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Submission to the Foetal Alcohol Syndrome Disorder Inquiry.

Prevention strategies

1. Medical practitioners and pharmacists should have the knowledge and resources to be able to advise women who are or are about to become pregnant.
2. Advice to medical practitioners and pharmacists regarding alcohol consumption and pregnancy should be part of a recommendation that clinicians should screen all patients for alcohol use and provide appropriate information where alcohol could have an adverse impact on health or interact with medication. Because of the ubiquitous use of alcohol by clinicians and their patients it is often overlooked as a possible cause of morbidity in the general public.
3. A warning label of suitable size, content, colour and graphic design should be affixed to the container of all alcoholic drinks that are available to the public. This should provide a clear warning that alcohol can damage the foetus and that not drinking is the safest option.
4. While there is plenty of evidence that consumption of alcohol during pregnancy can cause Foetal Alcohol Spectrum Disorder (FASD) it is more difficult to quantify the risk. Some women will make a decision to continue to drink alcohol within their concept of low risk, but to do so will need the information in items 5 – 8.
5. To drink within self imposed limits a person must know the alcohol strength of the drink and the volume consumed.
6. Alcohol labels usually have the percentage of alcohol and the volume listed and sometimes the number of standard drinks in the bottle. It would be more useful if there was a statement such as “90ml. of this product equals a standard drink”
7. Restaurants and hotels serving wine or alcohol should have a statement readily available that lists the information in item 6.
8. The information in item 6 is only useful if the person knows the capacity of the carafe, jug, or glass provided. It should be compulsory to use containers and glasses that are clearly marked with the capacity. Without marked containers it is impossible to know how many standard drinks are in a carafe, jug, glass or half a glass or in the case of restaurants in the oversize wineglasses that encourage people to consume more.
9. Women generally understand that they should ask before taking any medicine during pregnancy. Education about alcohol use should link the facts that medicine and alcohol are both drugs.

10. Education should stress that alcohol can cause harm to the foetus from conception and that women planning to become pregnant should avoid alcohol. Harm to the foetus in an unplanned pregnancy can be minimised by following guidelines for reducing health risks from consuming alcohol.
11. Women and men generally understand the concept of Blood Alcohol Concentration (BAC) as it applies to the level of intoxication and the ability to drive. People are not generally aware that a BAC in the mother is matched by the same (or almost the same) BAC in the foetus. This should be made clear in any educational material because while people may accept a level of intoxication and subsequent hangover for themselves they may hesitate to inflict such intoxication on their foetus.
12. Education on FASD should be directed to the whole community as men, grandfathers, uncles and friends are often the host who offers a woman a drink. The message also needs to go to all women who will not become pregnant but act as a hostess and offer alcohol to other women.
13. Educational material should make it clear that anybody who declines the offer of a drink should not be pressured to drink because in early pregnancy a woman may not know that she is pregnant or she does not wish to disclose that she is.