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**Australian Indigenous Doctors' Association (AIDA)**  
**Submission in response to the inquiry into Foetal Alcohol Spectrum Disorder (FASD)**

The Australian Indigenous Doctors' Association (AIDA) welcomes the opportunity to comment on this inquiry and I appreciate the extension of time granted to AIDA to provide these comments.

AIDA is the nation's peak body for Aboriginal and Torres Strait Islander doctors and medical students, and advocates for improvements in Indigenous health in Australia. Currently, there are an estimated 160 Indigenous doctors and 218 Indigenous medical students in Australia. As Indigenous medical practitioners, we have a distinctive and central role in advocating for, and improving the health and wellbeing of Aboriginal and Torres Strait Islander people.

AIDA recognises that FASD is the leading cause of intellectual disability in Australia. FASD has lifelong effects ranging from brain damage and growth development to social and behavioural problems, and significantly impacts on Aboriginal and Torres Strait Islander people and communities where rates of FASD are consistently higher<sup>1</sup>.

*Prevention*

The National Health and Medical Research Council Guidelines around alcohol and pregnancy recommend abstinence as the safest option for pregnant women<sup>2</sup>. AIDA would support this recommendation, given that safe levels of drinking during pregnancy have not been established. FASD may not just be related to 'excessive alcohol consumption' and education campaigns should reflect this.

FASD among Aboriginal and Torres Strait Islander people must be addressed from a holistic perspective. Just as the physical, psychological, economic and societal impacts of FASD reverberate through families and communities, the causes of excessive drinking extend well beyond the circumstances of the individual. It is the product of a complex mix of interrelated socio-economic and cultural factors including dispossession and trans-generational grief, isolation, poverty and trauma.

<sup>1</sup> Alcohol and Pregnancy Project (2009) *Alcohol and Pregnancy and Fetal Alcohol Spectrum Disorder: a Resource for Health Professionals*. Perth: Telethon Institute for Child Health Research.

<sup>2</sup> National Health and Medical Research Council (2009) *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*. Canberra: Commonwealth of Australia. Page 67.

A public health approach is required, that is primary, secondary, and tertiary prevention efforts. Key elements of this approach should include population level health promotion messages regarding alcohol, pregnancy and early childhood development as well as issue specific health literacy. At risk families and communities also need to be identified and followed up with tailored interventions across the life cycle, not just in the antenatal periods.

Community ownership is critical and can be fostered through ongoing consultation and engagement. For example, the Marulu Project initiative is a community driven strategy in the Fitzroy Valley in Western Australia to address FASD. To ensure the project remains culturally appropriate and targeted, the community is engaged in every step through intensive consultation processes<sup>3</sup>.

Education and awareness initiatives must also target health and medical professionals. Too often medical students and doctors aren't equipped to recognise, diagnose, and manage FASD especially at the less obvious end of the spectrum where signs and symptoms may be related to developmental delay or behavioural issues.

### *Intervention*

Early recognition of FASD is critical to reduce the effects of long term damage. To encourage early recognition, there should be improved identification and diagnostic systems, specifically a uniform diagnostic tool that is adopted nationally. Once developed, there should also be formal training for both students and health professionals to use the diagnostic tool.

Where women have been informed of the risks of drinking during pregnancy and have not acted on this advice; AIDA would encourage the committee to consider how best the health system can then assist these women with minimising the risk of excessive alcohol consumption to themselves and their unborn child.

Education and training for health professionals working in the justice system in particular should be strengthened to ensure those affected by FASD are supported, managed and treated appropriately.

### *Management*

Health services, community, employment, and education sectors should work collaboratively to support individuals and families affected by FASD. This cross-sector support could be delivered more efficiently if FASD is acknowledged as a disability. Health services for Aboriginal and Torres Strait Islander people, particularly those that include detoxification and rehabilitation, also should be accessible and enhanced to cater effectively for pregnant women and their families.

Indigenous health workers are often well placed to facilitate consultation with community, and to design and implement strategies regarding health promotion and prevention of FASD. The wider health workforce needs to be clinically and culturally qualified to address FASD across the prevention, intervention and management spectrum.

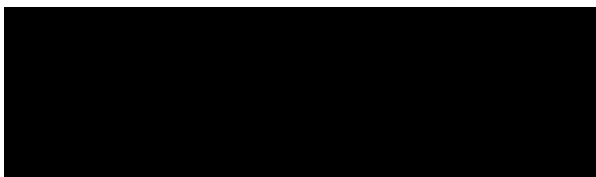
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<sup>3</sup> J Latimer, E Elliott, J Fitzpatrick, M Ferreira, M Carter, J Oscar and M Kefford (eds) (2010) *Marulu The Lillwan Project Fetal Alcohol Spectrum Disorders Prevalence Study in the Fitzroy Valley: A Community Consultation*, The George Institute for Global Health.

**Recommendations:**

1. Targeted education campaigns for at-risk Aboriginal and Torres Strait Islander families and communities be developed and implemented in collaboration with local communities
2. Education campaigns adopt a whole of community responsibility approach and incorporate underlying socio-economic factors contributing to Foetal Alcohol Spectrum Disorder
3. Education and awareness initiatives target health and medical professionals
4. A uniform diagnostic system be adopted nationally and formal training for health professionals in its implementation
5. The need to develop initiatives/programs to identify, refer and provide treatment and care for women who are drinking during pregnancy
6. Foetal Alcohol Spectrum Disorder be acknowledged as a disability
7. Services for Aboriginal and Torres Strait Islander people be supported, improved and be made more accessible for individuals affected with Foetal Alcohol Spectrum Disorder and their families and carers.

AIDA would welcome the opportunity to discuss this submission in further detail. The contact person in the AIDA Secretariat is Ms Leila Smith, on phone 02 6273 5013.



Associate Professor Peter O'Mara  
President

12 April 2012