

- health warning labels on alcoholic beverages,
- health advisory labels regarding the risks of alcohol on pregnancy testing and ovulation kits,
- supporting community-led alcohol management strategies,
- management services for pregnant women with alcohol dependency,
- an independent study into the pricing and availability of alcohol in Australia,
- an independent study into the marketing of alcohol to young people in Australia,
- a National Alcohol Sales Reform Plan,
- immediate roll-out of a national FASD diagnostic and screening tool,
- including FASD in the List of Recognised Disabilities and the Better Start for Children with a Disability Initiative,
- inclusive language changes to legislation that recognise an entire spectrum of severe disabilities, and
- reporting publicly in 1 and 5 years on the progress in addressing FASD in Australia.

WHAT HAPPENS NEXT?

The Committee has tabled the report in the House of Representatives with recommendations to the Commonwealth Government to take action.

Such action is the responsibility of the Executive Government rather than the Parliament.

The Government will respond to the Committee report by way of a written statement to the House of Representatives. The Government has six months to provide their response.

The Government may accept, partially accept, or reject the Committee's recommendations. The Government may announce its intention to take certain actions or that it wishes to give further consideration to others. The Government may implement recommendations through changes in legislation or government administration or policy without publishing a formal response.

The Government response will be published on the Committee's website, as will all follow-up reports.

FURTHER INFORMATION

For more information regarding the House of Representatives Standing Committee on Social Policy and Legal Affairs and the inquiry into FASD please contact:

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HOUSE OF REPRESENTATIVES STANDING COMMITTEE
ON SOCIAL POLICY AND LEGAL AFFAIRS

FASD: THE HIDDEN HARM

*Inquiry into the Prevention, Diagnosis
and Management of
Fetal Alcohol Spectrum Disorders*



*This pamphlet provides a summary of the findings and
recommendations from the inquiry into the incidence
and prevention of FASD in Australia*

November 2012

THE INQUIRY INTO FETAL ALCOHOL SPECTRUM DISORDERS (FASD)

The House of Representatives Standing Committee on Social Policy and Legal Affairs consists of seven Members of Parliament.

The Committee Chair approached the relevant ministers for terms of reference for an inquiry into FASD in Australia. On 8 November 2011 the Minister for Families, Housing, Community Services and Indigenous Affairs and the Minister for Health and Ageing jointly referred the inquiry.

The Committee was asked to inquire into and report on developing a national approach to the prevention, intervention and management of FASD in Australia, with particular reference to:

- Prevention strategies—including education campaigns and consideration of options such as product warnings and other mechanisms to raise awareness of the harmful nature of alcohol consumption during pregnancy,
- Intervention needs—including FASD diagnostic tools for health and other professionals, and the early intervention therapies aimed at minimising the impact of FASD on affected individuals, and
- Management issues—including access to appropriate community care and support services across education, health, community services, employment and criminal justice sectors for the communities, families and individuals impacted by FASD.

RECEIVING EVIDENCE

During the inquiry, the Committee heard about the harms of alcohol on society in general and specifically to the developing fetus, the lack of FASD awareness and FASD prevalence data, the myriad of challenges that people with FASD and their families face, and the advances made in realising a nationally-agreed diagnostic and screening tool.

The Committee received 92 submissions, four supplementary submissions, and 19 exhibits from a variety of sources, including Commonwealth, state and territory government departments, academic and research groups, non-profit organisations, Indigenous representative organisations and communities, and individuals such as foster parents.

The Committee held 13 public hearings in Canberra, Cairns, Townsville, Sydney, Melbourne, Perth, Mimbi and Broome, including a videoconference with witnesses in Darwin. In Melbourne the Committee conducted a site visit to the Royal Women's Hospital.

Submissions, public hearings and transcripts of evidence can be accessed at:

<http://www.aph.gov.au/fasd>

FINDINGS AND RECOMMENDATIONS

The Committee found that there is little awareness of FASD or the risks of maternal alcohol consumption, in both the wider community and among health professionals. There was overwhelming evidence that women, men, families and communities need to be aware of the great risks of drinking alcohol during pregnancy.

Prevention

FASD can be prevented by providing pregnant women with the appropriate information, knowledge and support. As FASD is one of the many social harms that result from risky drinking levels, addressing alcohol consumption in society in general will help prevent FASD, particularly in women who were not planning to become pregnant or do not know they are pregnant.

Diagnosis

Australia is lagging behind when it comes to standardised FASD diagnostic criteria and prevalence data. The Committee heard that the roll-out of a nationally-approved diagnostic tool must be expedited so that in cases where FASD has not been prevented, it can be diagnosed early and accurately. As early intervention is critical in minimising the impact of FASD in later life, Australia needs diagnostic tools and services as well as the health sector capacity to provide them.

Management

FASD cannot be managed adequately without awareness and understanding among teachers, parents and carers, judicial officers, police and youth workers. The Committee heard that the Commonwealth Government needs to lead the way in recognising FASD as a legitimate and serious disability. Such recognition will generate momentum in providing support services, funding, educational resources, and criminal diversionary programs for people with FASD and their families.

National approach

The Committee commends the motivation and diligence that has resulted in initiatives in combating and managing FASD in places as disparate as Sydney, Fitzroy Crossing, Tennant Creek, Townsville and Perth. The Committee is of the strong view that a cohesive national approach is necessary to ensure certainty and equity of support for people with FASD across all states, consistent collection of data, consistency of prevention messages, and shared evaluations of management strategies.

FASD Reference Group

The Committee considers that the best way to achieve an effective national FASD diagnostic and management services strategy is for a team of highly qualified experts to provide oversight and policy advice to the Commonwealth Government. As such, the primary recommendation of the report is the establishment of a National Action Plan and FASD Reference Group. The FASD Reference Group will advise on national initiatives to prevent, identify and manage FASD, including the high-level recommendations made by the Committee:

- educational awareness materials to raise awareness of FASD,
- promoting awareness of and training in the Australian Guidelines to Reduce Health Risks from Drinking Alcohol in the health sector,
- obtaining and recording consistent data on maternal alcohol consumption,
- a public awareness campaign that promotes not drinking as the safest option when pregnant or planning a pregnancy,