# FARE appears at Senate inquiry on Fetal Alcohol Spectrum Disorder 10 March

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FASD is the leading preventable cause of non-genetic, developmental disability in Australia. People who are born with FASD have the condition for life. The use of alcohol products during pregnancy is the sole cause of FASD.

FARE was able to update the Committee about the significant developments contributing to the prevention of FASD since our last appearance in June last year. We spoke about the decision by Australian and New Zealand ministers responsible for food regulation on [mandatory pregnancy health warning labels for alcohol products.](https://fare.org.au/labelling-campaign/) We also discussed the release of the updated [Australian Alcohol Guidelines](https://www.nhmrc.gov.au/health-advice/alcohol) by the National Health and Medical Research Council which give the strongest advice for pregnancy and breastfeeding ever.

A key focus of the hearing was a progress update for the [National Campaign](https://fare.org.au/national-campaign/), which FARE is developing and delivering. We outlined to the Senators the three aims and four streams of the Campaign, and the timeframes for each stream. The streams focus on the general public, priority groups, health professionals and Aboriginal and Torres Strait Islander peoples. We also clarified other aspects, including the formative research, governance, project management and evaluation framework.

Finally, Senators also asked FARE about broader regulatory reforms that could contribute to the prevention of FASD. These included: the alcohol industry micro-targeting consumers through online collection of personal data; [the bombardment of alcohol advertising on social media](https://fare.org.au/alcohol-ad-every-35-seconds-during-covid-19/); and corporate influence on governments (such as the multiple changes to [Northern Territory laws to allow the previously rejected Dan Murphy’s to be approved in Darwin).](https://fare.org.au/darwin/)

FARE responded to these queries by highlighting the reform areas best supported by evidence as having the most impact. These are: *pricing* (including taxation reform), *promotion* (including minimum federal standards, and not have the alcohol industry regulating itself), and *availability* (including licencing reform for online sales and delivery).

**Read more below: Drink Tank shares Caterina Giorgi’s opening statement to the Inquiry from Wednesday 10 March.**

**FASD Inquiry Opening Statement – 10 March 21**

Thank you, Senators, for the opportunity to appear before this Inquiry.

The most important thing in life is the health and wellbeing of our children, families and communities.

That’s why it matters to all of us that Governments act to prevent Fetal Alcohol Spectrum Disorders - which is caused by alcoholic products – and that they support families who are living with FASD.

We last appeared before this Inquiry on the 24th of June last year.

Since this time, there have been a number of significant developments that will contribute to the prevention of FASD.

In July last year, Australian and New Zealand Ministers responsible for food regulation approved a pregnancy health warning for alcohol products. Alcohol companies have three years from 31 July 2020 to apply the warning to their products.

Some smaller alcohol companies have already started to apply the warning. We now look to larger companies to start to implement the pregnancy health warning, which they can do right now if they choose to.

It is their alcoholic products that cause FASD and the sooner that alcohol companies implement these warnings, the sooner that Australians will be presented with a clear and consistent message about alcohol and pregnancy every time that they see an alcoholic product.

Last September, to coincide with World FASD Day, the Australian Government also announced $24 million in funding for FASD Diagnostic and Support Services.

In December, the National Health and Medical Research Council released updated Alcohol Guidelines with clear advice on pregnancy and breastfeeding. Guideline 3 relates to women who are pregnant or breastfeeding and states:

* To prevent harm from alcohol to their unborn child, women who are pregnant or planning a pregnancy should not drink alcohol.
* For women who are breastfeeding, not drinking alcohol is safest for their baby.

This is the clearest advice to date on alcohol and pregnancy and reflects the evidence on the potential negative impacts of alcoholic product use.

Since the last time we appeared at this Inquiry, we commenced work on the development of a national campaign on alcohol and pregnancy. To our knowledge, this will be the largest campaign of its kind anywhere in the world and provides us with an opportunity to communicate clear and consistent messages about alcoholic products, pregnancy and breastfeeding, with the broader community and people who are most at risk.

The campaign is funded by the Australian Government to June 2023 and we congratulate the Minister for Health, the Australian Government and Senator Stirling Griff for their support of this Campaign.

The National Campaign has three aims, which are to:

* Increase Australians’ awareness of the risks associated with alcohol consumption during pregnancy and while breastfeeding, including FASD.
* Increase the proportion of Australians who are aware that alcohol should not be consumed during pregnancy and that is it safest not to drink alcohol when breastfeeding.
* Increase the proportion of Australian women who intend to not drink any alcohol during pregnancy and when breastfeeding.

To achieve these aims, we are developing and implementing a comprehensive Campaign across four streams.

Stream one will focus on general public awareness that will have national reach across Australia.

Stream two will focus on women who are most at risk of having alcohol-exposed pregnancies. This stream is being developed and implemented in partnership with the peak body for people with FASD, their parents and carers – NOFASD (National Organisation on Fetal Alcohol Spectrum Disorders).

Stream three focuses on health professionals to support them to provide clear and consistent advice on alcohol, pregnancy and breastfeeding, as well as clear referral pathways to a range of supports.

Stream four will focus on Aboriginal and Torres Strait Islander peoples. FARE will work with the NACCHO (National Aboriginal Community Controlled Health Organisation) to implement this stream.

FARE is currently working to develop and design the National Campaign across these four streams. This involves extensive stakeholder engagement, formative research, message and frame testing and the establishment of a robust evaluation framework.

This development work is critical to ensuring that the Campaign has the greatest impact in influencing behaviour change and that it does not contribute to the stigma relating to FASD and alcoholic product use in pregnancy.

As I said when we first appeared before this Inquiry last year, the decisions that are made now have the potential to impact on the lives of future generations for the better. And with a condition that is preventable and also lifelong, we have a responsibility to put the health and wellbeing of families first.

The actions that have been progressed since the last time we appeared before this Inquiry, show that we can contribute to meaningful change. This needs to be continued if we are going to see FASD prevented and people with FASD and their families supported.

[Watch the senate inquiry here](//parlview.aph.gov.au/mediaPlayer.php?videoID=535541&operation_mode=parlview#/1)

[Read the Inquiry transcript here](//parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id%3A%22committees%2Fcommsen%2F2cecc482-859f-4e1d-9337-c5f763ae1315%2F0000%22)

[View original submission](https://fare.org.au/submission-to-the-inquiry-into-effective-approaches-to-prevention-diagnosis-and-support-for-fetal-alcohol-spectrum-disorder/)

### Metadata