



Australian Government

Responding to the Impact of Fetal Alcohol Spectrum Disorders in Australia

A Commonwealth Action Plan

Commonwealth Action Plan to reduce the Impact of Fetal Alcohol Spectrum Disorders (FASD) 2013-14 to 2016-17

The Commonwealth has identified five priority areas for action to reduce the impact of FASD across Australia. A range of specific actions for the Commonwealth to lead have also been identified under each of these priorities. The Action Plan seeks to:

- Support a whole of government approach to the issue of FASD, given its relevance to a broad range of services and supports across portfolios;
- Take a whole of population approach to the issue, whilst noting that targeted approaches to prevention and management should be pursued for populations at greatest risk from FASD;
- Recognise the preventable nature of FASD and support continuation of efforts to prevent FASD building upon existing government program activity;
- Support access by children and families impacted by FASD to services based on need and level of functional impairment; and
- To support the health and broader workforce to prevent FASD and to better respond to the needs of families impacted by it.

This Action Plan builds upon the existing investment to date in gaining a better understanding of FASD and aims to improve outcomes for FASD affected infants as well as reducing the incidence of this preventable disorder.

Key Actions

1. Enhancing efforts to prevent FASD

Objective:

Ensure that consistent preventive messages are provided to the whole community, based on the *NHMRC Guidelines on Reducing Alcohol Related Harm*, about the risks of consuming alcohol during pregnancy and the importance of supporting women to abstain from alcohol when planning pregnancy, pregnant or breastfeeding to reduce the incidence of FASD.

Actions:

- Build the capacity of the workforce, in particular primary care, non-government organisations, and other governments to deliver the message that it is safest not to drink any alcohol during pregnancy.
- Identification of and use of best models of early intervention activities to avoid alcohol related harm, and include promoting the risks of consuming alcohol during pregnancy.
- Continue the activities targeting harmful alcohol consumption in Australia through existing social marketing activities and by supporting activities under the National Drug Strategy in partnership with states and territories and other stakeholders.
- Monitor the voluntary labelling initiative currently being implemented by the alcohol industry, including the uptake of the measure, and the consistency of messaging with the NHMRC Guidelines.

- Build the evidence base and available data on alcohol consumption during pregnancy to be better able to monitor progress in reducing maternal alcohol consumption through improving data collections such as the National Drug Strategy Household Survey.

2. Secondary prevention targeting women with alcohol dependency

Objective:

Provide practical support to pregnant women who are alcohol dependent or have problematic alcohol use to reduce and where possible ultimately cease alcohol consumption through access to compassionate and effective interventions both before and after the birth of a child.

Actions:

- Undertake further research to develop best practice, compassionate interventions and guidelines for specialist drug and alcohol services and primary care organisations to provide greater support for at risk women, including those with FASD children, to help them reduce their substance misuse and reduce the risk of delivering a child with FASD and to ensure they have priority access to early interventions.
- Embed these interventions and guidelines in service delivery through the development of a quality framework for drug and alcohol services, and through funding grants to organisations supporting service delivery, such as peak organisations in the drug and alcohol sector, and primary care organisations.
- Ensure the broad range of social needs and pressures which impact on alcohol consumption during pregnancy are considered in the context of providing these interventions.

3. Diagnosis and management

Objective:

Improve diagnosis and reduce the impact of FASD (on the child and family) through finalising the FASD diagnostic tool for specialist clinicians and develop resources to support diagnosis and early management of FASD.

Actions:

- Work with key professional colleges to finalise the draft FASD diagnostic tool for the Australian context which has been developed for the Department of Health.
- Fund the development of a practical resource for health professionals for the use of the diagnostic tool and for managing the impact of a diagnosis of FASD on the individual and the family to ensure child and the family are supported through and after the diagnostic process (including ongoing management of alcohol misuse within the family environment which is likely to adversely impact outcomes for the child).
- Improve data collections on the incidence of FASD as the diagnostic tool becomes an accepted element of clinical practice.

4. Targeted measures supporting prevention and management of FASD within Indigenous communities and families in areas of social disadvantage

Objective:

To maintain and strengthen existing efforts to prevent FASD and reduce its impact in remote Indigenous communities given the significantly higher rates of FASD, and identify

opportunities to reduce its impact on families impacted by multiple disadvantages through community based programs.

Actions:

- Continue activities funded through the Departments of Prime Minister and Cabinet, Health and Social Services to reduce alcohol related harm in remote communities, including promoting the importance of community driven action and grassroots community engagement (such as the implementation of Alcohol Management Plans).
- Enhance the capacity of maternal and child health services in Indigenous communities to prevent and manage FASD, through programs such as New Directions for Mothers and Babies, which will provide a focus on prevention, early intervention and management of FASD.
- Explore opportunities to better connect services for Indigenous children with FASD with a focus on remote communities to ensure they have access to health, education and community support services which will improve their health and social outcomes.
- Promote availability of practical resources, support and advice on FASD to Indigenous communities and workforce, and share the learning and lived experiences of communities through utilising networks and resources such as the new Indigenous Substance Misuse Knowledge Centre.
- Target support to areas of greatest disadvantage (where women may also be at greater risk of alcohol misuse during pregnancy), through tailored support provided through programs such as Communities for Children. Many at risk families are likely to already be in contact with the services provided by these programs and have trusted relationships with them.
- Provide clear and consistent education and advice about alcohol and FASD through parenting and other programs provided by family support workers and encourage families impacted by FASD to engage with community based programs such as intensive playgroups or health services.
- The Stronger Futures in the Northern Territory Act 2012 has continued alcohol restrictions in remote Northern Territory Communities and provides a range of other measures aimed at reducing alcohol related harm in the Northern Territory. These legislative measures have been supported by additional funding through the Stronger Futures in the Northern Territory 10-year commitment to reduce alcohol related harm. This commitment also includes funding for rehabilitation and treatment, additional policing and to support the development of community-driven alcohol management plans.

5. National coordination, research and workforce support

Objective:

Continue to inform and strengthen coordination of whole-of-government efforts to reduce the impact of FASD through information exchange across sectors, and collaboration between research experts, the workforce and governments.

Actions:

- Establish a FASD technical network of FASD experts to improve information exchange.
- Promote shared responsibility for prevention and management of FASD by continuing dialogue across the Commonwealth and with state and territory governments, particularly departments with responsibility for drug and alcohol services, disability services and education.

- Continue to build the evidence base and improve links between research, policy and practice where appropriate, including promoting the results of the NHMRC targeted call for research on FASD in Indigenous communities.
- Ensure systematic national dissemination of tools, resources and information on FASD to the health workforce.
- Development of practical information to educate workforce to raise awareness of the impact of FASD and ensure programs intended to support children with disabilities and families with multiple disadvantage are aware of this impact and appropriately responsive.
- Disseminate information on FASD across sectors, including the judicial system, and community services and to customer service officers in the Department of Human Services to increase awareness and responsiveness to needs of those with FASD, including training and education for family support workers (such as those who engage with Communities for Children).
- Evaluate efforts to reduce the impact of FASD, including analysis of data available through surveys and research to inform progress.