Matthew

Youth worker Vicki Russell (no relation to the author) tells a moving story of a young boy who was unable to live with his pain.

The problem of prenatal exposure to alcohol came as an alert in late 2003. It was not that the symptoms or the behaviours of Fetal Alcohol Spectrum Disorder were unknown to me – I had worked for many years as a counsellor and community educator, it was because of the way the information was presented that allowed me to all of a sudden make sense of what it meant to me as a youth worker. As I reflected back on young people I encountered through work and volunteering, I wished I had known then what I know now.

As I consider those young people who I now recognise as being alcohol exposed, one young man stands out.

Matthew was born in 1979 to professional working parents and was the eldest of two children. I met him through a program he had been referred to as a result of his homelessness and poly-drug use and would know him for the next 7-8 years. Despite the best efforts of his parents to manage his behaviours, he began truanting from school and running away from home from the age of 9-10 years. It was not uncommon for the police to contact his parents when Matthew had come to their attention 'hanging out' with groups of adolescents or adults. There were occasions when he would still be in his pyjamas and how he managed to travel from outer suburbia to the inner city was inexplicable.

His parents tried every strategy to curtail his attraction to 'excitement' and admitted in later years that on occasions, physical punishment had resulted. It was also not uncommon to lock him in his room. Amazingly, although he came to the attention of police so often in childhood, he was never charged with offences; it was usually the case that his parents were assumed to be neglectful. By early adolescence Matthew was in and out of home-care placements which invariably broke down. He refused to go to school by 13 years of age; he experienced acceptance from marginalised urban young people and adults and was already using illicit drugs daily. Attracted to the excitement of drugs, Matthew engaged in transactions of sex for drugs. This cyclic pattern of prostitution to purchase drugs along with transience would mark his life for the next decade until he took his life at 23 years of age.

What was striking about Matthew was his intelligence, his friendliness and helpfulness. He was an exceptional graffiti artist and had a good singing voice. He would display what was assumed as empathy for those who supported him but one sensed this was role played from observing others. When challenged about a decision or a behaviour, he lacked any ability to understand the consequences of his behaviour especially through the eyes of others. He lacked any internal moral condition that would have enabled him to escape a lifestyle that denied him both good health and safety. He simply could not make good choices. In conversations he could articulate his intentions to follow through on positive decisions he would make in that moment but within a short time it was as if the conversation had never happened.

Whilst living in a stable and supportive environment, Matthew would do extremely well but once moved to independence his old lifestyle would resume. His family made telephone contact whenever they could but inevitably he would demand money as some kind of compensation for personal damages. Like the 'clients' he engaged in prostitution, he translated the demands for money from his family as 'owed'. (I think this came from the advice of well-meaning professionals who assumed childhood abuse or neglect was causal to his 'acting out'. They were

understandably beguiled by Matthew's agreement that his father physically and sexually assaulted him.)

This is a far too brief and simple story about one young man's life. It fails to do justice to the absolute and overwhelming struggle Matthew faced hourly and daily to be accepted. Perhaps it is the case that in the absence of professional skills and knowledge about alcohol as causal to the insidious injury it perpetrates on unborn children that Matthew instinctively knew he needed to pursue acceptance, despite what this might cost him personally. I have no doubt that he was affected by alcohol prenatally, confirmed after his death by his parents who now live with the pain of his life and death.

Vicki continues:

Professionals who involve themselves in the challenge of prenatal exposure to alcohol as a problem in Australia invariably have lengthy work or personal stories about individuals and families for whom prenatal exposure to alcohol now makes sense. We are now aware that the spectrum of effects provides a practice framework for appreciating and understanding those lived experiences of people in our care for whom other interventions do not work.

Awareness of the primary developmental and cognitive disabilities (hearing, sight, dental, internal organ, limb anomalies and speech, memory, attention deficits, learning problems) which in the absence of appropriate interventions manifest in secondary behaviours (severe behavioural problems, poor judgement and consequential thinking, poor social skills, victimisation and offending) across the lifespan are responded to with affirmatively nodding heads in professional groups accessing education and training. The point is some of us know that many more people are affected and will be affected than those with the power to make policy decisions would have us believe.

Those who struggle to attract attention to this problem, to have the problem accurately presented to the public and represented on the national, state and territorial policy agendas are familiar with setbacks and at times sheer frustration. We have some 50,000 young people with diagnosed attention deficits in Australia[1]. Mental health and young people has attracted policy attention as governments attempt to address the problem. Early childhood development programs are currently being developed and implemented to rectify learning problems and other difficulties for many children in Australia. Prison populations are expanding and new prisons are being constructed to accommodate them. Literacy and numeracy and mental health problems (now an overarching term used to accommodate the normal reactions to experiences of grief, trauma, low self-esteem and alcohol and other drugs dependency) are over-represented in prison populations but are also common in occurrence for those on the outside.

Some thirty years on from the time of formal recognition of the teratogenicity of alcohol[2] Australian policy decision-makers have failed to acknowledge the reality of developmental and cognitive disabilities that result. We have higher per capita alcohol use in Australia[3] than the similar nations of North America where an 8-10:1000 ratio of complete FAS spectrum impact informs developing policy and best practice[4]. In some structurally marginalised communities it is assumed to be much higher. Translating estimates from two decades of international epidemiological research suggests 40,500 (FAS) and 162,500 (partial FAS) Australians are possibly affected with an estimate for Australian babies born in 2004 extracted as 504 new cases of FAS and 2016 new cases of partial FAS[5].

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[1] *Sunday*, Nine Network 21st May 2005

[2] Jones, K., Smith D.W., (1973) 'Recognition of the Fetal Alcohol Syndrome in early infancy'. *Lancet 2*.

[3] Kyskan, C., Moore, T., (2005) 'Global perspectives on Fetal Alcohol Syndrome: assessing practices, policies and campaigns in four English-speaking countries', *Canadian Psychology* Vol. 46 No 3, August 2005

[4] Boland, F., *et al,*. (1998) 'Incidence and Prevalence of FAS/FAE' *Fetal Alcohol Syndrome: Implications for Correctional Service*, Correctional Service of Canada, retrieved online: http//www.csc-scc.gc.ca/text/rsrch/reports/r71/r71e_e.shtml#10

[5] Burd, L., (2006) Online Clinic, FAS Cost and Prevalence Calculator, http://www.online-clinic.com

Ignorance cannot be condoned as an excuse and we need to recognise prenatal exposure to alcohol as a causal consideration in our professional repertoires in undertaking assessments and designing individualised case management plans.