FAMILY PLANNING NSW
ABN 75 000 026 035

# House Standing Committee on Social Policy and Legal Affairs

# Inquiry into Foetal alcohol syndrome

Family Planning NSW (FPNSW) promotes the reproductive and sexual health of the people of NSW by contributing to, collecting and disseminating reproductive and sexual health knowledge, information and learning. FPNSW is committed to excellence and focuses its activities on disadvantaged groups and in areas where access to mainstream services are restricted, including people who are young, aged, Aboriginal, disabled and from culturally and linguistically diverse groups and people in regional, rural and remote NSW.

As an organisation that works in reproductive and sexual health from a rights-based perspective, FPNSW recognises that all human beings are born free and equal in dignity and rights, and also recognises the right of women not to be discriminated against by way of legislation, regulation, customs, practices, social and cultural patterns of conduct or other customs or practices, which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women.

The epidemiology of alcohol-related disability links it to socio-economic stresses and social issues arising from disempowerment and loss of culture in Aboriginal communities (O'Leary 2002). Accordingly FPNSW argues that community-based prevention and management programs developed in partnership with affected families and communities should be considered.

## Prevention

Family Planning NSW (FPNSW) notes that the recommendation that all pregnant women avoid alcohol entirely rests on a slender evidence base. While seven or more standard drinks per week place a baby at risk of negative affects from alcohol (Abel 1995; Chudley 2005; CPS Statement 2002; Ebrahim 1999; Roberts 2000), factors such as the pattern of drinking, the maximum blood alcohol concentration reached, the stage of the pregnancy together with the health, nutritional status and age of the mother are all cited as interrelated factors (Keen et al 2010, Cochrane Collaboration 2009). This suggests that a more nuanced public health approach is appropriate. Family Planning NSW therefore submits that the emphasis in prevention needs to be focused on *reducing problem drinking* in pregnant women and women likely to become pregnant rather than a general abstinence message for all pregnant women.

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FPNSW advocates that prevention programs should focus upon screening women who are pregnant or planning pregnancy for problematic drinking, improving the nutritional status of women of child-bearing age who are at risk of problematic drinking, and the provision of multidisciplinary support for women at risk.

Problem alcohol consumption patterns identified are drinking at least five to six drinks per occasion in early pregnancy (Clarren and Smith 1978, Rosett 1980) with a monthly intake of at least 45 drinks (Rosett 1980).

FPNSW submits that prevention interventions need to be:

- Targeted
- Multi-disciplinary in approach and acceptable to women at risk
- Rigorously evaluated

**Intervention**

The early diagnosis of alcohol related disorders is critical to enable families to seek the support needed to minimise the negative impacts upon the affected individual and his or her family.

FPNSW recommends that a formal diagnostic tool should be developed, and that screening for problematic drinking should be part of antenatal care, and care of women planning pregnancy. If problematic drinking is identified, there then needs to be an evidence-based strategy to assist the woman to reduce her alcohol consumption and to support her in doing so.

Diagnosis of an alcohol-related disability needs to be linked to programs that provide early intervention for the affected individual and support for the family to improve life outcomes. Families into which children with FAS and ARND are born are more likely to also experience problems such as socio-economic stress, poor nutrition, drug and alcohol-related problems and family violence (O'Leary 2002).

Stability of care, protection from violence and educational opportunities that focus on maximising the affected child's options for later life, whether that be independent living or living in supported accommodation, should be prioritised.

Secondary disability such as mental illness, alcohol and other drug issues and problems with the criminal justice system are acknowledged risks for people living with FAS and ARND

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**Management**

Early diagnosis, social education and social services, a nurturing environment and protection from violence are identified as factors that enable people living with FAS and ARND to live healthy lives and avoid secondary disability.

Investment in disability support in educational institutions is crucial, as it comprehensive carer and family support, including respite care, parenting programs and prevention of domestic and family violence.

**Conclusion**

While health promotion aimed at the general community about the risks of alcohol in pregnancy is warranted, the messaging should be evidenced based. Serious investment in supporting young women to overcome problematic drinking is required to prevent alcohol-related disabilities. When such disabilities do occur, comprehensive services targeted at the family and social unit as well as the affected individual are crucial.

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