



Committee Secretary  
House of Representatives Standing Committee on  
Indigenous Affairs  
PO Box 6021  
Parliament House  
CANBERRA ACT 2600

### **Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities**

To Whom It May Concern,

I write this submission as a private citizen, because the highly-successful Foetal Alcohol Spectrum Disorder Project I coordinated in the NT was de-funded by the Federal Government last year, therefore I am no longer working in the area of FASD. However, I am still in the NT and working in the area of violence reduction, with clear links to the problems of alcohol abuse.

I have extensive knowledge and concerns about Foetal Alcohol Spectrum Disorder, as a carer and as a professional/public health educator. It is my passionate belief that *preventing FASD is the single most effective, and the very earliest, intervention possible in the quest to reduce alcohol-related harm* in Australia. FASD impacts upon every aspect of an individual's life, and upon every aspect of the family and community around them. The financial costs of FASD are astronomical, with the US estimating \$2 million per person per lifetime (2007 figures, so is likely to be much more by now).

FASD impacts upon every sector: health, welfare, education, recreation, social relationships, employment, the justice system, the child protection system, and more. While countries like Canada, the US, the UK and Europe are developing sophisticated strategies for managing the high rate of FASD sufferers in their justice systems and schools, Australia has not even begun to even *screen* for it: potentially, our schools, welfare systems, and prisons are *full* of people there with cognitive disabilities. In terms of the justice/corrections systems, this is clearly a human rights violation which is not going to go away by itself.

It is not a specifically "Indigenous problem", although we see it decimating Indigenous communities because of the oral nature of their cultures, and because of the combination of other socioeconomic pressures in those communities. Australia remains well behind other developed countries in the world, and our alcohol consumption is arguably one of the highest on the planet. It has been well-established that wherever there is alcohol, there is FASD ... *wherever there is a lot of alcohol, there is a lot of FASD*. This is not news to this government, yet still there is a reluctance to embrace the reality and do something substantial to actually change the FASD disaster in this country.

Governments have been doling out relatively small pots of funding for projects and resources, which become mere "tokens" when consistent, committed funding is lacking. It is wasteful and demoralising to those of us who have been working and lobbying in this area for years. Personally, MY two years of training/experience/skills in the specific area of FASD are now redundant, although I was clearly able to demonstrate the effectiveness of my methods of community engagement – more waste! It is positively embarrassing to stand up in front of an international audience and disclose the situation here in Australia, compared with countries such as Canada and the US. Our near neighbours, New Zealand, are making a far better job of addressing this scourge. Why doesn't Australia learn from this?

The high levels of FASD and other alcohol-related harms in Indigenous communities have taken decades, even centuries, to become this critical, therefore it is not logical or reasonable to expect the problems to be properly addressed/fixed within one year, two years or even ten years. There needs to be a bipartisan, multi-level government commitment to FASD for the next 20 years at least, if we are to have a hope of saving the next generation of children, the one after that, and the one after that.

Australia needs:

- \*a streamlined, securely-funded strategy/plan to address FASD long-term (FARE has done this, the *last* inquiry recommended this, but where is the *action* on it?);

- \*a standardised diagnostic tool for FASD;

- \*mandatory training for doctors, allied health professionals, teachers, social workers, police, corrective service staff in FASD, and specifically how to recognise and support those with the alcohol-related cognitive and behavioural disabilities;

- \*immediate recognition of FASD disabilities for what they are: cognitive and behavioural disabilities caused by alcohol damage to the brain, with associated funding and support, particularly in the context of the NDIS rollout, in tandem with a strong public health campaign;

- \*small, local projects and services which are already working in FASD should be supported to continue, not de-funded because the government has decided to have yet another inquiry or to develop a “grand plan” which might garner more publicity and more votes;

- \*immediate support for families and communities struggling with FASD;

- \*more research dollars to develop a clearer picture of how FASD is affecting Indigenous communities;

- \*reduce the alcohol in communities and there will be a corresponding reduction in FASD – it is a simple equation.

Those of us who have been working in the area of FASD keep saying the same things, over and over to government after government, inquiry after inquiry. Governments and policies change, and in our great system of democracy, if one side loses, they get another chance to succeed in three years’ time.

**Unborn children do not get that second chance.** For every year that Australia delays true and assertive management of this issue, there is yet another cohort (hundreds, even thousands) of innocent children born with preventable disabilities. Any politician knowing this, and still doing nothing about it, should *not* be enjoying peaceful sleep!

Stop the rhetoric ... *just do it!*

Adele Gibson