Submission to Senate Inquiry on Foetal Alcohol Spectrum Disorder

Background:

Anyinginyi Health Aboriginal Corporation, based in Tennant Creek and servicing the Barkly Region, Northern Territory, has 12 months of Federal funding for an FASD Project to carry out education around FASD issues, research and consult on a variety of levels, engage the community, and support families and services already dealing with FASD.

FASD is wholly preventable, and its prevalence is habitually underestimated. This Project aims to raise awareness, using positive and respectful strategies, harnessing existing strengths in the community and enhancing local pride.

Although the Project is still in its infancy, significant progress in identifying community needs and raising awareness of FASD has already been made. A resource/library base is well on the way to being established for both health professionals and members of the local community.

US Research:

*One in five women drink alcohol during their first trimester of pregnancy.

*The US estimates FASD to be the leading known cause of mental retardation.

*FASD affects at least 1% of all live births.

*People with FASD - 94% have mental health problems

- 79% have problems with employment
- 60% have problems with the law
- 45% are involved in inappropriate sexual behaviour
- 35% experience drug and alcohol problems of their own

*Costs of FASD are estimated to be up to $6 billion dollars (US) each year

- for one individual with FASD: $2 million dollars (US) in their lifetime.

[from the US Department of Health and Human Services, 2007]

It is expected that Australia, with its culture of heavy alcohol consumption, would yield similar data if comprehensive research was available.

Challenges:

FASD exists here intertwined with a complex web of interrelated socio-economic factors, including poverty, alienation, isolation, domestic violence, other substance-related issues, and decades of the poisoning of culture by alcohol. Regular, frequent and excessive alcohol consumption is so entrenched in some places that it has become the norm. This applies to both Indigenous and non-Indigenous populations.

Wherever children and young people are habitually exposed to the overuse of alcohol, and its attendant issues of addiction, violence and ill-health, they logically grow up understanding it to be the status quo, and have a distorted idea of its role in life, and of the existence of other, more positive options.

Health professionals, with the best of intentions perhaps, are often reluctant to diagnose FASD, as a highly-stigmatised label, preferring to use other diagnoses, such as ADHD, Autistic Spectrum Disorders, and general developmental delay. The result of this reluctance to identify FASD is the immediate lack of effective and early interventions in order to maximise the child's potential to overcome its disabilities and problems.

Another outcome of this, as well as the characteristic under-reporting of alcohol consumption generally, is the dearth of accurate data showing the prevalence of FASD and alcohol consumption during pregnancy. This lack of concrete evidence has contributed to the neglect of FASD and Australia's failure to address its issues despite clear knowledge of its existence dating back decades.

FASD is not "an Indigenous problem" as such, although it is acknowledged to be affecting Indigenous culture in specific and tragic ways. The visibility of the problem amongst Indigenous communities does make it more possible to address than in communities where it is invisible, hidden and denied. In that respect, communities like those in the Barkly Region have the capacity to lead the way in finding solutions.

FASD Facts:

*There is a strong correlation between community alcohol consumption and the prevalence of FASD (as researched in Canada, US and UK).

*FASD is totally preventable.

*There is no known safe limit of alcohol consumption during pregnancy.

*There can be no effective intervention without an accurate diagnosis, and without professionals willing to implement both diagnosis and intervention.

What would make this Project more effective:

*Awareness amongst health professionals, with a mandate to diagnose and record data (ie recognition of FASD and uniform diagnostic criteria).

*Government to give priority to FASD, in the contexts of disability, mental health, juvenile justice, education.

*Improved funding and resources – ie a three/four year project of research and development of intensive support and prevention programmes in individual communities.

Longer-term Projects:

*Point of sale signage – taking responsibility for alcohol consumption in the community.

*Community ownership of both the problems and the solutions.

*Funding longevity to enable ongoing education and resources.

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