



# ADDRESSING FETAL ALCOHOL SPECTRUM DISORDER IN AUSTRALIA

NIDAC POSITION PAPER

ATCA Symposium

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# OVERVIEW OF TODAY'S PRESENTATION

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- What is NIDAC?
- Background to the development of the paper
- Introduction to FASD
- FASD and AOD services in Australia
- Overview of the recommendations
- Rationale for the recommendations

# NIDAC

- NIDAC established by ANCD in 2004 to provide advice on addressing Indigenous AOD issues in Australia
- The ANCD is the principal advisory body on AOD policy to the Prime Minister and Australian Govt
- NIDAC Members are mostly Aboriginal and Torres Strait Islander drug and alcohol experts and professionals from across the country

# NIDAC'S POSITION PAPER ON FASD

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- Released in June 2012
- Response to growing concern over FASD in Australia
- FASD undiagnosed and untreated
- Lack of supports for individuals, families, and services
- FASD is a serious issue
- NIDAC sought to provide direction

# INTRODUCTION TO FASD

- FASD - adverse effects from maternal consumption of alcohol during pregnancy and breastfeeding
- Totally preventable
- Affects: 1 – 3 per 1000 live births in general population; 9 per 1000 live births in high risk populations
- Often seen as an Indigenous issue
- Longstanding effects:
  - poor educational outcomes
  - behavioural problems
  - early and ongoing contact with justice system
  - contact with AOD services
- Early assessment & diagnosis → better outcomes
- House of Representatives Inquiry into FASD

# FASD & AOD SERVICES IN AUSTRALIA

- No research on relationship between FASD and AOD services in Australia
- Important implications for AOD services, including:
  - individuals accessing AOD services who may have FASD
  - individuals accessing AOD services who may have children with FASD
  - women accessing AOD services who may fall pregnant or be pregnant or breastfeeding
- AOD services play an important role in helping to address FASD in Australia

# RECOMMENDATIONS

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- Social Marketing
- Policy and Practice Guidelines
- Workforce Development and Training
- Prevention and Service Provision
- Data
- Recognition of FASD as a disability

# SOCIAL MARKETING

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- That the Australian Govt continues to develop & conduct national social marketing campaigns to:
  - discourage tolerance of harmful drinking in the general population
  - raise community awareness
- That the Australian Govt develops and actively disseminates alcohol and pregnancy information, including the 2009 NHMRC Guidelines

# SOCIAL MARKETING (CONT)

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## Rationale:

- Culture of drinking in Australia
- Fetal harm from moderate prenatal alcohol intake and/or occasional heavy episodic drinking
- Unplanned pregnancies
- Community attitudes → moderate drinking while pregnant / breastfeeding is ok
- Lack of community awareness of the impact of alcohol on the developing foetus

# POLICY AND PRACTICE GUIDELINES

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- That the Australian Govt develop an integrated national policy framework on fetal alcohol spectrum disorder linked to the National Drug Strategy, with target funding objectives
- That the Australian Govt continue to support the development of specific nationally based clinical guidelines, including screening, diagnosis, and treatment of/or interventions for FASD that are sector-relevant and based on evidence-based research

# POLICY AND PRACTICE GUIDELINES (CONT)

## Rationale:

- Serious issue with social and economic implications
- National response required
- Early diagnosis provides opportunities for preventing and or lessening adverse outcomes
- No internationally-accepted classification system or standardised screening test
- Poorly recognised

# WORKFORCE DEVELOPMENT & TRAINING

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- That govt and non-govt health services engage health care professionals who are familiar with, and actively incorporate, the recommendations from the *NHMRC's Guidelines to Reduce Health Risks from Drinking Alcohol* (2009) into their practice, and particularly with females of child bearing age
- That govt and non-govt health services require all health professionals to screen every pregnant woman for alcohol use during the first antenatal visit and ensure all health professionals are well trained to carry out this screening process

## WORKFORCE DEVELOPMENT & TRAINING (CONT)

- That govt and non-govt health services ensure that all relevant health professionals receive training and education on safe alcohol use, FASD and ways to support healthy behavioural change
- That Australian, state and territory govts support the development and provision of FASD training for all relevant sectors, e.g., criminal justice system staff, including prison staff, magistrates and judges as well as schools, to increase the understanding of appropriate responses to the needs of affected children, adolescents and adults with FASD

# WORKFORCE DEVELOPMENT & TRAINING (CONT)

## Rationale:

- Health/related professionals play essential role
- Lack of awareness and knowledge
- Pregnant women not asked about alcohol use nor informed of potential consequences
- Organisational and social barriers
- Inaccurate assumptions/perceptions on alcohol use by pregnant women
- Identified shortage of skills and resources

# PREVENTION AND SERVICE PROVISION

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- That services ensure that all women of reproductive age, regardless of age, ethnicity, socio-economic status or pregnancy, be screened for alcohol use, using brief intervention screening tools accompanied by appropriate advice and referral to an alcohol and drug service given appropriate advice, and referred to an alcohol and drug service or other service where appropriate
- That access to specialist services and appropriately trained health professionals be provided for the diagnosis, support and management of children, adolescents and adults with FASD

## PREVENTION AND SERVICE PROVISION (CONT)

- That services ensure that individuals with FASD and their families have access to specifically targeted integrated support services from trained professionals
- That services ensure that high risk groups and communities receive the services and supports necessary to improve their general social conditions, such as holistic early interventions which enhance transition to school

# PREVENTION AND SERVICE PROVISION (CONT)

## Rationale:

- Stats around drinking patterns in Australia
- Importance of early detection and intervention
- History of poor identification in Australia

# DATA

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- That the Australian Govt extends and improves relevant national surveys on alcohol and other drug use among both Indigenous and non Indigenous Australians to include measures of alcohol consumption among child bearing and pregnant women

## Rationale:

- Current lack of data

# RECOGNITION OF FASD AS A DISABILITY

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- That the Australian Govt allows individuals diagnosed with FASD full access to disability and Centrelink supports, including Commonwealth Rehabilitation Services and Medicare reimbursements
- That the Australian Govt ensures that eligibility for government funded support and services includes criteria that reflect the functional and behavioural deficits of developmental disorders like FASD

# RECOGNITION OF FASD AS A DISABILITY (CONT)

## Rationale:

- Canadian study estimated annual cost of FASD is approx \$21,000 Canadian (\$20,000 Aust) per person
- Individuals, families and carers affected by FASD are currently prevented from accessing government financial assistance

# STIGMATISATION OF WOMEN

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- Recommendations need to be introduced in a way that avoids stigmatising women
- Not helpful to women or to addressing FASD
- Makes the situation worse
- Women could stop seeking the help they need; start drinking in hiding
- Lead to increased drinking → greater risk to the child



**The position paper can be obtained from the NIDAC Website:**

**[www.nidac.org.au](http://www.nidac.org.au)**

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**THANK YOU**