

House Standing Committee on Social Policy and Legal Affairs

Submission re: Foetal Alcohol Spectrum Disorder

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The potential toxicity of Alcohol to an unborn child is particularly significant at 6 - 8 weeks gestation ("Alcohol Embryopathy" risk): analogous to the promotion of Folate supplementation to women of child-bearing age (especially when planning a pregnancy), any prevention strategy needs to be delivered early, ideally before conception.

The identification of Alcohol (also other substance use disorders) Use Disorders before, during and after pregnancy remains under-utilised despite the existence of substantial research into screening methods and the development of useful tools. The identification of dysmorphic features in any neonate prompts most health professionals to search for a diagnosis which may include FASD, however, many of the disorders within the FASD "spectrum" can appear late i.e. after years when behavioural/learning difficulties become more apparent. Thereafter, the "attribution of causation" remains difficult to prove/diagnose because many other factors may contribute aetiologically to behavioural/learning and such problems in childhood. Hence, better diagnostic approaches are need. In the absence of any "pathognomonic" features or specific tests for FASD, clinicians could be assisted by the development of a diagnostic algorithm/decision tree.

There are Ethical and Legal areas to be considered because action on FASD must surely mean action to protect children, yet to be born, unborn or already born. Any screening strategy needs to be "sensitive" to the potential stress/guilt/self-blame and like emotions potentially evoked by such screening in pregnant women; if a pregnancy can be deemed "at risk" for FASD, should Child Protective interventions apply (and what about apparent inaction by one party [father/other family member] by failing to report? If a child has "proven" FASD, can they claim "damages" from their parents (i.e. at a later stage in life, or if under guardianship, can a guardian do so on their behalf?) or should they be "only entitled" to claim DSP?; In the US, many alcohol sales venues carry warnings about the risk of Alcohol consumption if pregnant and in some places, warnings exist on bottles,

thus it may be argued that if drug manufacturers need to provide warnings about potential toxicity, so too should all manufacturers of Alcoholic beverages.

It is essential that the management of any child with FASD incorporate strategies that address the home environment where Alcohol/other substance use disorders may continue to expose the child to risk and diminish the child's potential benefit from any treatment intervention.

Yours sincerely,

(Dr) Mike McDonough

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