



# Changing the way we respond to Fetal Alcohol Spectrum Disorders

Foundation for Alcohol Research and Education

# Australia's response to FASD has reached a tipping postretime submission 36A prevention of FASD and the provision of services to Australian families

#### Action taken

#### Research

- > Lililwan study in Fitzroy Valley, WA
- Screening and Diagnostic Instrument for FASD
- > FASD Monograph to be published
- ➤ Knowledge and training needs of QLD Judiciary

#### **Programs**

- > Australia's first diagnostic clinic at Westmead
- > FASD prevention program Ord Valley, WA
- > FASD education programs Tiwi and Darwin
- > Tasmanian training program

#### **Advocacy**

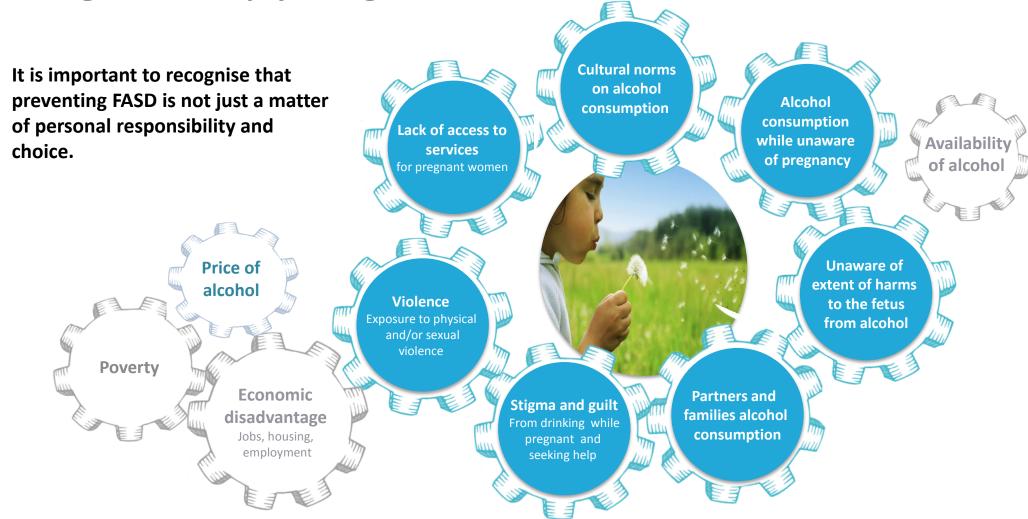
- ➤ Labelling Logic: review of food labelling laws
- ➤ House of Reps FASD Inquiry established
- ➤ National Organisation on Fetal Alcohol and Alcohol Related Disorders (NOFASARD)

#### Achievements made

- ✓ Greater understanding of FASD prevalence
- ✓ Moving towards nationally consistent diagnosis
- ✓ Established an evidence base for action
- ✓ Highlighted need for training and awareness
- ✓ More children will be able to receive diagnoses
- ✓ Reduction in alcohol consumption during pregnancy
- ✓ Increased awareness of FASD locally
- ✓ Increase knowledge of FASD among key group
- ✓ Introduction of a pregnancy warning label agreed
- ✓ Focussed political and public attention on FASD
- ✓ Provides a national voice for people affected by FASD

FASD is a complex issue that requires greater precision and coordination in the way governments and the community respond.

FASD doesn't occur in isolation - it results from a complex interplay of biological, social, psychological, environmental and economic factors



A whole-of-government response is required to bring together support from a range of sectors including health, employment, education, justice, Indigenous, community and housing.

# A National FASD Action Plan is needed that coordinates action across different sectors and across all Australian jurisdictions

#### The essential elements of a plan are:



#### Improve diagnostic ability

Diagnosis rates for FASD are low. To improve this the following is needed: a standardised diagnostic tool, services for people to receive a diagnosis and training for health professionals on FASD and use of diagnostic tool.



#### Reduce overall alcohol consumption of Australian women

Fundamental to preventing FASD is reducing the harmful consumption of alcohol in the general population by: funding ongoing public education campaigns, implementing mandatory warning labels and ensuring all health professionals ask women about their alcohol consumption.



#### Empower people with FASD to fully participate in society

Access to disability support services and early intervention programs are crucial in preventing the development of further disability and hardship for people with FASD. Access to early intervention services will result in better outcomes for those affected throughout their lives.



#### Improve data collection to understand true extent of FASD in the Australian community

The prevalence of FASD in Australia is largely unknown and believed to be significantly underreported. Clear actions are required to standardise data on alcohol consumption during pregnancy and on the collection and collation of data once a FASD diagnosis has been made.

Proposing a National FASD Action Plan should be the main outcome of the Inquiry.

# There are opportunities to fund early action in the 2019/14 to the will capitalise on the gathering momentum

The Committee should issue an interim report to catch the 2013/14 budget cycle

Funding to finalise diagnostic tool and guidelines

In 2010 the Department of Health and Ageing provided \$450,000 in funding to develop 'Screening and Diagnostic Instrument for FASD'. Guidelines on the use of the tool need finalising.

Fund piloting of diagnostic tool in two clinical settings

The tool needs to be evaluated in two different environments: FASD Clinic, Westmead Children's Hospital, Sydney and the Child Development Service at Princess Margaret Hospital, Perth.

**Expand 'Better Start' initiative to include FASD** 

The 'Better Start for Children with Disability' initiative assists eligible children with early intervention programs and allied health professional services. Adding FASD would not be cost prohibitive (as few children have a FASD diagnosis), but would greatly benefit those assisted.

Public education campaign and mandate warning labels

Fundamental to reducing prenatal exposure to alcohol is the reduction of harmful alcohol consumption in the general population. Public education and pregnancy warning labels would help to reduce overall alcohol consumption and help to prevent future cases of FASD.

Despite public commitments to prevent and address FASD, governments have been dragging their feet in some areas.

# The alcohol industry has been successful in delaying the introductions evidence-based alcohol warning labels despite repeated recommendations

2006 2008 2009 2010 2011 2012 • Labelling Logic Healthiest Nation by ALAC Application Government gives DrinkWise labels 2020 report The Alcohol Advisory recommends warning **Industry two years** Industry begins to Preventive Health The Legislative and implement DrinkWise Council of New Zealand labels Taskforce report is Review of food labelling (ALAC) makes an Governance Forum on labels on products, released, recommending laws result in the final stating by Dec 2013 application to introduce Food Regulation allow introduction of labels on there will be 75-80% of health warning labels by report: Labelling Logic industry two years to alcohol products. amending Australia New making recommendations "introduce appropriate products covered **Zealand Food Standards** to introduce warning labels. labelling on a voluntary basis before regulating for Code. this change". Industry response Regulation last resort only Alcohol industry labels No need for action Question the evidence Industry submissions to the Industry opposed mandatory DrinkWise launch their Industry suggest that ALAC application were in favour warning labels, citing lack of own voluntary labelling their current activities of keeping the current evidence, restrictions on size scheme, to be supported are sufficient and talk arrangements and outlined the with point of sale and international trade down the need for costs they had incurred from education materials. obligations as the reasons for further action on implementing standard drinks no change being necessary. labelling. labelling.

To prevent even one more case of FASD, consistent, coordinated action is needed to change the current system.

# This Inquiry has the opportunity to describe a clear vision and set the path for effective and sustained action

