

The main body of my work is chronic disease in high risk populations. In Australia this includes Indigenous Australian living in remote areas. I have worked for 20 years in remote NT communities. There I can now see families with up to three generations of fetal alcohol affected members. The implications for social, educational, and employment outcomes are serious, as well as for mental and physical health. There is evidence now that exposure predisposes to the spectrum of chronic disease which has blossomed in this population, (kidney disease, heart disease etc) but which is otherwise containable and modifiable, and for which good protocols of surveillance and treatment are now in place.

Among the challenges.

1. Support research towards biomarkers which indicate risky exposure in women likely to get pregnant or already pregnant,
2. Support research on simple biomarkers of exposure or effect in newborns and children.
3. Support research on interventions that might alter the pregnancy outcomes, or the trajectory of the baby/child. In the case of the pregnant woman, one approach could be simple nutritional supplements that interfere with the pathway through which alcohol mediates its adverse effects.
4. All the educational and social awareness programs that my colleagues will be advocating for.
5. All the diagnostic and health care initiatives that my colleagues will be advocating for.

Of course, FASD is by no means restricted to our Indigenous people, far from it. This is merely one situation with which I have some familiarity.

Thankyou, Wendy Hoy

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