



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists

## Senate Standing Committees on Community Affairs

Effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder

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# Improve the mental health of communities

# Royal Australian and New Zealand College of Psychiatrists submission

## Effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder

### About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The RANZCP has more than 6700 members including more than 5000 qualified psychiatrists and over 1600 members who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person on their journey of recovery.

### Key findings

- Fetal Alcohol Spectrum Disorder (FASD) is preventable.
- The misuse of alcohol is a national problem which must be addressed as part of a long-term approach to preventing FASD.
- There is a complex relationship between mental health and alcohol misuse for people who are pregnant which must be addressed holistically.
- Better education is needed across the community and for medical professionals on the risks of alcohol misuse during pregnancy and how to identify people who are pregnant and at risk.
- Services which holistically treat and support people who are pregnant to manage alcohol misuse are needed to help decrease the prevalence of Fetal Alcohol Spectrum Disorder.

### Introduction

The RANZCP welcomes the opportunity to contribute to the Senate Standing Committee on Community Affairs' Inquiry into the effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder (FASD). The recommendations contained within this submission are based on extensive consultation with the RANZCP's Section of Perinatal and Infant Psychiatry Committee which is made up of psychiatrists who have significant experience in supporting the mental health of parents throughout the perinatal period. As such, the RANZCP is well positioned to provide assistance and advice about this issue due to the breadth of academic, clinical and service delivery expertise it represents. The Faculty of Addiction Psychiatry and the Faculty of Child and Adolescent Psychiatry have also provided feedback to this submission.

The consumption of alcohol in Australia is a well-established past time with 80.6% of adults reporting having consumed alcohol in the past year, 8.2% consuming alcohol 12 or more months ago, and only 10.7% of adults having never consumed alcohol (1). Alcohol consumption can have detrimental and long term effects on individuals and communities. Alcohol use during pregnancy is a significant preventable public health risk, as its consumption may result in a spectrum of behavioural and neurodevelopmental conditions in the infant, which extend across the lifespan. Alcohol use in pregnancy affects each person's pregnancy differently and therefore not consuming alcohol at all before and during pregnancy is recommended.

There is no reliable prevalence rate for FASD, although it is agreed that it is underestimated (2). Internationally, prevalence ranges from 1 in 100 people to 7.7 per 1000 people (2, 3). Due to complexities in diagnosing FASD these estimates are likely relatively conservative.

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### Prevention of Fetal Alcohol Spectrum Disorder

While it is important to support children and adults with FASD, it is imperative to also acknowledge that FASD is preventable. Changing the way Australian society relates to, and views, the consumption of alcohol is a significant factor in preventing FASD. Alcohol has a well-recognised role in many areas of life in Australia including helping with celebrations, releasing stress, facilitating relaxation and is a major boost to the Australian economy (4). However, there are many costs also associated with alcohol use across Australian society including violence, chronic health conditions and injury or death from road accidents (5).

The supply of alcohol including advertising and availability plays an important part in supporting and encouraging the acceptance of alcohol consumption. Increased public understanding about the dangers of alcohol consumption during pregnancy is important to ensuring women are aware of the risk they are taking by imbibing while pregnant. Mixed messages regarding the benefits of alcohol consumption may also play a part in reducing the public's understanding of the risks of alcohol consumption while pregnant. Binge drinking can occur in early pregnancy and before a pregnancy is known, which is a crucial time for fetal development. This can make prevention complex as people who are not planning a pregnancy may drink alcohol without realising they are already pregnant.

The role of partners in prevention must also be strengthened as they have the opportunity to provide support to, or influence, pregnant partners and their alcohol use. Seventy five percent of women who drank during pregnancy in Australia reported they drank alcohol with their partner and many indicated drinking alcohol was initiated by their partner (6). Prevention does not fall only to people who are pregnant but with the whole community to ensure people supporting those who are pregnant also understand the potential risks of drinking during pregnancy.

The relationship between alcohol misuse and mental health is complex. People with mental health conditions have an increased risk of misusing alcohol to help manage their condition (7) which can lead to dependency. However, alcohol misuse can also increase the risk of some mental health conditions occurring such as depression and anxiety (8). Refraining from alcohol use may be compounded by mental health conditions which makes it more difficult to quit. Ensuring adequate addiction services are available is important in ensuring people are able to treat misuse of alcohol especially during pregnancy.

People who become pregnant and have particularly severe mental health conditions may misuse alcohol and require significant support in refraining from its consumption while pregnant. It is important to recognise the intersection of mental health and alcohol misuse in ascertaining risk to the fetus and ensuring the person who is pregnant is adequately educated and supported in understanding the risk associated with drinking during pregnancy. This must include understanding how their mental health condition interacts with their alcohol misuse and how their mental health impacts their decision to consume alcohol.

Ensuring adequate addiction services are available to pregnant people who have comorbid mental health conditions are crucial in assisting them to get help. People who are pregnant and need support to cease their alcohol misuse may also benefit from multidisciplinary teams to address life stressors, such as poverty, housing or parenting in collaboration with rehabilitation and addiction services for more holistic support (9).

A clear message of the risks involved in consuming any alcohol during pregnancy should be communicated to the community. Some medical professionals feel unprepared to discuss alcohol misuse with patients (10) so educating medical professionals in identifying and discussing alcohol misuse during pregnancy should also be considered (4, 9). Education for medical professionals is important in reducing FASD and should also include how to support people who are pregnant who

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already have a child with FASD or who have FASD, and who may be struggling with alcohol misuse (11).

### Identifying and Managing Fetal Alcohol Spectrum Disorder

Identifying FASD remains challenging across the lifespan but particularly amongst children and young people. It is often not considered or diagnosed especially amongst people in custodial and correctional settings, people with substance misuse issues or people who present with behavioural disturbance (4). Under identification of FASD remains an ongoing challenge which requires education amongst medical and health professionals to assist in identifying and supporting people with FASD (12). Early identification and diagnosis is crucial in supporting people with FASD manage their condition and help reduce the risk of long term negative outcomes such as poor health, prison and unemployment (4) .

Managing FASD can be challenging due to difficulties in diagnosis because of different presentation amongst individuals, lack of national diagnostic criteria until recently and reluctance to diagnose due to stigma (6) .

Early management of FASD with appropriate treatments is imperative to reducing the development of other secondary conditions in adolescence and adulthood such as mental health conditions or substance misuse which may also put teenagers and adults with FASD in contact with the justice system (4).

Mental health conditions are particularly prevalent in people with FASD and can increase the risk of suicide (4). Support from a psychiatrist in diagnosis and management of comorbidities associated with mental health (within a multi-disciplinary team) may prove beneficial (13) and includes collaborating with a wide range of professionals to provide best outcomes for the person with FASD and their family (14).

Management of FASD needs to reflect the individuality of the condition as it presents in the person with FASD and their family. However, there are currently very few evidence-based interventions or treatments available (6, 15). Further research is needed to build knowledge of evidence-based treatments for people with FASD including pharmacological and non-pharmacological interventions (2, 16).

Diagnosis and management of FASD is likely to be limited in rural and remote locations which is problematic as it is in these areas where the likelihood of developing FASD is highest (6). FASD is also commonly found amongst people in custodial or correctional settings. However, many remain undiagnosed and prevalence data within these sectors is limited (4). Many people with FASD will go on to have many interactions with the custodial and correctional sectors, therefore identification of, and assisting people with FASD to manage their condition, will help ensure they are able to avoid these sectors.

### Recommendations

- Address the significant role that alcohol plays throughout Australian society (4).
- Implement warning labels for alcohol labels and places where alcohol is sold which highlight the risks of consuming alcohol while pregnant (17).
- Develop educational campaigns for the community and schools highlighting the dangers of drinking alcohol, including consuming alcohol while pregnant and addressing stigma against those with FASD and their families (6, 17).
- Educate medical professionals to identify, educate and support people who are pregnant or who are seeking to become pregnant and who may be at risk of alcohol misuse (17).

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- Increase access to services for people who misuse alcohol including access to multidisciplinary teams who can holistically address trauma, mental health conditions and other life factors which influence alcohol misuse (6).
- Invest in research for evidence-based treatment interventions for people with FASD and for people who are pregnant and misuse alcohol (2).
- Ensure people who have a child with FASD are supported during any subsequent pregnancies to assist and support them in managing any alcohol misuse.

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