

CANADIAN JOURNAL OF

# Disability Studies

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*Canadian Journal of Disability Studies*

**Published by the Canadian Disability Studies Association**

**Association Canadienne des Études sur l'Incapacité**

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**Risky Bodies: Allocation of Risk and Responsibility within Fetal Alcohol Spectrum Disorder (FASD) Prevention Campaigns**

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**Abstract**

This paper examines utilization of risk and responsibility discourses within FASD public health promotion messages. In this qualitative case study, using data from 23 semi-structured interviews with those in charge of managing FASD and document analysis, I examine discourses invoked within FASD prevention and awareness campaigns deployed by the province of Alberta, Canada. The research findings demonstrate that within such FASD discourses, the unborn child is depicted as at-risk and the woman carrying the child is seen as being responsible for creating this risk. This is possible due to the neo-liberal tenet of individualism that occludes the structural factors that contribute to alcohol consumption and, perhaps FASD itself. This research on FASD is distinct from other studies on risk and responsibility because it recognizes and explores the separation of bodies that are considered to be at "risk" from those that are deemed to be "responsible" for creating such risk. This paper concludes with an in-depth discussion on the implications of using discourses of risk and responsibility within FASD prevention campaigns.

**Keywords**

Risk; Responsibility; Fetal Alcohol Spectrum Disorder (FASD); Health Promotion; Gender; Child Health

**Risky Bodies: Allocation of Risk and Responsibility within Fetal Alcohol Spectrum  
Disorder (FASD) Prevention Campaigns**

Irene Shankar

**Introduction**

Discourses of risk and responsibility are frequently used within the area of health (Harding, 1997; Murphy, 2000; Nettleton, 1997; Petersen, 1997). The focus on risk in health promotion allows doctors and patients to predict disease and/or death, facilitates preventative interventions, which, in turn, saves health care dollars, and justifies the ever expanding medicalization of bodies (Skolbekken 1995). In fact, the continued reliance upon such discourses within health promotion campaigns has led to the risk factors themselves becoming objects of health interventions (Skolbekken, 1995). Thus, risk management in health care not only serves to privatize health by making individuals responsible for their own health, it also creates opportunities for further intervention into individual lives (Lupton, 1995; Petersen, 1997).

Such provision of risk is premised upon a distinct allocation of responsibility. Within public health campaigns, individuals are assigned responsibility for managing their own health. This means that a person's ill health is seen as a failure of "self-mastery" and thus, self-inflicted (Greco 1993: 361). Therefore, each individual is held responsible for regulating what happens to their bodies (such as, through exercise, diet, reduced exposure to the sun, etc.) in order to minimize their risks. Risks and responsibility discourses assume that all individuals are equally able to regulate and modify their behaviour to reach optimal health (Lupton, 1999).

Accordingly, individuals whose behaviours and actions are deemed risky are seen as lacking self control and are understood to be irresponsible citizens (Petersen, 1997).

This allocation of individualized responsibility is facilitated by the current biomedical paradigm and the continued focus on specific etiology, which emphasizes individual – rather than social or political – causes and explanations of disease (Donahue and McGuire, 1995). These discourses of risk and responsibility not only promote a shift in responsibility for health to the individual, they also serve to justify the reduction and/or elimination of the state's responsibility for people's health and illness and results in victim blaming<sup>1</sup> (Donahue and McGuire, 1995; Kacki, 2004; Nettleton, 1997; Petersen, 1997). The unambiguous assignment of individual responsibility in the contemporary biomedical paradigm ignores the structural constraints that prevent people from exercising "responsibility" and minimizing their "risk." Nonetheless, we continue to see health interventions and prevention programs designed to change individual behaviours without adequate consideration of the broader context in which individuals make health decisions. Public health messages on diabetes, to "exercise and eat well," provide us with a contemporary example of the continued focus on risk and responsibility. This message ignores the fact that a diabetic's ability to implement such advice is contingent upon certain social privileges, such as time and money. These messages also fail to consider that for certain groups, the ability to engage in self care is tied to larger struggles concerning economic insecurity, land rights, colonialism, autonomy and citizenship (Fee, 2006; Raphael, 2014; Smith-Morris, 2005). The limitations of risk and responsibility discourses are further illustrated in this paper through the deconstruction of FASD prevention campaign utilized in the province of Alberta, Canada.

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<sup>1</sup> For instance, lung cancer patients encounter stigma and blame for their medical condition (Chapple et al., 2004). These patients are blamed for making "risky" choices, which may have caused their present medical condition.

### **Fetal Alcohol Spectrum Disorder**

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term for a spectrum of disorders that result from in utero alcohol exposure. Since its initial categorization FASD has been known as Alcohol-Related Birth Defects (ARBD), Fetal Alcohol Effects (FAE), Fetal Alcohol Syndrome (FAS) and Alcohol-Related Neurological Disorders (ARND). The latest incarnation, FASD, includes a range of effects borne by the child when the woman consumes alcohol during her pregnancy.

In North America, alcohol consumption during pregnancy is understood as the cause of FASD (Armstrong, 2003; Golden 2005). Accordingly, in the United States there are mandatory warning labels on alcoholic beverages warning women of dangers associated with drinking during pregnancy.<sup>2</sup> Similar warning messages can be found on alcoholic beverages in Canada, although these warnings are not mandated by federal or provincial legislation. However, many women do not have planned pregnancies and, therefore, are unaware of their pregnancy when they consume alcohol. This is one of the one of the many complex reasons why such messages have limited impact. Moreover, this continued attention on alcohol consumption in FASD prevention campaigns ignores other risk factors for FASD such as higher maternal age, lower education level, lower socio-economic status, paternal drinking and drug use, reduced access to prenatal and postnatal care and services, inadequate nutrition, mental health problems, social isolation, and abuse (Astley et al., 2000; Chudley et al., 2005). FASD is a complex and multifaceted disease, which is not just linked to alcohol consumption but also to environment and socioeconomic status. Poverty can therefore exacerbate the impact of alcohol and "in doing so makes the behaviour more visible and thus more susceptible to public scrutiny" (Daniels,

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<sup>2</sup> In 1989, the American government mandated that all alcoholic beverages in the United States contain warnings on birth defects that result from alcohol consumption during pregnancy (Golden, 2005).

1999, p. 91).

Despite evidence that correlates FASD with environmental and structural factors, most FASD initiatives and programs continue to focus on the prevention of alcohol consumption, and women who do not abide such warnings are subjected to legal sanctions. For instance, in 1996, Deborah Zimmerman, a resident of Wisconsin, was charged with attempted murder and reckless endangerment for giving birth to a child with the suspected diagnosis of Fetal Alcohol Effects (FAE) (Armstrong, 2003). While Zimmerman is just one of the many women charged in the United States<sup>3</sup> for endangering their children's health during pregnancy (through alcohol and/or drug use), she was the first to face a homicide charges for consuming alcohol during pregnancy.<sup>4</sup>

Similarly to the United States, in Alberta, FASD came to public attention as recently as the 1980s and early 1990s. An estimated 23,000 Albertans are afflicted with FASD, and each year, an estimated 360 Alberta children are born with this disorder (Government of Alberta, 2009). The Government of Alberta considers FASD to be a significant social and health issue and has responded by investing in FASD programs and services which are focused on women, as they are seen as creating the risk for FASD by drinking during pregnancy. These health messages have resulted in a continued pressure on women to manage risk for FASD through careful monitoring of their sexual activity and alcohol consumption. As well, as in the United States, women have been charged in Canada for engaging in behaviour that can harm the fetus.<sup>5</sup>

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<sup>3</sup> In the 1980s, hundreds of women were charged for illicit drug use during pregnancy. The charges ranged from child abuse to supplying drugs to a minor to assault with a deadly weapon (Armstrong, 2003). Inner city African-American women were disproportionately targeted for legal sanctions during this time period (Roberts, 1999).

<sup>4</sup> Zimmerman spent three years in jail as her case went through Wisconsin's judicial system. In May 1999 Wisconsin's Second District Court of Appeals ruled that Zimmerman could not be charged with attempted homicide because the unborn fetus is not recognized as a human being in Wisconsin (Armstrong, 2003).

<sup>5</sup> Alberta is the only province to successfully imprison a pregnant woman for inhaling intoxicating vapours. Ms. Jeanette Reid, an Aboriginal woman, was seven months pregnant with her eighth child at the time of her arrest.

Charges like these against Aboriginal women<sup>6</sup> have led to criticism of the current FASD programs and policies in Canada.

### **Risk of and Responsibility for FASD**

Within the Fetal Alcohol Spectrum Disorder (FASD) health promotion discourse there is a very clear and succinct reliance upon the notions of risk and responsibility. Usually the concepts of risk and responsibility in health campaigns are applied, in equal weight, to one individual: the individual at risk is the same individual responsible for managing that risk. Using the case study of FASD, I complicate this relationship of risk and responsibility by examining the ways in which these linked concepts can be spilt across separate bodies: the child is at risk and the mother is responsible to manage this risk. Moreover, by focusing on the child as the vulnerable subject the woman becomes constructed as a dangerous object, thus erasing her own vulnerability and health needs.

Public health campaigns invoke risk and responsibility to motivate behavioural changes (Bunton, 1997; Nettleton, 1997; Peterson, 1997). The individual who makes lifestyle changes reduces his or her own risk of ill health and sickness. In contrast, FASD discourse allocates responsibility to women of reproductive age and encourages them to adopt certain behaviours to reduce their unborn children's risk of developing FASD (Armstrong, 2003; Golden, 2006). Women are urged to plan their pregnancies, to use birth control if they are consuming alcohol, and to completely refrain from alcohol use if they are having unprotected sex. FASD prevention campaigns concentrate on the behaviour of all women of reproductive age to reduce the risk to the child (Bell et al., 2009; Lupton, 2012; Salmon, 2011). Within these discourses, women are

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<sup>6</sup> In 1996, Ms. G, a 22 year-old, pregnant, Aboriginal woman, was declared "mentally disordered" under Section 53 of the *Manitoba Mental Health Act* and ordered to enter treatment.

objects to be managed while the child is the subject of health intervention (Tremain, 2006).

This close scrutiny of pregnant women's behaviour is particularly severe with racialized and poor women (Roberts, 1999; Salmon, 2004; Stange, 1994). As stated earlier, in both the United States and Canada, racialized and poor women have been imprisoned for consuming alcohol or sniffing solvent during pregnancy (Armstrong, 2003; Golden, 2006; Tait, 2009). Women who give birth to children diagnosed with FASD are seen as making deliberate choices during pregnancy that placed their unborn child at risk. In other words, incidences of FASD and the resulting social issues are seen as the result of "bad" choices made by these pregnant women. As Tait (2009, p. 208) explains, this attention on the "irresponsible choices" of individual pregnant woman allows us to conveniently overlook the impact of "intergenerational effects of colonization" or the conditions that result from colonial legacies, such as "endemic poverty; racism; food, water, and housing insecurities; social and economic marginalization," as manifestations of FASD and other mental health issues. This understanding of FASD perpetuates racialized stereotypes and holds racialized bodies responsible for the social and economic marginalization of their communities (Armstrong, 2003; Golden, 2006; Rentner et al., 2011; Roberts, 1999; Salmon, 2004; Tait, 2009).

## **Methods**

In this paper, I use a Foucauldian epistemological framework to examine discourses of risk and responsibility within FASD health messages in Alberta, Canada. Foucault provides us a theoretical framework for examining the historical process through which individuals are constituted as the subjects and objects of political, scientific, economic and legal discourses and practices (Foucault, 1985; Foucault, 1995; Horrocks and Jevtic, 1999; Mills, 2003). Foucault's



work illustrates how health diagnoses are invoked as normalizing discourse that constructs some behaviors as normative, leaving individuals to self-discipline in accordance with social norms. This framework allows us to investigate the mechanisms through which we come to understand certain concepts and to consider the "conditions of their emergence and operation" (Foucault, 1985 p.73). A Foucauldian framework is instrumental in exploring the ways in which particular epistemologies of disease categories are used to impose moral control and surveillance on individuals and populations (Turner, 1997).

Using this framework, I examined the current FASD discourse in Alberta. Foucault (1972) defines discourse as knowledge, representations, and/or understandings about a particular concept. The definition of "discourse" has been refined to mean a general domain of statements, a group of statements, and the regulated practices that produce particular statements (Fairclough, 2003). A general domain of statements includes all texts, statements, representations and meanings that exist about a particular subject and/or object (Mills, 2004). Accordingly, I investigated discourse of FASD by examining the various ways in which FASD is understood, represented, invoked and discussed.

The data for this qualitative research was collected through policy and document analysis along with 23 in-depth semi-structured interviews with professionals who were either currently or previously employed in the field of FASD in Alberta. To maintain confidentiality and protect privacy, the names and other identifying information of the interview respondents have been removed. The participants at some point in their employment had held the following positions: police officers, medical doctors, researchers, child welfare workers, senior government officials, addictions counsellors, community workers, and employees and program directors of nongovernmental and non-profit organizations.

I began by interviewing the two key figures responsible for bringing FASD to the attention of the Alberta public in the 1990s and followed their referrals to other potential participants through snow-ball technique (interview subjects frequently offered suggestions and contact information for other people that I should interview). The policy documents included promotional materials and posters on FASD distributed by various Government of Alberta departments and not-for-profit organizations. Most of these promotional materials and posters were produced through the intersectoral collaboration between different levels of government, private bodies, non-government organizations and community groups, a collaboration that creates, in effect, a multi-leveled and multi-organizational network of surveillance and regulatory practices (Petersen, 1997; Turner, 1997).

Using discourse analysis, I analyzed both oral narratives (i.e. transcripts of my interviews) and visual texts (i.e. FASD posters, books, and media campaigns in Alberta) to trace the particular ways in which concepts of "risk" and "responsibility" were invoked in FASD education, awareness, and prevention campaigns in Alberta.

### **Determining Risk**

FASD is a medically-defined disorder that results from prenatal alcohol consumption. Those in charge of managing FASD are concerned with the health of the unborn child and, in turn, focus their attention – and their educational campaigns – on reducing and/or eliminating the risk that a fetus may get FASD. In order to prevent risk to the unborn child these campaigns target the mother.<sup>7</sup> These programs deal with FASD as complex social issue and their multipronged response recognizes that the birth mother is also at risk and thus, requires assistance.

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<sup>7</sup> For instance, community based programs in Alberta work closely with pregnant women for up to three years at a time. Such programs connect clients to available services (for housing, violence, parenting) in the hopes of reducing the number of children prenatally exposed to alcohol and/or drugs.

In contrast, the public campaign messages utilize images of "healthy" infants and not fetuses (where the impact of alcohol is initially felt) or young children (where symptoms of FASD begin to manifest) to underscore the vulnerability of these children, particularly as infants when they are biologically closest to their mothers. In other words, there is a deliberate utilization of images within health messages that emphasizes a vulnerable subject (infant) to elicit public support (Shankar, 2014). Public health promotion messages inform readers that there is no 'safe' amount or time for alcohol consumption in pregnancy, and that alcohol use by a pregnant woman results in permanent and irreversible damage to the fetus. The underlying message is that a woman who drinks alcohol during pregnancy is lacking mastery of self and this lack of mastery is in fact the cause of child's risk. However, the risk presented by alcohol consumption on the body of pregnant woman is ignored. Interestingly, while the entry point in such messages is the child, the underlying concern appears to be about the impact of FASD on society at large.

"The societal cost is huge ..." (McClelland<sup>8</sup>, 2003, pg. 947).

"The effects of Fetal Alcohol Spectrum Disorder (FASD) are not only damaging to individual children, but to society as a whole" (Government of Alberta, 2004, p. 5).

As seen above, within documents analyzed and respondents' narratives, the initial discourse of "child at risk" is quickly extended to the larger society as being at risk. FASD is thus not just a concern to the child and his or her family; it is also an economic and/or physical risk to entire society. Children affected by FASD are seen as "a specific group of kids who likely will not do well" and who will put "increasing stress and pressure on our system" (Blakeman<sup>9</sup>, 2002, pg.

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<sup>8</sup> Minister of Parliament Mr. Ian McClelland represented the provincial electoral district of Edmonton-Rutherford in Alberta from 2001 to 2004. Mr. McClelland issued this comment as a part of the legislative debate.

<sup>9</sup> Minister of Parliament Laurie Blakeman stated this as part of legislative debates on funding for children with FASD. Ms. Blakeman, as member of Alberta Liberal Party, represented electoral district of Edmonton-Centre from

968). These discourses locate children with FASD as "others" within "our system" that will place all of "us" at risk. In such discourses, FASD is a public health concern because of the broader financial and criminal risks.

"We know that babies<sup>10</sup> with FAS don't recover, and often those with FAS become adults who are not financially or socially self-sufficient..." (Jablonski<sup>11</sup>, 2003, pg. 58).

Because FASD is thought to limit the educational or vocational potential of children, it is seen as a terminal disorder. Thus, these children are depicted as a financial risk and/or liability to society with cost to taxpayers "as high as \$1.5 million" (Evans,<sup>12</sup> 2000, p. DSS64). Similarly, Minister of Parliament, Drew Hutton<sup>13</sup> stated, children born with FASD are "resulting in significant human cost and cost to public services, which I find disturbing" (2001, pg. 512). Such messages reiterate that FASD is a concern because of the various "costs" it enacts on "our society."

"They have limited tools [under] their belt and the tools they do have are either assault or threatening, which are primal...it's fight or flight" (David, law enforcement official).

The risks children with FASD are seen to pose to society are not only economic, but also related to public safety. Not only are these children seen as having limited potential, but the skills they do possess are considered undesirable and dangerous. Given their assumed "mental health

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1997 to 2015.

<sup>10</sup> Once again, by utilizing the word "baby" an image of the vulnerable subject is invoked. As discussed by Shankar (2014), this image was carefully selected by early advocates to elicit public sympathy and governmental response.

<sup>11</sup> Minister of Parliament Mary Anne Jablonski represented the electoral district of Red Deer North from 2005 to 2015. This statement was issued in response to that year's throne speech by the Lieutenant Governor of Alberta, Lois E. Hole.

<sup>12</sup> This is Iris Sylvia Evans', Minister of Children Services of Alberta, response to questions posed to her during legislative debate on the disturbing deaths of children while under provincial care. Iris Evans represented the electoral district of Sherwood Park from 1997 to 2012 and served as Minister of Health and Wellness, Minister of Finance and Enterprise and Minister of Employment, Immigration and Industry.

<sup>13</sup> Drew Hutton, a member of Progressive Conservative Party of Alberta, represented electoral district of Edmonton-Glenora from 2001 to 2004.

problems” and lack of reasoning skills, these children are considered to be more likely to engage in dangerous and criminal activities. In these narratives, children with FASD are not only damaged, they are “primal” and lack the qualities that distinguish us as human beings. They are depicted as being “prone to...criminal activity” (David, law enforcement official). Minister of Parliament, Cindy Lou Ady<sup>14</sup> cautioned that “there has been some dramatic crime, some murders committed in this province by people who suffer from this condition, and they really have no conception of what they’re doing” (2003, pg. 56). Such discourse creates a direct relationship between the physiological and cognitive effects of FASD and violence, and not only places the children as “others” within “our” society, but depicts these children as lacking the basic qualities associated with humanity.

In sum, children with FASD are seen as significant financial and criminal threats to society; there is fear that they will grow up to be a “frightening problem for this society,” that they will “lead a very at-risk existence,” and that they may inflict harm upon others (Ady, 2003, pp. 56). Some politicians have even gone as far to say that if children with FASD “happen to harm one of our children that have grown up in a different environment, then we’ll only have ourselves to blame” (Evans, 2000, pg. DSS59). As seen here, children with FASD are depicted as potential aggressors and posing risk to “our” society. Yet they continue to be presented publically as victims of someone else’s reckless choices.

### **Designating Responsibility**

The current FASD discourse not only directs inordinate attention to the act of alcohol consumption, it also holds women solely responsible for knowingly or unknowingly consuming

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<sup>14</sup> Cindy Lou Ady represented electoral district of Calgary-Shaw from 2001-2012.

alcohol during pregnancy. Women are told to make the right choice and not to take a chance or risk damage to the unborn child by consuming alcohol. However, it is not just pregnant women that are seen as at risk for drinking and inflicting damage upon their fetuses; all women of reproductive age are seen as at risk for making the "irresponsible choices" which results in birth of children with FASD.

If you are [a woman] in that category [of reproductive age], you may not even be thinking about getting pregnant but the fact is if you are drinking and having sex, you could have a child with FASD. It is the way it is; it is the fact (Tom, high ranking public health official).

According to Tom, any woman of reproductive age who consumes alcohol and is sexually active is creating the risk of having a baby with FASD. In the interviews, although aware of how the concept of responsibility may stigmatize women, the respondents repeatedly utilized this discourse in their own explanations and understandings. One of the respondents, struggling with the concept of responsibility, had the following observation:

From my view, the mom is solely responsible to produce that FASD child. No, responsible is not the right word. If mom drinks, she will have an FASD child. Responsibility is part of the bigger picture, but it is mom that has the relationship there (Helen, FASD policy worker).

Helen is aware that the concept of responsibility carries a negative connotation and tries to avoid allocating blame, but she still maintains that the "it is mom that has the relationship there." Sarah expresses similar sentiments:

Well, I think it would play on your psyche a little bit and your own mental health if you have to accept that that I damaged my child, so already then you know they are born not going to be able to achieve everything they could have, had you not had that one drink. You didn't know you were pregnant probably when drinking occurred but one beer

probably isn't worth having versus a child that has a lifelong disability (Sarah, FASD prevention worker).

Sarah is adamant that while the damage inflicted by alcohol consumption during pregnancy may not be intentional, a woman still has to accept that "[she] damaged [her] child" and this damage could have been avoided if, as a responsible mother, the woman decided that the risk of having a child with "a lifelong disability" wasn't worth "one beer." Anna's (a FASD community worker) comments further highlight the widespread belief that it is ultimately the mother's fault if her child suffers from FASD:

"what makes [FASD] horrific is you have caused harm unintentionally to your child when you were pregnant."

Notably absent from this discourse of risk and responsibility are the larger social and structural factors that may drive pregnant women to drink (i.e. poverty, poor access to addiction and treatment centers, histories of violence and abuse, the ongoing impact of colonialism and marginalization) or that may worsen the impact of alcohol (i.e. poor nutrition, poor access to health care) (Armstrong, 2003; Bingol et al., 1987; Tait, 2009). Such punitive allocation of responsibility does not consider alcohol consumption to be an often-employed (albeit problematic) method of coping with one's circumstances; instead they present it as risky and unnecessary behaviour. These messages are directed towards women because they are held responsible for producing a child with FASD.

As seen above, FASD prevention and awareness campaigns clearly rely upon notions of risk and responsibility. The current FASD discourse presents children, but more importantly the larger society, as being at risk, while designating responsibility to alcohol and women who consume alcohol during pregnancy. Within such discourse, the impact of alcohol on the women

and the structural constraints under which women consume alcohol is completely erased. In other words, the risk such drinking may have on the body of women is deemed irrelevant. Women's bodies are only considered when trying to eliminate risk to the fetus within women's bodies.

Those working within the field of FASD are cognizant of limitations of these public health messages, which continue to such focus on risk and the allocation of responsibility on women. The respondents criticized the continued reiteration of messages urging women to "choose" not to drink during pregnancy for creating "a very negative framing of a social problem" and ignores the structural factors surrounding women's use of alcohol such as "histories of traumas [and] dysfunctional family environments" (Cindy, a FASD researcher). In fact, as stated by Cindy, "there is no other disability [like FASD] that directly implicates a birth mother as being solely responsible for the cause of [her] child's disease or disorder." The FASD experts interviewed acknowledge, "we need to be careful ... [there is] so much scapegoating that happens in this issue" (Anna, a FASD community worker). They believe that new education and awareness campaigns need to highlight the complexity of FASD.

[New campaigns should present FASD as] ... a male issue as well as a community issue so that's what we want to focus on ... It's not just the women drinking in pregnancy, it is helping the male to help support a woman to have a healthy pregnancy and what would that look like (Anna).

However, to date, the Alberta government has not supported these kinds of initiatives; it continues to encourage "mothers-to-be not to drink alcohol" (Government of Alberta, 2004, p. 6) and ignores how ineffective these messages are, particularly in addressing women with substance abuse issues. Instead, it expects individuals to be able to evaluate the potential risks of alcohol and to take responsibility for the outcomes that result from its consumption. "It's [responsibility] downloaded onto ... individuals" (Pamela, FASD community worker). The ongoing allocation



of individualized responsibility, and therefore, abdication of state responsibility, is indicated by the lack of government-supported alcohol rehabilitation and treatment programs that will accept women and their children. One FASD expert that I interviewed notes the role that individualization plays in Alberta's FASD prevention campaigns:

I go back to [the] political. It's connected to conservative thinking where everything is downloaded on to the individual ... you are blaming and pointing a finger [and] you don't have to change anything yourself you know. The government does not have to actually step up to the plate and become responsible for people (Pamela).

Another notes the result of such individualization:

Well, I think that what we have done is we've not – as a society – we have not provided the opportunities for women to engage in the treatment that they need and women who are involved perhaps with one of the systems like Child Welfare, are very afraid of the systems (Cindy).

The absence of alcohol treatment programs, coupled with the prevailing punitive attitude towards pregnant women who consume alcohol, has instilled fear in pregnant women with alcohol problems; they are increasingly reluctant to disclose addiction issues because they are afraid they will lose custody of their children.

Although those in charge of managing FASD are highly critical of discourse that holds alcohol and pregnant women responsible for the existence of FASD, the public health FASD prevention campaigns continue to perpetuate these tenets. By telling women to "just say no" FASD prevention campaigns assume that a) women know that they are pregnant when they consume alcohol; and b) women are able to control their alcohol consumption once they discover they are pregnant.

Those in charge of managing FASD in Alberta acknowledge the limitations of the early

FASD prevention and awareness campaigns and continue to be critical of the widespread use of such messages. However, these messages remain embedded in today's FASD prevention campaigns. For example, FASD prevention campaigns that urge women to use birth control while consuming alcohol assumes potential mothers are ultimately responsible to anticipate and ensure a healthy pregnancy. Current FASD prevention campaigns continue to utilize and rely upon the conceptual framework of individual risk and responsibility.

### **Conclusion**

As seen above, FASD prevention campaigns continue to rely upon the rhetoric of risk (to the child and wider society) and responsibility. The responsibility for prevalence of FASD is attributed to pregnant women who consume alcohol. These discourses focus on two at-risk groups, in particular: 1) the child, who is at-risk of being diagnosed with FASD and suffering its ill effects; and 2) society at large, which may have to spend a great deal of money to care for FASD-afflicted children. While FASD prevention campaigns target women, they are predominantly concerned with the health of child, and even then, they are mainly concerned with how the child's health negatively affects or threatens the rest of society. For instance, there are growing and persistent concerns regarding the economic cost of FASD-afflicted children and the criminal threats that they can and do pose.

There are concrete and troubling implications of using such discourses of risks and responsibility within public health promotion campaigns. Such messages invoke women's consumption of alcohol as a risk to be managed for the interest of the unborn child. The mother's body is removed from the process and the act of alcohol consumption by the pregnant woman is seen solely as supplying alcohol to the fetus. The woman's intentions, motivations, and reasons

for consuming alcohol are erased, as is the impact that the alcohol has on the woman's body. Such women are not only considered selfish, careless and, at times, even malevolent, they are also deemed responsible for introducing economic burdens and criminal threats to the rest of society.

Most public service messages urge women to "just say no" to alcohol during pregnancy. This narrow focus on alcohol overlooks the complex and multifaceted nature of FASD, whose causes can be attributed a variety of structural factors including inadequate access to prenatal and postnatal care and services, poor nutrition, lower education levels, and lower socio-economic status (Bingo et al., 1987; Salmon, 2004; Tait, 2009). While the act of alcohol consumption by pregnant women is seen as an individual choice, it needs to be understood that for some women this may be a constrained choice made under less than ideal circumstances and made by women who lack resources to make alternate choices.

Pregnant women who are unable to "just say no" to alcohol are blamed and judged for irreparably damaging their unborn (read as innocent) child through "lack of care" and selfishness. Instead of encouraging women to seek help in curbing alcohol consumption, these messages instil fear (i.e. of stigma, judgment and punitive measures, like the loss of custody) and, as a result, many women hide their issues with alcohol. These messages fail to consider those individuals who, due to issues of addiction, cannot adequately care for themselves and, as such, cannot "just say no" to alcohol during pregnancy. Moreover, when such messages reach members of the general public, they reinforce the notion that mothers are responsible for their children's health and, therefore, when a child's health has been compromised, his or her mother is to blame.

The current FASD campaigns also rely upon and reinforce an arbitrary separation of fetus

and mother, whereby there is attempts to control the risk to the fetus without fully recognizing or acknowledging the risk alcohol consumption presents to the woman carrying the fetus. In these campaigns, the unborn fetus is represented as a child, separate from the woman's body.

However, the risk to the child actually takes place while it resides in the woman's body. Thus, allocating all prevention campaigns attention to the managing risk to the unborn child and presenting it as a separate entity is not only false, but such representations reduce this complex social public health issue to an issue of conflicting interest. In these discourses, the mother is in fact seen as a source of danger to the unborn child's well-being. A more in-depth and complicated understanding is required, in which both child and mother's well-being and health is intrinsically tied together and thus, cannot be and should not be separated.

Individuals in charge of managing FASD in Alberta are aware of the negative implications of early FASD prevention discourse; however, these rhetorics of risks and responsibility continue to dominate today's prevention campaigns. Rather than instituting structural supports (i.e. ensuring that treatment centers are able to accept women and their children) and addressing structural issues that facilitate addiction (i.e. poverty, violence, and marginalization), these campaigns continue to encourage women to make "simple" and "responsible" decisions (i.e. to avoid alcohol and to carefully plan their pregnancies). In fact, current FASD prevention campaigns have expanded and now target all sexually active women who drink alcohol – and not just those women who either are or want to be pregnant. Therefore, any woman who is consuming alcohol and not using a secure method of birth control can be labelled as irresponsible; she is, after all, risking getting pregnant and giving birth to an FASD-afflicted child. The new FASD prevention messages hold these women responsible for the births of FASD-afflicted children and, by extension, for the economic burdens and criminal threats that

these children pose.

The provincial government's emphasis on alcohol consumption, in spite of evidence and recognition by those interviewed (FASD policy makers and workers) that other factors can impact the onset of FASD, needs to be questioned. Such a focus excuses political and social groups from developing programs to curb structural inequalities (Lupton, 2012; Salmon, 2004; Tait, 2009). The attention on alcohol consumption is a short-term plan that works politically as there is "very little political will to fund programs to meet the needs of this population" (Kacki, 2004, p. 3). This continued attention on the act of alcohol consumption allows us to ignore historical and contemporary institutions and discourses that have created and continue to create conditions that breed destructive behaviour. The exclusive focus on the individual behaviour of women excuses us from addressing social inequities and structural constraints such as racism, colonialism, and poverty. Perhaps these discourses continue to prevail because the actions of individual women can be controlled and subjected to punitive interventions. However, governmental acknowledgment of other factors would clearly implicate society as a whole and would require substantial reframing of health services.

Alberta government's FASD public awareness campaigns is consistent with neoliberal tenets, whereby individuals are expected to evaluate risks and to assume responsibility for the consequences of their behaviour. Such utilization of risk and responsibility is a particular characteristic of neo-liberal rationality, which assumes that individuals can assess and mitigate their own risk and that society is made up of rational human beings who have the capacity to adequately care for themselves (Rose, 1993). As Petersen (1997) explains "neo-liberalism calls upon the individual to enter into the process of his or her own self-governance through processes of endless self-examination, self-care and self-improvement" (p. 194). As such, current FASD

prevention messages are only effective insofar as they reach "low risk" women or women who, upon being made aware of the risks associated with alcohol consumption during pregnancy, can make the necessary changes in their lifestyles to reduce the risk of producing FASD-afflicted children.

In conclusion, the continued reliance upon concepts of risk and responsibility in public health promotion campaigns, as demonstrated in FASD prevention messages, is consistent with the prevailing discourse and understanding of public health management, and not surprisingly so. As Gordon (1991, p. 44) explains, "given that the 'care of the self' is bound up with the project of moderating the burden of individuals on society, it is not surprising that it is in the health promotion strategies of the so-called new public health that these developments are most apparent."

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