VICTORIAN ALCOHOL & DRUG ASSOCIATION

Inquiry into **Foetal Alcohol Spectrum Disorder**

December 2011

VAADA Vision

A Victorian community in which the harms associated with drug use are reduced and general health and wellbeing is promoted.

VAADA Objectives

To provide leadership, representation, advocacy and information to the alcohol and other drug and related sectors.

The Victorian Alcohol and Drug Association

The Victorian Alcohol and Drug Association (VAADA) is the peak body for alcohol and other drug (AOD) services in Victoria. We provide advocacy, leadership, information and representation on AOD issues both within and beyond the AOD sector.

As a state-wide peak organisation, VAADA has a broad constituency. Our membership and stakeholders include 'drug specific' organisations, consumer advocacy organisations, hospitals, community health centres, primary health organisations, disability services, religious services, general youth services, local government and others, as well as interested individuals.

VAADA's Board is elected from the membership and comprises a range of expertise in the provision and management of alcohol and other drug services and related services.

As a peak organisation, VAADA's purpose is to ensure that the issues for both people experiencing the harms associated with alcohol and other drug use, and the organisations that support them, are well represented in policy, program development, and public discussion.

Introduction

VAADA welcomes the opportunity to contribute to this inquiry currently being undertaken by the *House Standing Committee on Social Policy and Legal Affairs* (the Committee) on Foetal Alcohol Spectrum Disorder (FASD). The Terms of Reference listed by the Committee direct comment to three key areas being prevention strategies, intervention needs and management issues. We will respond to these three areas.

VAADA acknowledges that this is a highly complex area with a number of competing principles. There are a number of specialised services which will respond and VAADA would urge the Committee to carefully consider the contribution from such agencies.

Generally speaking, VAADA is of the view that women should be supported throughout their pregnancy. They should be encouraged to engage in behaviour consistent with maximising best health outcomes which includes reducing their alcohol intake with a preference for abstaining from drinking during the pregnancy if possible (as there is no evidence indicating a safe level of alcohol consumption for pregnant women (Haber, Lintzeris, Proude and Lopatko 2009:121)).

VAADA supports the principles contained within the National clinical guidelines for the management of drug use during pregnancy, birth and the early development years of the newborn ('the Guidelines') (MCDS 2006) however recommends that these guidelines be reviewed and updated to ensure that they retain their currency.

Prevention strategies: including education campaigns and consideration of options such as product warnings and other mechanisms to raise awareness of the harmful nature of alcohol consumption during pregnancy

The complexities with FASD and related conditions is that the harm to both the child and mother can occur through the consumption of alcohol prior to an awareness of pregnancy (earlier research

indicates that approximately 50 per cent of pregnancies are unplanned (Finer and Henshaw 2006:90)). This creates difficulties in providing indicated preventative strategies as the 'at risk' population is vast (amounting to any woman who is sexually active and consumes alcohol). Broad ranging approaches, including the provision of information on the harms associated with alcohol and other drug (AOD) use whilst pregnant, as well as those outlined in the Guidelines (2006) should be maintained and strengthened, including:

- Information on contraception;
- Information on vertical transmission of blood borne viruses; and
- Information on the impact of mental health issues.

Further, information should be provided on the risks of alcohol to women who are breast feeding, including how best to minimise the harm to the child.

Importantly, it is crucial that women who continue to drink during pregnancy are provided with information which enables them to realise that both their health and that of their child is at risk; however, this must be delivered in a manner which is consistent with not creating a sense of guilt (Haber et al:123); to do otherwise would be to create a deterrent for women to engage with the appropriate health services. It is important that women continue to receive optimal health support irrespective of their choices.

It is worthwhile noting that although the population which is potentially at risk is vast, there is a much smaller group who are more likely to be putting their child at *serious* risk. This is a significant resourcing issue and although it is important to ensure that there are strong preventative programs capturing the entire population at risk, there should be an emphasis on the higher risk population. Further research is required to identify aspects of this high risk population which can contribute to the crafting of effective, evidence informed prevention and harm reduction policies.

The prevention space has significant gaps in evidence and therefore further work must be undertaken in developing evidence informed prevention strategies which must be more involved than the dissemination of brochures and health related media messages.

Intervention needs: including FASD diagnostic tools for health and other professionals, and the early intervention therapies aimed at minimising the impact of FASD on affected individuals

VAADA notes that there is an insufficient level of evidence to ascertain which interventions are most effective (Haber et al:126) and thus calls for further research in order to ascertain the most appropriate interventions. This lends weight to the need for review of the Guidelines (2006).

However, common sense would suggest that appropriate interventions for pregnant women at risk be exercised by health staff who are already engaged. Brief interventions may be suitable in some cases. There are significant benefits in ensuring that diagnosis is undertaken at the earliest opportunity. This leads to the need to ensure that maternity services are appropriately resourced so they can address this issue from a multidisciplinary focus and ensure that a diagnosis is made at the earliest opportunity and thus provide families with appropriate support.

Management issues: including access to appropriate community care and support services across education, health, community services, employment and criminal justice sectors for the communities, families and individuals impacted by FASD.

VAADA believes that there is a need to increase support to individuals who are consuming high quantities of alcohol to maintain effective family relationships and provide assistance regarding parenting if required.

Ready access to appropriate AOD treatment and other health services is necessary to improve the health outcomes of families and individuals impacted upon by FASD.

References

Finer LB and Henshaw K 2006, 'Disparities in rate of unintended pregnancy in the United States, 1994 and 2001), Perspectives on Sexual and Reproductive Health, vol. 38, no. 2, pp.90–96.

Haber P, Lintzeris N, Proude E and Lopatko O 2009, Guidelines for the treatment of alcohol problems, Department of Health and Ageing, Australia.

MCDS 2006, National clinical guidelines for the management of drug use during pregnancy, birth and the early development years of the newborn, Ministerial Council on Drug Strategy, Commonwealth of Australia.