CATHOLIC EDUCATION OFFICE OF WESTERN AUSTRALIA

SUBMISSION TO THE HOUSE OF REPRESENTATIVES "INQUIRY INTO FOETAL ALCOHOL SPECTRUM DISORDER"

Prevalence and Identification

In regard to the Kimberley region, it is likely that the incidence of Foetal Alcohol Spectrum Disorder (FASD) is more prevalent than most estimates. In "The West Australian" ("Detention Fails to solve foetal alcohol problems"; 15 November 2011), a FASD educator from the USA, Carolyn Hartness has described the disorder as the 'invisible disability' because of a lack of screening and data. Most FASD sufferers demonstrated a range of secondary disabilities including mental health issues, depression, poor impulse control, inappropriate sexual behavior and drug and alcohol problems. This makes diagnosis even more difficult.

Juvenile offending is extremely high in areas such as the Fitzroy Valley.

The study to which Hartness has contributed is a collaboration between Nindilingarri Cultural Health Service in Fitzroy Crossing, the George Institute and the University of Sydney and is anticipated to be released early in 2012.

In terms of some of the remote areas, there is a lack of documentation at birth and access to records, due to the transient nature of the population. There are also limited health services in remote areas.

Detection of FASD is an issue for all, including for health and other professionals. This impacts on early intervention therapies aimed at minimising the impact of FASD on affected individuals.

- There is some frustration as intervention services and funding are limited due to lack of diagnosis of FASD. There is often suspicion of FASD and associated behaviours and learning difficulties but as there is no formal diagnosis, the student misses out on Government funding. A diagnosis may also mean the child can work at their own level and there may be a greater understanding of the behaviour and needs of the student.
- Health Professionals are quite likely to be the first to notice characteristics of conditions that make up FASD at birth. However, facial features tend to normalise in adolescence.
- Diagnosis at birth, even with family history, is often difficult to get a formal diagnosis. Cultural and shame issues can also play a part in the lack of diagnosis.
- There seems to be no diagnostic tool for school age diagnosis

Recommendations

- *The report referred to above needs to be closely considered by the House Standing Committee Inquiry, even if it means a delay in hearings.*
- *Considerable further investment for wider screening of FASD is required. Currently screening appears to be limited, scattered, lacking some coordination and inevitably, has effects of potential support and intervention strategies at all levels and especially in schools.*

- *A wider screening approach needs to be undertaken to identify the prevalence of FASD, especially in areas such as the Kimberley and other remote areas.*

Role of Schools and School Education

FASD can lead to a number of behaviours including bullying, peer rejection, poor attachment to school, membership of a deviant peer group, inadequate behaviour management and ultimately, school failure.

In Western Australia, a cross system organization, the School Drug Education and Road Aware (SDERA) has provided considerable assistance to schools through visitation and production of resources.

Supportive and protective school communities can contribute to a young person's health by helping to insulate them from alcohol and other drug related harm. However, demands on schools to reduce drug related harms must be realistic and recognise that engagement with a school community is just one of a range of protective factors that can impact on alcohol and drug use.

While schools are an obvious setting for alcohol and drug education, their role as a protective factor for alcohol and other drug use by young people is often overlooked. Extensive evidence suggests that alcohol and other drug use and misuse is often not an isolated behaviour, but one of a number of problems, including mental health disorders and criminal behaviour, which can be influenced by an individual's economic, social and cultural environment.

Schools can also play an important role in early intervention by ensuring young people who are identified as 'at risk' receive appropriate attention, including professional assistance, for actual or potential problematic use. In a broader sense, supportive and protective school communities can contribute to young people's health and wellbeing by helping to insulate them from alcohol and other drug related harm and other problems.

By the time children commence school they will have already been exposed to a substantial amount of 'real life' alcohol and drug education. Key predictors of adolescent alcohol and other drug use are social, personal, economic, environmental and biological. Clearly schools can have minimal control over these.

FASD is one of a range of harms that are associated with alcohol consumption in adolescence and specifically alcohol consumption and pregnancy. The SDERA Consultant in the Kimberley notes that teachers face a number of challenges in their classroom environment and among those is the difficulties associated with teaching students affected by FASD. Immediate and short term issues such as those related to disruptive behaviour in the classroom are compounded by longer term issues related to the negative impact on a student's developmental pathway and therefore their ability to optimize their potential.

The recognition by health authorities (National Health and Medical Research Council) that alcohol use by young people has serious negative outcomes in the short and long terms have prompted the development of the document, *Alcohol Guidelines for Children and Young People*. These guidelines are based on scientific research into the potential harms of alcohol for young people which show that:

- drinkers under the age of 15 years are much more likely than older drinkers to undertake risky, antisocial behaviour connected with their drinking;
- alcohol may adversely affect brain development and lead to alcohol-related problems later in life:
- parents and carers should be advised that children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important; and
- for young people aged 15-17 years, the safest option is to delay the initiation of drinking for as long as possible.

SDERA, by and large, works in the school setting but is cognisant of the need for connecting schools and community and engaging parents. In recognition of this the SDERA Consultant in the Kimberley collaborates with key alcohol and drug service providers to ensure a whole of community perspective is maintained. For example the SDERA consultant is a contributor to the Kimberley Alcohol and Drug Management Plan which is coordinated by the Drug and Alcohol Office and also works with the Community Drug Service Team on timely and appropriate community prevention initiatives.

For classroom teachers, SDERA provides a suite of curriculum support materials in the area of alcohol and drug education (including the upper primary and secondary years of schooling) with alcohol having a particular focus in the materials due to the part it plays in the social context of young people. To ensure teachers are confident and competent to use the materials, remain up to date with current research and information and address issues such as FASD, professional development is provided by SDERA at no cost to the school. Where appropriate and practical, workshops conducted by SDERA will engage local and expert presenters on specialised topics to ensure accurate and practical information is disseminated.

Recommendations

- *The role of schools in raising awareness of FASD and other drug and alcohol problems needs to be recognised. Support needs to be provided to schools in terms of resources and funding of agencies such as SDERA should be considered by the Australian government; currently funding is provided by state government agencies and education systems. In other words, a more national funding approach is required.*
- *Professional development should be provided to teachers and administrators to better understand and support adolescents and their families who may be users of drugs and alcohol.*
- *Consideration should be made to embedding information about health, drug and alcohol use into the Australian Curriculum, particularly the dangers of excessive consumption during pregnancy.*
- *There needs to be greater interagency support 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 affected by FASD.*
- *Providing partnerships with schools and various government and non government organisations and helping to sustain these; developing wrap around services with schools (e.g. youth workers, nurse, social worker etc) especially in those regions where drug and alcohol use are issues; ensuring that interagency collaboration occurs.*