



Media Release

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Australian FASD inquiry prompts call to action in NZ

Alcohol Healthwatch calls on the New Zealand Government to take note of the Parliamentary inquiry into Fetal Alcohol Spectrum Disorder (FASD) in Australia, and to action the 19 recommendations set out in the resulting report in New Zealand.

Following its inquiry the Social Policy and Legal Affairs Committee of the Australian Parliament released its report in Parliament yesterday. The report recognises the devastating effects of FASD on Australian society, and the importance of responding more effectively and with urgency. It addresses issues such as alcohol warning labels; current drinking guidelines; FASD awareness; diagnostic services; and Government support for people with FASD. The report also contains recommendations for a national strategy to prevent, diagnose and manage FASD.

Alcohol Healthwatch Director Rebecca Williams welcomes the report and says it demonstrates the scope and intensity of a preventable tragedy, and that at least the Australian Government is willing to confront this issue. “We have been calling for more to be done in New Zealand to prevent the permanent brain damage to babies exposed to alcohol before birth and greater support for those affected for years now. However, it’s like watching a train wreck in slow motion and being powerless to intervene,” says Ms Williams.

Williams says even the most basic of strategies, such as the provision of information on the product itself warning of the risks of drinking during pregnancy, has yet to be achieved. However, in its report the Committee calls for immediate action on labelling, including that it’s on the agenda of an upcoming meeting of the Legislative and Governance Forum on Food Regulations in December. Their report exposes the complete inadequacies of the alcohol industry’s voluntary labelling response, and recommends that the Government determine the appropriate format and design of labels by 1 March 2013, in preparation for mandatory implementation.

The Australian FASD inquiry puts the FASD issue front and centre and demands affirmative action from the Government there. However, it remains to be seen if Government’s either side of the Tasman will step up and act on the recommendations, says Williams. “We remain forever hopeful that common sense will prevail, however we’re not holding our breath.”

For further comment contact Rebecca Williams, Director Alcohol Healthwatch on (09) 520 7035 or 021 862 250.

Additional information:

The Australian Inquiry into FASD can be viewed at:

http://www.apph.gov.au/Parliamentary_Business/Committees/House_of_Representatives_Committees?url=spla/fasd/index.htm

Based on international prevalence rates of FASD and New Zealand rates of alcohol consumption during pregnancy, it is estimated that between 600 to 3000 babies are born affected by FASD in New Zealand each year. (Sellman D and Connor J The New Zealand Medical Journal 2009).

Preventing FASD in New Zealand will require a co-ordinated and well-resourced plan that includes the following evidence-based interventions:

Public awareness and Health Advisory Statements	<ul style="list-style-type: none">• Targeted awareness programmes to reduce the likelihood of an unplanned pregnancies being exposed to alcohol.• Mandatory labels on all alcohol containers and at point of sale, advising of the risks of drinking during pregnancy. These labels must be designed by health professionals and required on the front and back of the product, and be of a standard size/proportion of the label space.
Screening and intervention	<ul style="list-style-type: none">• Ensure all women of reproductive age, regardless of age, ethnicity, socio-economic status or pregnancy status are screened for alcohol use.• Routine delivery of culturally appropriate non-judgemental interventions for women at risk of drinking during pregnancy, including brief intervention and/or referral to appropriate service by primary care providers.
Identifying and treating FASD	<ul style="list-style-type: none">• Screening for FASD among high risk populations.• Application of best practice FASD diagnostic guidelines.• Prevalence research.
Supporting those affected by FASD	<ul style="list-style-type: none">• Implementation of evidence-based intervention programmes supporting individuals with FASD, including for affected families/whanau; and in health, education and justice settings. <p>It is important that these programmes address the functional and behavioural aspects of FASD in order to reduce the risk of secondary disability e.g. mental health problems, education failure, alcohol and drug problems</p>

	<p>and trouble with the law.</p> <ul style="list-style-type: none"> • Ensure that those with FASD are eligible for disability support. • Ensure appropriate respite care is available to affected families to reduce caregiver burnout.
Work force development	<ul style="list-style-type: none"> • Relevant work forces have access to appropriate FASD training programmes and resources to build capacity and capability to respond appropriately.

Adapted and summarised from *Fetal Alcohol Spectrum Disorder in New Zealand: Activating the Awareness and Intervention Continuum* an Alcohol Healthwatch Policy briefing Paper available at http://www.ahw.org.nz/resources/pdf/FASD_paper_20.4.07.pdf