# Push for national FASD clinic

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Researchers and passionate individuals who have worked tirelessly to raise awareness of Fetal Alcohol Spectrum Disorders (FASD) have called on the Minister for Rural Health Senator the Hon Fiona Nash to establish a much needed rural FASD clinic and a National Clinical Network across Australia.

The call comes as a confronting ABC Four Corners investigation (broadcast on 2 November), has turned the nation’s attention to the plight of mothers, carers, and children born with FASD; and highlighted the negative stigma, lack of support, and the difficulty accessing services that they face.

The National Clinical Network proposal, prepared by the Foundation for Alcohol Research and Education (FARE), aims to address the lack of diagnostic opportunities, standardised screening, data collection, and FASD awareness in Australia.

Among the recommendations is the creation of a national database documenting diagnosis outcomes, increased funding for clinics, and the introduction of an accredited training program for health professionals working in this field.

FARE Chief Executive Michael Thorn says that government policy response to FASD has now reached a critical juncture in Australia.

“FASD is an issue that affects the whole community and FARE, along with many other passionate individuals and organisations, have long been advocating for the kinds of policies and programs we know will prevent, diagnose and support those with FASD,” said Mr Thorn.

FASD is an umbrella term for the range of learning, behavioural and developmental disabilities which result from alcohol exposure during pregnancy. FASD is the leading preventable cause of non-genetic developmental disability in Australia, and early diagnosis is key to improving these children’s quality of life.

However, there are fears the scale of the problem could actually be far worse, with many cases going unnoticed or being misdiagnosed.

There are currently very limited opportunities for a child to be assessed for FASD, with only three operational diagnostic models in Australia: The Children’s Hospital at Westmead in New South Wales, and the Community Child Health Service on the Gold Coast, Queensland, which operate on a part-time basis; and the PATCHES Paediatrics rural and remote FASD clinic in Western Australia which includes responding to justice system referrals.

FARE’s proposal calls on the Commonwealth Government to provide funding support for these three existing services to ensure they can meet demand, and to invest in establishing Australia’s first regional FASD diagnostic clinic in Shepparton, Victoria to service the Goulburn Valley.

Equally important, is government investment in the training and up-skilling of health professionals so vitally needed in this field. The proposed National FASD Clinical Network would make a significant difference, by ensuring standardisation and allowing information sharing between clinical teams and specialists.

FARE has also repeated its calls for the introduction of mandatory alcohol pregnancy warning labels, and for children born with FASD to be covered by the National Disability Insurance Scheme.

“People born with FASD have the disability for life and the implications are far reaching. There remain significant gaps in the prevention, diagnosis and management of FASD in Australia. Properly funded clinics, resources, and a National FASD Clinical Network for a coordinated approach are urgently required if we hope to see further progress in this area,” Mr Thorn said.

[view media release in pdf](https://www.fare.org.au/wp-content/uploads/Media-release-FASD-NETWORK-Final-03112015.pdf)

[view fare's national fasd clinic and clinical network proposal](https://www.fare.org.au/wp-content/uploads/National-FASD-Clinic-and-Clinical-Network-proposal.pdf)

### Metadata