

Submission to Senate Inquiry on Foetal Alcohol Spectrum Disorder

Background:

The Standing Committee on Social Policy and Legal Affairs is 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.

Summary:

Foetal Alcohol Spectrum Disorder (FASD) is an overarching term used to describe a range of cognitive, physical, mental, behavioral, learning and developmental disorders that result from foetal exposure to alcohol. FASD is preventable. It remains underdiagnosed, and under reported in Australia. A recent estimate is that at least two percent of all Australian babies are born with FASD annually. It is important to consider that this estimate is likely to not fully represent the prevalence of FASD across Australia. The prevalence rate amongst Aboriginal, and Torres Strait Islanders populations, is higher, however FASD remains an issue for Australia as a whole.

Presenting Issues:

Across the United States, the impact of alcohol use in pregnancy is well documented. In Australia however there remains, a lack of public education, and a significant level of confusion regarding the use of alcohol in pregnancy. It is only recently that the Australian National Health and Medical Research Council recommended that no alcohol in pregnancy is the safest message.

There is evidence to suggest that health care professionals are reluctant to diagnose FASD, (a highly-stigmatised label). This apparent reluctance to diagnosed FASD, can have significant implications for children. For example, the immediate lack of appropriate, and effective early interventions in order to maximise the child's potential to address the disabilities, and associated problems. Thus, an inability to provide sound information, and supports for families/carers of children with FASD.

Within Australia there appears to be a characteristic under-reporting of alcohol consumption generally. Moreover, there is a lack of accurate data showing the prevalence of FASD and alcohol consumption during pregnancy in Australia. This lack of sound evidence can be seen as contributing to the neglect of FASD, within the Australian context despite the evidence of the existence of FASD over several decades.

In her submission to the House of Representatives Adele Gibson from the Tennant Creek, Anyinginyi Health Aboriginal Corporation notes that, FASD is not “an Indigenous problem”. Acknowledging that FASD affects Indigenous culture in specific and significant ways. Perhaps the visibility of FASD amongst Indigenous communities can make FASD more possible to address, as opposed to communities where FASD is invisible, hidden, or denied. With this recognition, and the work Adele Gibson Anyinginyi Health Aboriginal Corporation is currently undertaking there is now new hope. Hope, that a national approach for the prevention, intervention, and management of FASD in Australia will be developed.

References

National Health and Medical Research Council 2009. Australian Guidelines to Reduce Health Risks from Drinking Alcohol. Commonwealth of Australia, Canberr.

Barnes L, E & Elliott E 2009, Foetal Alcohol Spectrum Disorders in Australia: An update. Intergovernmental Committee on Drugs Working party on Foetal Alcohol Spectrum Disorders.

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