# Submisison to the Inquiry into Fetal Alcohol Spectrum Disorders

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### FARE and the Public Health Association of Australia’s submission to the House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into Fetal Alcohol Spectrum Disorders (FASD) addresses each of the Terms of Reference (prevention strategies, intervention needs and management issues for FASD) and examines the higher prevalence rates of FASD among Aboriginal and Torres Strait Islander peoples.

The Foundation for Alcohol Research and Education (FARE) and the Public Health Association of Australia (PHAA)’s submission to the House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into Fetal Alcohol Spectrum Disorders (FASD) addresses each of the Terms of Reference (prevention strategies, intervention needs and management issues for FASD) and examines the higher prevalence rates of FASD among Aboriginal and Torres Strait Islander peoples.

## Recommendations

1. Strategies to address FASD should be implemented in conjunction with a range of other evidence-based measures, to reduce alcohol related harms.
2. Produce a National FASD Plan that specifies the Commonwealth, State and Territory Government’s responsibilities in addressing FASD and includes actions, targets and outcomes.

### Prevention strategies

1. Develop and fund an ongoing national public education campaign that promotes the National Health and Medical Research Council Australian Guidelines to Reduce Health Risks from Drinking Alcohol (NHMRC Guidelines), with a particular focus on guideline four on maternal alcohol consumption. The campaign should use a broad range of media and ensure that there are specific messages that target: the general public; women; their partners; and people in the community identified as being at risk.
2. The public education campaign should be appropriately resourced and developed by the Department of Health and Ageing (DoHA) and the Australian National Preventive Health Agency (ANPHA), with local organisations working to promote the campaign at the community level, including Medicare Locals.
3. Introduce a mandatory health warning label regime for alcohol products sold in Australia, including a message about the risks of consuming alcohol while pregnant. The health warning labels should: be mandatory so the label appears on all products; be applied consistently across all products so they are visible and recognisable; include a number of rotating messages focussing on different social and health harms; be developed by health behaviour and public health experts; be regulated and enforced by government; and be accompanied by a national public education campaign. Influencing cultural change about alcohol
4. Implement evidence-based policies that contribute to affecting broader cultural change about alcohol use and reduce harmful consumption, including: a stepped approach to pricing alcohol based on its pure alcohol content and propensity to cause harm; reducing the availability of alcohol; regulating the promotion of alcohol; and encouraging brief interventions to be routinely implemented by health professionals.

### Intervention needs

1. Fund a large-scale FASD prevalence study in Australia and use this data to better inform programs, policy and service delivery for the prevention, intervention and management of FASD.
2. Raise awareness among health professionals of FASD and the risks of consuming alcohol during pregnancy by: embedding information about FASD and the NHMRC Guidelines into the curricula of health and medical university courses; and funding the establishment of continuing professional development modules for health professionals about the NHMRC Guidelines, and delivering messages consistent with the NHMRC Guidelines, including the maternal alcohol consumption guideline.
3. Develop programs for health professionals to routinely ask all women, including younger women about their alcohol consumption, along with other lifestyle questions.
4. Improve access to antenatal and maternity services for people in the community who are marginalised or geographically isolated.
5. Build on existing efforts to establish a national standardised diagnostic tool for FASD and ensure that training on its use is provided to a range of health professionals (including paediatricians, general practitioners, health workers, maternal and child health nurses, midwives, psychologists and psychiatrists).
6. Allocate funding, education and support to existing interdisciplinary health teams (such as in antenatal clinics and children’s hospitals), to improve their ability to diagnose conditions within FASD.
7. Improve data collection on FASD and data linkage ability between various sectors by: encouraging health professionals to collect standardised data on FASD; providing secure processes that allow health information to be shared between relevant health professionals; developing a national data repository for information on FASD; and making anonymous population data publicly available through Australian health publications.

### Management of FASD

1. Recognise FASD as a disability and modify eligibility criteria for disability services to support people with a FASD condition, their families and their carers.
2. Ensure that all people diagnosed with FASD are provided with a treatment and management plan, and recognise that a ‘one size fits all’ approach will not work for all people with FASD.
3. Allocate funding to support groups that assist people with FASD, their families and carers.
4. When developing management and care systems for people with FASD, their families and carers, ensure that equitable life-long services are provided and that transitions from child to adult services are pre-planned and coordinated to ensure that people do not “fall between the cracks”.
5. Develop processes to ensure that people who are considered to be at-risk of having FASD are screened when they come into contact with government services including the criminal justice system, foster care system, child safety system and child and family centres.
6. Examine sentencing options for people identified as having a FASD condition who come into contact with the criminal justice system, similar to options provided to other people who have cognitive functioning disabilities.
7. Fund further research into: education initiatives that support school staff to reduce the development of secondary disabilities among people with FASD; employment and training opportunities for people with FASD and ways that current systems can be enhanced to support people with FASD; and identifying and providing support to people with FASD who have come into contact with the criminal justice system.

### Addressing the high prevalence of FASD among Aboriginal and Torres Strait Islander peoples

1. Develop culturally specific prevention, intervention and management strategies for Aboriginal and Torres Strait Islander peoples that are supported and managed by local communities. These strategies should be based on current good practice examples such as the ‘Marulu Strategy’ in Western Australia.
2. Provide resources to enable Aboriginal and Torres Strait Islander communities to develop community-driven solutions that address alcohol misuse. These should be comprehensive and include strategies to: prevent or minimise the harmful use of alcohol; provide safe acute care for those who are intoxicated; provide treatment for people who are dependent; and support people who are affected by FASD or whose harmful alcohol use has left them disabled or cognitively impaired.

[view the submission](/wp-content/uploads/FASD-Inquiry-Submission.pdf)

### Metadata