



Secretariat  
House of Representatives Standing Committee on Social Policy and Legal Affairs  
PO Box 6021  
CANBERRA ACT 2600  
[spla.reps@aph.gov.au](mailto:spla.reps@aph.gov.au)

June 7<sup>th</sup>, 2012

## **Submission to Inquiry into Foetal Alcohol Spectrum Disorder**

### **The Need for a Systemic Response**

Uniting Care Moreland Hall is the leading alcohol and other drugs (AOD) treatment and education agency of UnitingCare Victoria and Tasmania. Moreland Hall is a not-for-profit agency, which has been operating since May 1970, providing a range of AOD services to the community.

The impacts of FASD at an individual, family and community level are now well recognised. The disorder's capacity to significantly influence children's development<sup>i</sup> and subsequent behaviour throughout their lives has become readily apparent to Moreland Hall in recent years.

In the agency's work with families affected by parental alcohol misuse, we have witnessed the intergenerational transmission of FASD and subsequent challenges within the family unit. Children with FASD are more likely to enter the care system due to:

- Concerns about their level of care due to the impact of parental alcohol use;
- Safety risks due to alcohol-related factors such as domestic violence; &
- Risks to growth and development, particularly failure to thrive<sup>ii</sup>.

The consequences of this pattern are highlighted by one Australian study that found that 60% of children diagnosed with FASD were in out-of-home care<sup>iii</sup>.

Moreland Hall's experience and the growing body of research evidence confirms the necessity of an improved policy and service framework to prevent future occurrence of FASD and minimise the negative impacts of current disorders for individuals, families and the wider community.

## Improving Prevention

There are a range of population-level initiatives that would make an effective contribution to FASD prevention, including education campaigns on the risks of alcohol consumption during pregnancy<sup>iv</sup>, FARE Australia's recommendation for targeted alcohol labelling requirements<sup>v</sup>, or even the introduction of volumetric alcohol taxation (as a means for reducing overall alcohol consumption), as proposed by the Henry Tax Review.

For prevention initiatives to be effective, they must form part of a consistent and integrated response across Federal and State Governments.

## Developing a Responsive Service System

US studies have demonstrated the potential for brief interventions in primary health settings to play a preventative role and provide cost-effective responses at early stages of pregnancy<sup>vi</sup>. The need for effective case-management and integration of treatment and support services for families has also been identified, along with the importance of providing long-term interventions to support the ongoing development of affected parents and children<sup>vii</sup>.

Local research has highlighted the importance of:

- Increasing community awareness of the causes, symptoms and potential life impacts of FASD;
- De-stigmatisation of the disorder (and affected families) through appropriate prevention, diagnosis and treatment interventions;
- Developing an appropriately skilled workforce to accurately identify and provide effective supports for affected families; &
- Developing best practice models in Child Protection and related services, including reduced case loads to enable workers' meaningful ongoing engagement with affected families<sup>viii</sup>.

Moreland Hall's own experience in developing and delivering AOD treatment and support services for young people, parents and families confirms the importance of increasing service accessibility for those people currently affected or at risk of contributing to new incidences of FASD. Three of the agency's services play a key role:

- Youth Withdrawal & Counselling – the holistic approach to young people's AOD use by our residential youth withdrawal service and counselling programs provides an effective model for supporting sustainable and mutually-reinforcing changes in young people's behaviour. Through close collaboration with a wide range of related service providers and the development of strong referral pathways into AOD treatment, our youth service is able to provide earlier interventions for young women, reduce the risks of AOD use during early pregnancy and develop sustainable linkages to community support networks.
- Intensive Playgroup – Since its establishment in 2004, our Intensive playgroup program has provided an effective strategy for engaging vulnerable families with young children with

AOD treatment services. The support provided to parents and children plays an important role in building the capacity of families to minimise the negative impacts of existing FASD diagnoses on family functioning and individual development. The program has been demonstrated to have significant impacts for participating mothers<sup>x</sup>. Amongst the benefits associated with program participation is a reduced risk of problematic alcohol use during future pregnancies.

- Non-Residential Alcohol Rehabilitation – Our award winning Catalyst alcohol rehabilitation program has been recognised for its effectiveness in supporting consistent, sustainable whole-of-life changes for program participants<sup>x</sup>. Evaluation has shown the benefits of the program’s non-residential model in increasing accessibility and program retention for women with caring responsibilities for children. The significant improvements in participants’ alcohol (and other drug) use and other risky behaviour indicate a clear reduction in future FASD risk.

Many women who present to Moreland Hall for AOD treatment already have dependant children. In fact, concern for children and families can be a motivating factor in women seeking treatment. The three services described above provide effective models for removing potential barriers to treatment and supporting women to make the changes they need to better support their children.

It is, however, concerning that there is not a residential withdrawal services in Victoria that is equipped to treat women with their young babies. For many, withdrawal is an essential first step towards positive change that can be built upon by subsequent longer-term treatment options. The availability of such residential withdrawal support would add to the range of treatment services available for women and significantly improve the AOD sector’s capacity to reduce the risk of FASD.

### **Recommendations**

Prevention initiatives are essential to reduce the future incidence of FASD and the subsequent burden on individuals, families and the wider community. Moreland Hall endorses strategies that inform and educate the community about the harms experienced as a result of the misuse of alcohol. In particular Moreland Hall endorses product warning labels about foetal alcohol spectrum disorder.

However, the other important consideration in addressing alcohol related harms is the availability of evidence based treatment services that are accessible for women. Moreland Hall recommends that the following measures be adopted to increase the AOD treatment sector’s capacity:

- Increased screening capacity in primary health, settings and improved pathways into AOD treatment and related services for current and prospective parents;
- Increased workforce capacity to address FASD amongst AOD treatment and other related services supporting young women;
- Establishment of dedicated residential withdrawal services for mothers with young children and development of collaborative treatment pathways (incorporating long-term, follow-up support) for families affected by FASD.

---

<sup>i</sup> Victorian Department of Health, *Foetal Alcohol Spectrum Disorder*, [http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Fetal\\_alcohol\\_spectrum\\_disorder?open](http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Fetal_alcohol_spectrum_disorder?open) accessed 24/05/12.

<sup>ii</sup> Walker P (2008) *To study models of care for children with Foetal Alcohol Syndrome. Report by – PRUE WALKER – 2008 Churchill Fellow*, The Winston Churchill Memorial Trust of Australia, Canberra.

<sup>iii</sup> Elliott E, Payne J et al (2007) *Fetal alcohol syndrome: a prospective national surveillance study*, Archives of Diseases in Childhood, 93:732-737.

<sup>iv</sup> Human Rights & Equal Opportunity Commission (2012) *Inquiry into Foetal Alcohol Spectrum Disorders: Australian Human Rights Commission Submission to the Standing Committee on Social Policy and Legal Affairs*, Canberra.

<sup>v</sup> Alcohol Education & Research Foundation (2011) *Alcohol Product Labelling: Health Warning Labels and Consumer Information. AER Foundation Policy Position Paper*, Canberra.

<sup>vi</sup> SAMHSA (2007) *Task 6: Identifying Promising FASD Practices: Review and Assessment Report*, Fetal Alcohol Spectrum Disorders Center for Excellence, Washington.

<sup>vii</sup> *ibid*

<sup>viii</sup> Walker (2008)

<sup>ix</sup> Rose D & Aiken P (2006) *Intensive Playgroup Evaluation: Final Report*, UnitingCare Moreland Hall, Coburg.

<sup>x</sup> Caraniche (2011) *Evaluation of UnitingCare Moreland Hall Catalyst Program: Annual Evaluation Report July 2010 - June 2011*, Victorian Department of Health, Melbourne.