative. And it uses a social development approach to work with communities across the country to address the underlying causes of crime, with particular emphasis on children, young people, domestic violence and Aboriginal communities. We believe that to prevent crime from occurring, we must provide children and their families with support. We must recognize and respond to the risk factors associated with, for example, fetal alcohol

syndrome, child abuse and poor parenting, because we know that children grow up to be good citizens when they have the benefit of developing in a nurturing family and community environment.

Let me give you a statistic. The then Attorney General of Manitoba, Dick Toews, told me that through recent research that they had done, over 50 per cent of the young people in detention in the province of Manitoba suffer from some degree of fetal alcohol syndrome. How many of the kids in your classrooms, how many of them may suffer from some degree of fetal alcohol syndrome, especially if you teach in an inner city school in our country? How many? You know, ten years ago we couldn't even identify most of these kids. Ten years ago, fetal alcohol syndrome was something we didn't talk about every day, in our schools and in the Justice Department of this nation and in the courts of this nation. But we do now. And you know what? Fetal alcohol syndrome is completely preventable. I don't know about you, but I get really angry when I think about the fact that we are sacrificing kids to a life of anger and maladjustment, to potential violence, to potential criminal conduct and a life of incarceration — in and out of jails — when, in fact, fetal alcohol syndrome is completely preventable.

And that's why I believe so strongly in crime prevention. Why aren't we (and we are, but we need to do more of it, and it's taken us a long time), getting to teenaged girls in our country and saying look, number one, you shouldn't be getting pregnant at that age, but if you do, for heaven's sake, don't drink when you're pregnant; don't do drugs when you're pregnant because the results are irreversible. Because we can't repair the damage that is done to a young person's mind and body when they are born with fetal alcohol syndrome. And just imagine the difference that would make to the criminal justice system if we could prevent any child in this country being born with the effects of fetal alcohol syndrome.

So it's a health issue. It's an education issue for you because these kids are in your classrooms, angry, at not being able to understand why they can't learn and keep up. And it's a justice issue. And we can prevent those things from happening. And I must say I am very proud that the three provinces — the prairie provinces — are working together on new research projects involving fetal alcohol syndrome. We have some projects through our crime prevention program that I've just described to you that are also attempting to identify the root causes of fetal alcohol syndrome and reaching the people on the streets who need the assistance, the information, the means to know how to prevent fetal alcohol syndrome. But it's not a quick fix; you know that and I know that. But it's the kind of thing that we have to do more of now that we have the knowledge we have about these kinds of problems in our society.

Let me talk to you briefly about another example of a program that we see very much as crime prevention, and that is a program that we have launched in partnership with Doug McNally — here in the City of Edmonton — the former Chief of Police, with the United Way and other agencies, and that is "Success by Six." Many of you know this is an American program that has been brought into Canada. Doug McNally is a major proponent of this program. Doug McNally, in fact, sat on the National Crime Prevention Council and was instrumental in helping the Crime Prevention Council and us as a government accept the fact that the way you actually do prevent crime is to intervene early in the lives of kids and their families. And one example of

that is the program “Success by Six.” And this is a great example of how a community works together to offer at-risk children — from the pre-natal stage to age six — as well as their families, a range of supports. The goals of the program are to improve family coping skills, promote positive parenting skills, and enhance parent/child interaction. It is a grassroots program run by members of our community here in Edmonton who are in the best position to make a lasting difference in the lives of children and their families.

So, that is a proactive, upfront strategy in terms of working with communities all over this country and with organizations like the ATA — things like “Success by Six,” things like health, education and information to prevent newborns or kids being born with fetal alcohol syndrome. But there are lots of other initiatives through crime prevention. For example, the ATA is proposing an anti-bullying initiative that I think is before my department now for consideration. And I think you had a session in your program on anti-bullying. As we know, as we see tragically more and more from examples in our own schools and in the United States, if kids are bullied, if kids are ostracized, if they’re isolated and if they have a sense of alienation and hopelessness, some very, very horrible things can happen. And, therefore, you want to prevent that in the first place. Nobody wants another Columbine and we don’t want another Taber. And, therefore, perhaps, perhaps if we put these programs into our schools they would become part of the solution. It doesn’t solve the whole problem because you’ve got to be working with those kids and their families and in the schools, but if we integrate these programs and if we identify the kids and families in trouble, we will have a better chance of avoiding, of preventing the kinds of things we saw in Taber and the kinds of things we saw in Columbine.

Now, another part of our youth justice strategy does involve the formal criminal justice system and that is our reform of the youth justice system. As you know, I think it’s fair to say, many Canadians had lost confidence with the approach taken in the existing *Young Offenders Act*. And to restore their confidence, we in the Government undertook extensive consultations — working with our provincial and territorial colleagues, and with people in all disciplines from across Canada — to put forward new, balanced legislation.

The principal goal of our new youth criminal justice legislation is to protect the public by preventing crime, by ensuring meaningful consequences for offences, and by rehabilitating and reintegrating young persons into society. Offenders must help to repair the harm done to their victims and their communities. For the first time in federal criminal justice legislation, the *Youth Criminal Justice Act* recognizes the concerns of victims.

Moreover, the new youth justice system will make a distinction between violent and non-violent crime. The new Act distinguishes between violent and repeat young offenders from the majority of offenders — who are non-violent — and provides appropriate measures to deal with both.

Less serious offences will be addressed through effective community-based sentences that teach troubled youth important social values and allow them to repair the harm done. And you, as teachers, will have a role in that. Appropriate consequences may include sentences like: compensation to the victim, victim/offender reconciliation

programs or community service. When a young offender makes restitution to the victim and to the community, the experience may have a more positive impact on their development than a few weeks or months spent in custody. This coordinated and community-based approach offers, I believe, a promising way to help non-violent youth. As teachers, you know that a troubled child has a better chance for success if parents, teachers, psychologists and others involved in the child's life work together toward a solution.

Let's just think for a few minutes about children under the age of 12 who sometimes do commit serious acts of criminal conduct. And there's been some discussion about this in the pages of the paper — I know there will be more. Usually, child offending, if you're dealing with a child under 12, can be dealt with informally by parents and the community — in some cases with the assistance of schools and teachers. But, when a more formal approach is needed to deal with children under 12, child welfare or mental health systems can help, and should help, by providing therapeutic services that are appropriate to a particular child's age and family.

I noticed yesterday, I believe here at this conference, you heard from someone who has reviewed the mental health system in our province and has pointed out some of the inadequacies. And indeed, I'm pleased to see that the province appears to be moving on the identification of the necessary mental health services so that we can again get to a lot of these kids early and provide them and their families with the help they need. And it's probably better in most cases if you're dealing with a child under the age of 12 who's hurt another person to, where necessary, have that child dealt with through the mental health system and receive supervision and treatment and therapy, if that's what's required, than put that child in custody somewhere where it's not clear what kind of programming might exist or what kind of help might be available to that child.

As a society, we need to determine the best ways to help these children, including the appropriate police policies and treatment programs. We must, however, maintain a thoughtful and balanced response, always keeping in mind the safety of our communities as well as the best course to give these troubled youths support and the opportunity to change.

Now just very briefly, what about children who are victims? You see a lot of kids who are victims in your classrooms whom you may not identify on a daily basis as victims, but there are a lot of child victims in your classrooms. What do we do when social supports break down and social trusts are violated? These children need our care and support, but they do also need a justice system that works for them. They need our commitment to continue to work for improvement and innovation in this area. And, as I've mentioned earlier, the voice of victims, including child victims, has been given greater resonance as a result of recent legislative changes at the federal level. In June, we passed legislation ensuring that victims of crime have a voice in the criminal justice system and that their interests are fully considered and addressed. And there are ways in which the *Criminal Code* can respond more effectively to the needs of child victims. The role of the *Criminal Code* is to support provincial and territorial efforts to protect children by targeting extreme forms of harm. We have been working at ways, whether through modifications to the *Criminal Code* or through more collaborative responses, to protect our children as much as possible

from victimization and exploitation. But, we also have to consider how we respond to some of the more subtle forms of child abuse and exploitation. The Department of Justice has already taken steps to ensure that we can work together on practical issues to protect children from harm.

We will be releasing a consultation paper on the child as victim and the criminal justice system in the next couple of months. The paper will examine some of the most pressing issues and set out options for change. Areas being considered include the provisions relating to children's testimony and the definition of specific offences against children, including physical and emotional abuse, neglect and homicide. Most important, however, the paper will launch a consultation process to seek the opinions of government officials, interested organizations, individuals, and professionals, like you, who deal with children on a daily basis.

I think it's fair to say that we, in governments at all levels, have got the message that the best way we create a safe and secure society, and one in which everybody has an opportunity to succeed and achieve, is to put our resources into children and families. And many of you in this room have probably been preaching that message for a long time because you — before many of the rest of us — see the results of what happens when we don't do that. I think we all agree now.

I guess one of the things that sometimes people ask me is, well crime prevention is a great idea, you know, preventing crime before it happens is a pretty basic and common sense idea. How come it's taken 30 years for you and the provinces and the police and others to understand that we should be putting our resources, or more of our resources, in that area? And I think that's a fair criticism. I mean, we probably haven't listened enough to people like you and others who see children and their families on a daily basis, in terms of what is needed and what is needed in terms of the integration of all the services we provide — whether it's at the municipal, the provincial or the federal level — how we all work together early enough to identify kids and families in trouble to make a difference, and to make a difference before someone else is hurt.

So, I think it is fair to say that governments have got the message. I think the policing community got the message a long time ago and that's why they, all over this country and especially in this city, are working so hard in the area of community policing and are working in many of your schools.

I was talking to someone last night, a businessman in the City of Edmonton on the plane coming back from Ottawa. He was amazed at how his kids viewed the police. Because he was a child of the '60s like me and many of you. We didn't view the policeman necessarily as our friend back then. But he said that there was a policeman in his kids' school — there was a community outreach office. He said that they were there like the school nurse, like the school guidance counselor. And he went on to say that his kids had a very different impression of what the police did and how they worked in communities. And he was saying this is a positive thing, and I think it is a positive thing.

But we all have a piece of the puzzle in terms of how we work together to intervene early enough in kids' lives and their families' lives to make a difference. So, I guess

what I would say is that we in the federal government are very interested in working with the provinces, the municipalities and organizations like yours — whether it's in terms of crime prevention initiatives and strategies, whether it's in terms of the new youth justice legislation where your organization and others as well as the national organization representing school boards have been very helpful and very involved trying to help us understand the difficult issues of youth offending and the best strategies to deal with youth offending.

At the end of the day, though, one of the things we all have acknowledge is that there are no quick fixes. We live in a society where everything is instant. I mean, planned obsolescence is a part of life, right? Everything changes quickly. Everything changes; buy a new laptop every couple of years or maybe even more quickly, I don't know, I'm not a computer person. I didn't go to school when we had computers. So, you know, we all want, we see a problem and it's perfectly natural as human beings, as teachers, as ministers of justice, to want a quick fix, to think that, gosh, if I just pass the right section in the *Criminal Code*, it will solve that problem and we won't have people hurting other people. We won't have kids being abused, or kids being born with fetal alcohol syndrome, or kids hurting other kids, or kids being bullied. Well, I can pass all the laws you want, but I think we are all here in this room sophisticated enough and experienced enough to know that that won't solve the problem. It will help as part of an integrated strategy to have the right laws. But what we really have to get our minds around is, if we want a safe and secure society where every child has the opportunity to achieve, there are no quick fixes. It is about identifying kids early enough in life to get to them, to get to their families (and I suppose, more profoundly, if we were able to achieve this to make sure that no child is born into poverty, no child is born into an abusive family structure). It would be to ensure that every child did, in fact, have loving and nurturing parents, that every child had a warm roof over their heads, that every child had enough to eat. But we don't live in Utopia, and we know that there will be people who never get there. But what we do have to do is identify as many of those people who are falling through the cracks as possible. We have to identify the kids in the families, in the communities where they live, and try and give them the opportunity that I would hope as Canadians we would expect them to have, which is that opportunity to have a caring family and have good safe schools.

We're trying to fill in our piece of the puzzle by listening to people like you and others. The provinces are working hard on this with us and with you and others. And you know, I think we have the opportunity now — right now — and maybe it is fortuitous that we're turning a page in terms of the century. Maybe we need to turn the page in terms of, as a country, as a society, as family members, turn a page in terms of how we go about working and living in our communities to make sure that everybody is safe, everybody is secure and everybody does have the opportunity to learn and achieve.

So I thank you all very much. You people are on the front lines every day. You are an enormous help to me in more ways than you know through your organizations and individually. I thank you all very much. Keep up the great work because, in fact, you are absolutely instrumental in making sure that we have a society that we all value as Canadians, where everybody does have a chance to achieve. Thank you all very much. Have a great day.

ANNEXURE 4

Report: Correctional Services Canada

Fetal Alcohol Syndrome: Implications for Correctional Service

www.csc-scc.gc.ca/text/rsrch/reports/r71/r71e.shtml

ANNEXURE 5

**Foetal Alcohol Syndrome in South Australia and a Report on the 1999 Prairie
Province Conference on Fetal Alcohol Syndrome**

www.chariot.net.au/~miers