

# [Dissertation: Fetal Risk, Federal Response: How Fetal Alcohol Syndrome Influenced the Adoption of Alcohol Health Warning Labels](#) <sup>[1]</sup>

By: O'Neil, Erica Keywords: [Health warning labels on alcohol](#) <sup>[2]</sup> [Fetal Risk](#) <sup>[3]</sup>

Editor's note:

Erica O'Neil defended her dissertation titled "Fetal Risk, Federal Response: How [Fetal Alcohol Syndrome](#) <sup>[4]</sup> Influenced the Adoption of Alcohol Health Warning Labels" in June 2016 in front of committee members Jane Maienschein, Karin Ellison, James Hurlbut, and Jameson Wetmore, earning her a Doctor of Philosophy degree. <https://repository.asu.edu/items/40348> <sup>[5]</sup>

Abstract:

In the fifteen years between the discovery of fetal alcohol syndrome, or FAS, in 1973 and the passage of alcohol beverage warning labels in 1988, FAS transformed from a medical diagnosis between practitioner and pregnant women to a broader societal risk imbued with political and cultural meaning. In this dissertation, I examine how scientific, social, moral, and political narratives dynamically interacted to construct the risk of drinking during [pregnancy](#) <sup>[6]</sup> and the public health response of health warning labels on alcohol.

To situate such phenomena I first observe the closest regulatory precedents, the public health responses to thalidomide and cigarettes, which established a federal response to fetal risk. I then examine the history of how the US defined and responded to the social problem of alcoholism, paying particular attention to the role of women in that process. Those chapters inform my discussion of how the US reengaged with alcohol control at the federal level in the last quarter of the twentieth century. In the 1970s, FAS allowed federal agencies to carve out disciplinary authority, but robust public health measures were tempered by uncertainty surrounding issues of bureaucratic authority over labeling, and the mechanism and extent of alcohol's impact on development.

A socially conservative presidency, dramatic budgetary cuts, and increased industry funding reshaped the public health approach to alcoholism in the 1980s. The passage of labeling in 1988 required several conditions: a groundswell of other labeling initiatives that normalized the practice; the classification of other high profile, socially unacceptable alcohol-related behaviors such as drunk driving and youth drinking; and the creation of a dual public health population that faced increased medical, social, and political scrutiny, the pregnant woman and her developing [fetus](#) <sup>[7]</sup>.

In the fifteen years between the discovery of fetal alcohol syndrome, or FAS, in 1973 and the passage of alcohol beverage warning labels in 1988, FAS transformed from a medical diagnosis between practitioner and pregnant women to a broader societal risk imbued with political and cultural meaning. In this dissertation, I examine how scientific, social, moral, and political narratives dynamically interacted to construct the risk of drinking during pregnancy and the public health response of health warning labels on alcohol.

## Subject

[Fetal alcohol syndrome](#) <sup>[8]</sup> [Prenatal alcohol abuse](#) <sup>[9]</sup> [Children of prenatal alcohol abuse](#) <sup>[10]</sup> [Public Health](#) <sup>[11]</sup> [Federal Government](#) <sup>[12]</sup>

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