

## **MEDIA RELEASE**

### **CALL FOR NATIONAL PLAN TO COMBAT FETAL ALCOHOL SPECTRUM DISORDERS (FASD)**

**18 January 2012:** Australia's leading alcohol research and education body has called for a comprehensive Commonwealth-led National Action Plan to tackle Fetal Alcohol Spectrum Disorders (FASD) - the most common preventable cause of birth defects in Australia.

In Australia there are currently no national prevention strategies to inform people of the risks of alcohol consumption during pregnancy, there is no formal diagnosis structure and services for people with FASD are minimal or non-existent.

Foundation for Alcohol Research and Education (FARE) Chief Executive Michael Thorn said that a national strategy for the prevention and management of FASD is long overdue and vitally important.

“For too long FASD has been the ‘invisible disability’; at worst ignored, at best addressed in an ad-hoc manner which has resulted in critical gaps in the prevention, intervention and management of FASD,” Mr Thorn said.

FARE today released its joint submission (together with the Public Health Association of Australia) to the Parliamentary Inquiry into Foetal Alcohol Spectrum Disorders.

Late last year the Minister for Families, Housing, Community Services and Indigenous Affairs, Jenny Macklin, and the Minister for Health and Ageing, Nicola Roxon, asked the House of Representatives Standing Committee on Social Policy and Legal Affairs to inquire into and report on the incidence and prevention of foetal alcohol spectrum disorder.

The joint submission calls for funding of the first ongoing national public education campaign to promote the National Health and Medical Research Council’s guidelines to reduce health risks from drinking alcohol, as well as for mandatory health warning labels for alcohol products sold in Australia.

“Australia risks lagging behind similar countries, such as Canada, in preventing and managing FASD. This is disappointing as FASD is preventable, and people born with FASD have it for life”, Mr Thorn said.

FARE also recommends funding of a full-scale FASD prevalence study in Australia, improved screening for FASD, and the adoption of a national standardised diagnostic tool for FASD.

In addition, FARE recognises that far more needs to be done to support people with FASD and their families and carers, including recognising FASD as a disability and ensuring people diagnosed are provided with a treatment and management plan tailored to their needs.

Mr Thorn urged the Inquiry to recommend a national plan as a matter of priority.

“This year, we have a historic opportunity for the Commonwealth Government to take the lead in the efforts to significantly reduce alcohol-related harms and make a substantial difference in the lives of people with FASD”, Mr Thorn said.

-- ENDS --

**Michael Thorn is available for interview.**

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The submission is available for download at <http://www.fare.org.au/wp-content/uploads/2011/07/FASD-Inquiry-Submission.pdf>

**Foundation for Alcohol Research & Education (FARE):** FARE – formerly the Alcohol Education and Rehabilitation Foundation - is an independent, charitable organisation working to prevent the harmful use of alcohol in Australia. Since 2001, FARE has invested over \$115 million in research and community projects to minimise the impact of alcohol misuse on Australians. Through our national grants program and commissioned research, the FARE has established itself as a leading voice on alcohol and other drugs issues. We work with community groups, all levels of government, police, emergency workers, research institutions and the private sector to address alcohol-related problems. For further information visit our website: [www.fare.org.au](http://www.fare.org.au)

## Facts about Fetal Alcohol Spectrum Disorders (FASD)

1. There is currently no known safe level of alcohol consumption during pregnancy. For this reason the National Health and Medical Research Council recommended that 'not drinking during pregnancy is the safest option'<sup>1</sup>.
2. Alcohol consumption during pregnancy can cause irreversible damage to the fetus, resulting in conditions referred to as FASD; a non-diagnostic umbrella term for the range of disabilities that result from prenatal alcohol exposure<sup>2,3</sup>.
3. FASD are the leading preventable cause of non-genetic, intellectual disability in Australia. While there is no cure for FASD, early detection and intervention can assist individuals, their families and carers to develop coping strategies and mechanisms for everyday life<sup>4,5</sup>.
4. FASD are often described as an 'invisible' disability<sup>6</sup> as individuals may not exhibit any of the facial or physical characteristics associated with the condition. However prenatal alcohol exposure can result in problems with behaviour, impulse control, memory, speech and language development, impairment of vision and hearing and difficulty with judgment and reasoning<sup>7</sup>.
5. People with FASD are more likely to experience mental health issues, alcohol and drug problems, trouble with the law, disrupted school experience and exhibit inappropriate sexual behaviours. Due to underlying brain damage, people with FASD can often struggle with day-to-day living, managing money and sustaining regular employment<sup>4</sup> and are also believed to be over-represented in the criminal justice system<sup>8,9</sup>. In Australia FASD is not recognised as a disability, and this precludes those with impaired mental functioning from receiving the help and support they require to manage their condition.
6. The prevalence of FASD in Australia is largely unknown due in-part to a lack of agreed diagnostic criteria and clinical guidelines, a lack of understanding about FASD among the medical profession and lack of routine screening of women about their alcohol use during pregnancy.
7. Prevalence rates for FAS, which is one of the conditions within the spectrum, are between 0.06 and 0.68 per 1,000 live births in the general population. Among Indigenous Australians, FAS is estimated to be between 2.76 and 4.7 per 1,000 births<sup>10</sup>.
8. FASD is overrepresented among people experiencing disadvantage, with factors such as lower socioeconomic status, malnutrition, higher age of mother, loss of traditional culture and level of education all contributing to higher rates of FASD<sup>4</sup>.

### References

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<sup>1</sup> National Health and Medical Research Council. (2009). *Australian guidelines to reduce health risks from drinking alcohol*. Canberra: Commonwealth of Australia.

<sup>2</sup> Barr, H.M. & Streissguth, A.P. (2001). *Identifying maternal self-reported alcohol use associated with Foetal Alcohol Spectrum Disorders*. *Alcohol: Clinical and Experimental Research*, 25, 283-287.

<sup>3</sup> Nguyen, T.T., Coppens, J & Riley, E.P. (2011). 'Prenatal alcohol exposure, FAS and FASD: An introduction.' In E.P. Riley, S. Clarren, J Weinberg & E Jonsson (Eds.) *Fetal Alcohol Spectrum Disorder: Management and Policy perspectives of FASD* (pp.1-13). Weinheim, WILEY-VCH Verlag GmbH & Co. KGaA.

<sup>4</sup> O'Leary, C. (2002). *Foetal Alcohol Syndrome: A literature review*. National Alcohol Strategy 2001 to 2003-04 Occasional Paper. Canberra: Commonwealth Department of Health and Ageing.

<sup>5</sup> Streissguth A., Bookstein F., Barr H., Sampson P., O'Malley K, and Young J. (2004). 'Risk factors for adverse life outcomes in Foetal Alcohol Syndrome and Foetal Alcohol Effects.' *Journal of Developmental and Behavioural Pediatrics*, 25(4), 228-238.

<sup>6</sup> Russell, V. (2008). *Living with Foetal Alcohol Spectrum Disorder: A guide for parents and caregivers*. Drug Education Network Tasmania, Communities for Children & Stronger Families.

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<sup>7</sup> Alcohol, Pregnancy & FASD website (2011). Telethon Institute for Child Health Research.

<http://alcoholpregnancy.childhealthresearch.org.au/>

<sup>8</sup> Riley, E. Clarren, S., Weinberg, J. and Jonsson, E. (Eds) (2011). *Fetal Alcohol Spectrum Disorder: management and policy perspectives of FASD*. Wiley-Blackwell, Germany.

<sup>9</sup> House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs (2011) *Doing Time – Time for Doing – Indigenous Youth in the criminal justice system. Chapter 4: the link between health and the criminal justice system*. Commonwealth of Australia.

<sup>10</sup> Peadon, E., Fremantle, E., Bower, C. and Elliott, E. (2008). 'International Survey of Diagnostic Services for Children with Foetal Alcohol Spectrum Disorders', *BMC Pediatrics* 2008, 8:12.