



Australian Government

**Responding to the Impact of Fetal Alcohol Spectrum Disorders in
Australia**

A Commonwealth Action Plan

Contents

1. Introduction.....	2
2. Background.....	2
3. Policy context.....	4
3.1 Broader action to reduce alcohol related harm.	4
3.2 National Disability Insurance Scheme – DisabilityCare Australia	5
3.3 Educational support for students with disabilities and special needs	6
4. Approach to responding to the issue of FASD – a Commonwealth Action Plan.....	6
5. Commonwealth Action Plan to reduce the Impact of Fetal Alcohol Spectrum Disorders (FASD) 2013-14 to 2016-17.....	8
Key Actions	8
1. Enhancing efforts to prevent FASD.....	8
2. Secondary prevention targeting women with alcohol dependency.....	9
3. Diagnosis and management	9
4. Targeted measures supporting prevention and management of FASD within Indigenous communities and families in areas of social disadvantage.....	10
5. National coordination, research and workforce support.....	11

1. Introduction

This document outlines the Australian Government's whole of government response to the issue of Fetal Alcohol Spectrum Disorders (FASD) in Australia, its proposed plan of action, and new investment towards commencing this plan of action over four years.

The Australian Government is committed to reducing the health risks from drinking alcohol and has made significant investment over several years in improving our understanding of FASD in Australia. The Australian Government is building on this existing investment by committing a further \$20 million over four years towards a FASD Action Plan, commencing in 2013-14. The Government's FASD Action Plan is the foundation of the response to the final report of the House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into FASD - *FASD: The Hidden Harm* released in November 2012. It is built upon a platform of five key priority areas which are outlined in this document.

2. Background

On 9 November 2011, the House of Representatives Standing Committee on Social Policy and Legal Affairs announced an Inquiry into Foetal Alcohol Spectrum Disorders (FASD) following a joint referral from the Minister for Families, Community Services and Indigenous Affairs Jenny Macklin MP and Minister for Health and Ageing Nicola Roxon MP.

FASD is an umbrella term used to describe a range of conditions, including physical, cognitive, mental, behavioural and development disorders caused by exposure of the fetus to alcohol. These disorders occur across a wide spectrum and vary from very mild cases to the most severe and disabling known as Fetal Alcohol Syndrome (FAS).

The Commonwealth Government has made significant investment to address FASD and believes more can be done as the disorder is entirely preventable.

The Government recognises the cross sectoral nature of FASD, and the need to consider actions and responses which involve a range of portfolios and sectors. In early 2013, in response to the report from the House of Representatives Inquiry, an Inter Departmental Committee (IDC) was established and chaired by the Department of Health and Ageing to support the development of an appropriate whole of government response to FASD. The IDC considered the recommendations in the Report, identified existing investment in prevention and management of FASD, undertook an analysis of gaps in current efforts in those areas identified as priorities and identified additional investment opportunities to reduce the impact of FASD.

IDC members also met with key experts on FASD at a roundtable discussion which took place in June 2013, to inform this Action Plan. This meeting reaffirmed the absolute imperative to take preventive action to reduce the incidence of FASD in Australia, but also the importance of partnerships with communities, the research sector and with state and territory governments. The meeting also reaffirmed the importance of considering the needs of children with FASD, but also not forgetting the need for support and compassion towards women who have or are at risk of having a child with FASD. Changing harmful behaviour even in the face of hard evidence, can be problematic for those with an addiction and can be influenced by a myriad of personal, family or situational based barriers. Furthermore a

diagnosis of FASD can also create significant stigma for the mother, child and family members and this needs to be handled sensitively.

The action plan proposed through this document will be further developed and implemented through these partnerships, and will build upon, and help to promote and strengthen important activity also underway at a jurisdictional level within and beyond the health sector. The investment announced in conjunction with the action plan will help to support coordination and information exchange, and help to embed prevention and best practice interventions into those services with which women and children interact. It will also enable immediate steps to be taken to finalise a diagnostic tool for use in Australia and the development of support for the workforce in preventing, diagnosing and managing early intervention for children with FASD.

The action plan, including the associated investment, is underpinned by a commitment by the Commonwealth 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.

The Commonwealth has already provided funding of over \$18.5 million for activities aimed at better understanding and reducing the impact of FASD. Of this, the Department of Health and Ageing has already committed approximately \$4.4 million towards better understanding, prevention and management of FASD. Funded activities to date include the development of the FASD monograph, a FASD screening and diagnosis instrument, the development of Indigenous specific prevention resources and funding for improved data collection, which also includes support for the Lililwan Project on the prevalence and needs of children with FASD in the Fitzroy Crossing area. Attachment A provides details of the investment across portfolios.

New funding of \$20.2 million over four years will build on this existing investment in research, resources and services and on broader mainstream policy initiatives.

3. Policy context

The proposed Action Plan for FASD is contextualised and supported more broadly by a range of related Commonwealth activity. Key policy developments of particular relevance to the House of Representatives report are broader action to reduce alcohol related harm within the community, activity to specifically reduce the harm of alcohol in Indigenous communities, and important developments in relation to providing services and support to individuals with disability.

3.1 Broader action to reduce alcohol related harm.

Australia has a long tradition of alcohol use in a range of settings and occasions. However, risky and hazardous consumption of alcohol is a major cause of health and social harms and can lead to accidents, injury and sometimes violence. Disadvantaged populations are at greater risk from harms of alcohol abuse.

The Government is committed under the National Drug Strategy to work across government to reduce alcohol related harm through measures to reduce demand and supply of alcohol and to reduce harm associated with its consumption. The spectrum of program activities aimed at reducing harmful alcohol consumption has ranged from prevention activities through early intervention to significant investment in treatment services for individuals with problematic alcohol use. A particular focus has been the Government's \$103.5 million investment in the National Binge Drinking Strategy and continued promotion of the National Health and Medical Research Centre *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* which provide clear guidance about the levels of alcohol which can be consumed to reduce the risk of both short and long term harm. Promotion of the guideline in relation to safe consumption of alcohol has been a particular focus over the last 12 months, with investment of over \$1.2 million in projects supporting consistent messages provided through health professionals and at point of sale of alcohol about the risk of consuming alcohol during pregnancy. Broader activity by the Government to change the culture of harmful drinking in Australia has included:

- Pricing - The Australian Government has tasked the Australian National Preventive Health Agency (ANPHA) to develop a public interest case for a minimum price for alcohol to discourage harmful consumption and promote safer consumption. ANPHA released a draft report for public comment on 1 November 2012. This builds on the introduction in 2008 by the Government of the 'alcopops' tax measure targeting risky drinking by young people, which raised the excise schedule for spirits so that all spirit based products paid the same amount of excise in 2008. Evaluations using the excise clearance data before and after the excise increase consistently indicated the sales of spirit based ready to drink products or "alcopops" decreased.
- Labelling - The Department of Health and Ageing is undertaking an evaluation process to assess the response by the alcohol industry to the decision of the Legislative and Government Forum on Food Regulation to give the alcohol industry two years to adopt voluntary initiatives to place pregnancy warnings on labels of alcohol products before considering regulating for this change.

- Community level initiatives - The Government committed \$103.5 million to a National Binge Drinking Strategy (NBDS) over 2008-09 to 2013-14 to develop local solutions through partnerships between local governments, sporting organisations, police and the non-government sector to affect the environments that shape the unhealthy culture of binge drinking among young people.
- Tackling alcohol abuse in indigenous communities – FAHCSIA’s Stronger Futures in the Northern Territory Tackling Alcohol Abuse measure has supported communities to reduce alcohol related harm particularly through support for development of Alcohol Management Plans. These Plans are community driven and must meet minimum standards.
- Breaking the Cycle of Alcohol and Drug Abuse in Indigenous Communities – FaHCSIA is investing \$20 million over three years (to 2013-14) to help tackle alcohol and drug misuse through the Breaking the Cycle of Alcohol and Drug Abuse in Indigenous Communities initiative. The program assists targeted Indigenous communities to develop and implement Community Alcohol and Substance Abuse Management Plans (CASPs), aimed at addressing alcohol and substance related harm, keeping the community safe and helping to protect vulnerable people in the community, particularly women, children and families. The Breaking the Cycle activity supports a variety of education and awareness campaigns, support services, capacity building activities, capital upgrades and support tools to strengthen the key priority areas of the CASPs. Activities are currently being run in sites in South Australia, Western Australia, Queensland and New South Wales.

3.2 National Disability Insurance Scheme – DisabilityCare Australia

In the 2012-13 Budget, the Australian government committed \$1 billion to support the first stage of DisabilityCare Australia, the national disability insurance scheme. The scheme started in July 2013 for around 26,000 people with significant and permanent disabilities, in launch sites in the Hunter in NSW, the Barwon area of Victoria, South Australia and Tasmania. From mid 2014 the ACT and the Barkly region of the Northern Territory will commence access to the scheme. The 2013-14 Budget committed \$19.3 billion over seven years from 2012-13 to roll out DisabilityCare Australia across the whole of Australia by July 2019. This is an extra \$14.3 billion in additional funding on top of the Government’s current funding commitments for disability services over the period. The full scheme will be rolled out in all jurisdictions, except WA, by July 2019. Once rolled out nationally, DisabilityCare Australia will provide around 460,000 people with significant and permanent disability the support they need.

DisabilityCare Australia has the potential to improve the access of Indigenous Australians to disability supports and improve their lives. Supports provided under DisabilityCare Australia will be based on a functional assessment of how severely a person’s disability affects their ability to do normal day-to-day activities. This means that people with FASD who have significantly reduced functional capacity as a result will be able to make an access request to DisabilityCare Australia for care and support based on their reasonable and necessary needs. Most relevant to FASD is the early intervention aspect of DisabilityCare Australia. DisabilityCare Australia will, where possible and appropriate, work closely with families to support children and their families in a child’s ‘natural environment’ rather than in disability-specific settings. Early intervention under DisabilityCare Australia will encompass a full

range of reasonable and necessary disability supports and services that children and adults with disability may require to assist them to take part in work and community life.

3.3 Educational support for students with disabilities and special needs

Under the Disability Standards for Education, teachers are expected to make reasonable adjustments to enable students with disability to access and participate in education on the same basis as all students. The Australian Government is providing \$200 million from 2011-12 to 2013-2014 in additional funding to government and non-government education authorities through the More Support for Students with Disabilities Initiative. The Department of Education, Employment and Workplace Relations also provides funding of approximately \$340 million from 1 January 2013 to 30 June 2016 for the Inclusion and Professional Support Program. Families with a child who has a diagnosed disability or special needs may be eligible for assistance with their inclusion in early childhood services through the program.

4. Approach to responding to the issue of FASD – a Commonwealth Action Plan

As a result of cross portfolio advice and input from the sector, the Government has decided that the foundation of its response to the Inquiry's report should be a whole of Commonwealth Action Plan on FASD which addresses prevention and diagnosis, builds capacity of the workforce, targets groups at greatest risk and supports national leadership on FASD. The Action Plan outlines key objectives and actions to harness and refocus continuing investment across Government to reduce the impact of FASD on individuals and families, including a targeted approach to remote Indigenous communities and populations experiencing multiple disadvantage.

Not all of the actions are new. Many of the actions and strategies are supported through existing and ongoing program activities. However to further invest particularly in those areas and for those groups where urgent work needs to be undertaken, and to address gaps in coordination, workforce support and collaboration, additional investment of \$20 million over four years has been announced by the Commonwealth Government.

This investment will support the priorities in the plan as follows:

- i) **Prevention** – to strengthen ongoing prevention activities, up to \$5 million over four years to prevent harmful alcohol consumption and related substance misuse with a particular focus on primary care.
- ii) **Secondary prevention targeting alcohol dependent women** - \$4.8 million over four years will support the development and implementation of compassionate, evidence based interventions for pregnant women with problematic alcohol use, or who have a child with FASD.
- iii) **Diagnosis and management** – up to \$0.5 million will support immediate finalisation of a FASD diagnostic tool and development of associated resources for professionals to support early management and advice to families.

- iv) **Prevention of FASD within remote Indigenous communities** - to build on continuing efforts and programs in this area across portfolios, \$5.9 million will enhance the capacity of programs such as New Directions Mothers and Babies Services to support communities to prevent FASD and reduce its impact on individuals and families.

- v) **Coordination and workforce support** – up to \$4 million will support joined up efforts to prevent and reduce the impact of FASD, including establishment of a collaborative network of FASD experts.

The priority areas are described in more detail in the following section.

5. 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 babies 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 through the Medicare Local Network, non-government organisations, and other governments to deliver the message that it is safest not to drink any alcohol during pregnancy.
- Utilise the Medicare Local Network in locations which are identified as impacted by alcohol related harm to reduce and prevent substance abuse. This will include 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 Australian National Preventive Health Agency social marketing activities and the National Binge Drinking Strategy and other organisations by strengthening the

monitoring of alcohol advertising and by supporting the development of a national alcohol strategy in partnership with states and territories.

- Monitor and evaluate 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 and Ageing.
- 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 Families, Housing, Community Services and Indigenous Affairs and Health and Ageing 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 and the Closing the Gap: Indigenous Smoking and Healthy Lifestyle Workers initiative, which will provide a focus on prevention, early intervention and management of FASD and/or establish a small number of additional maternal and child health services in areas of high need.
- 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 collaborative 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.