

Standing Committee on Social Policy and Legal Affairs

(Enquiry into Foetal Alcohol Spectrum Disorder)

Submitters Rob and Lynette Chataway

Summary

There is an urgent need to label alcoholic beverages on the dangers their consumption poses to the foetus and to implement whole of community public education/awareness programs. An FASD diagnostic tool needs to be developed and rolled-out for use across the country. Children with FASD need to be recognised as having a disability and provided with appropriately funded educational support.

Background of submitters

We have been foster carers for 7 years, are in our late 40's and have higher research degrees in science and arts. We would like to make some brief comments on prevention strategies and intervention needs.

Prevention Strategies

We don't understand that Australia has no mandatory warning requirement for alcoholic beverages regarding their potential to cause irreparable brain damage to the developing foetus. As a community we would consider it unacceptable if we made no attempt to protect pregnant women from exposure to known teratogens (such as tobacco, heavy metals, radiation, rubella, phenytoin for epilepsy management) through laws restricting their use/availability and complemented by public education programs. However, for some reason products containing alcohol are exempt from any requirements at all. Prior to developing an awareness of FASD ourselves (through personal experience and studying the literature), we had very little awareness of the devastating impact alcohol could have on the developing foetus. We do not believe that the broader community has a good understanding either.

Intervention Needs

We have been involved with children whose mothers have a confirmed history of heavy alcohol exposure, whose children display the clinical signs of FASD as outlined by Julie Kable (see attachment) and have been diagnosed with Attention Deficit/Hyperactivity Disorder. This diagnosis does not adequately describe their symptoms, and treatment for ADHD is not sufficient on its own. We have found that professionals (paediatricians, case workers) seem unwilling to consider alcohol exposure during pregnancy as the dominant causative factor for this behavioural phenotype. There is a tendency to attribute children's behavioural and learning disorders to a combination of genetic and environmental factors (both pre and post birth) and when in-utero factors are acknowledged there is not necessarily a differentiation between the impact that alcohol and the various illicit drugs have on the foetus. We are not sure why, when we know that alcohol is the most pervasive environmental toxin to which children are exposed to in-utero, there is reluctance to attribute cause to it.

There is a critical need for an accepted FASD diagnostic tool to be developed. While we have been told by Queensland Education (25 May 2011) that FASD would be recognised within the Disability Discrimination Act, without the capacity for a diagnosis this seems to be a Catch 22 situation. FASD is not recognised as one of the six disabilities in the Queensland Education Adjustment Program so students suffering from this disability cannot access the same pool of funding that a child suffering from, for example, Autism Spectrum Disorder (one of the six recognised disabilities) can. This might change if a diagnostic tool for FASD was available.

Thank you for your time.

Yours sincerely,

Robert and Lynette Chataway

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