What About Common Sense?

An Open letter from NOFASARD to the Australian Wine Business Magazine in response to the article “What about common sense?” by Editor Cindie Smart 1st January 2007

SA Premier announces young repeat offenders to be tried as adults

The urgent need for FASD Multidisciplinary Diagnostic Teams in every state of Australia

Australian Alcohol Guidelines: is it time for change – report from the Premiers Drug Prevention Council in Victoria forum.

Drinking While Pregnant Worse than we Thought! Latest Australian research relating to alcohol consumption in pregnancy

An Open letter from NOFASARD to the Australian Wine Business Magazine in response to the article “What about common sense?” by Editor Cindie Smart 1st January 2007.

I read with interest the above article and feel I must respond to some of your comments.

WBM: “I was disappointed to hear that the NSW Government is considering introducing alcohol warnings on labels for pregnant women. Whatever happened to common sense?......I know plenty of other women who continue to enjoy wine in moderation. The last thing we all need is something else to feel guilty about”

Response: Fetal Alcohol Spectrum Disorder (FASD) is the leading cause of preventable disability in children. Giving women accurate information about alcohol use in pregnancy is their right and has nothing to do with scare tactics or making women feel guilty. To the contrary, accurate information and education is a pivotal factor in prevention and is necessary to enable women to make informed choices.

While labels may not be the total answer for changing the behaviour for women who are dependent on alcohol, there are studies that demonstrate their effectiveness in raising awareness and awareness is one of the first steps towards behaviour change.

WBM: “.....I’m as concerned as the next person about the birth defects caused by binge drinking, but when you consider the thousands of babies each year in NSW and the hundreds and thousands born across Australia, it seems rather reactionary that our lawmakers would be jolted into activity due to the selfish actions of 32 women.”

Response: No mother deliberately sets out to harm her child and it is really important that blame isn’t attached to the mother- it is alcohol that causes Fetal Alcohol Spectrum Disorders so efforts need to be aimed at eradicating the conditions that cause pregnant women to drink alcohol.

Beverage alcohol seems to be the only consumer product in Australia that is known to cause harm if misused that does not warn the consumer to the fact. Manufacturers have a duty of care to warn consumers about the potentially harmful effects associated with the ordinary use of their products or of any dangers inherent in the use of the product, particularly where the product is ingested and freely available. It is only a matter of time before a manufacturer of alcohol products is sued for not alerting women that it is potentially harmful to drink alcohol while pregnant.

WBM: “The anti-alcohol lobby strikes again!”

NOFASARD is not an anti-alcohol lobby group but we are extremely concerned about the lack of awareness by the community and pregnant women in particular, about alcohol’s potential harmful effects on the developing fetus.

WBM: “According to the National Health and Medical Research Council, the most consistent evidence to date identifies that an average of one standard drink per day results in no harm to an unborn child.

So if the occasional glass of wine isn’t a bad thing, why are we all being told that alcohol and pregnancy don’t mix? And what can the wine industry do to counter the anti-alcohol tidal wave?....”

Researchers know that alcohol is a neurobehavioural teratogen that can cause damage to the developing brain the whole way throughout the pregnancy but what they don’t yet know is how much alcohol it takes to cause that damage. According to the Alcohol & Harm Reduction Initiatives Section of the Australian Department of Health and Ageing, these guidelines are not meant to be a guide for the general public.

They are for the use of Clinicians to provide advice to their clients depending on their individual circumstances. There are no evidence based studies that actually test the safety of 7 and 2 standard drinks for pregnant women as described in Guideline 11. The guidelines are not meant to be prescriptive and are intended to imply that should you choose to drink any alcohol at all you must also accept some risk. (Personal correspondence from Alcohol and Harm Reduction Initiatives Section Australian Government Department of Health & Ageing 25/7/05).

The Guidelines do fail to advise that alcohol can cause harm at any time during the pregnancy or that the fetus has any specific alcohol content as the mother.

The newly released Victorian Inquiry into Strategies to Reduce Alcohol Related Harm also makes the recommendation “that the Victorian Government request the NHMRC to change the guideline so as to more accurately reflect the harms associated with alcohol use in pregnancy.

WBM: “....One of the truly special things about wine is its beneficial effects and, as an industry, we have to work hard to ensure that wine isn’t positioned as the devil.....”

Wine has absolutely no health benefits for the developing fetus – only the potential for harm. Because alcohol affects so many sites in the developing brain it is thought to cause more long term harm to the developing fetus than any other drug.

I trust that you wrote your article without knowing the facts relating to alcohol’s potential detrimental effects on the unborn child and out of respect for the health of future generations I hope you will correct your misleading information in a future edition of your magazine.
South Australian Premier announces:
Young repeat offenders to be tried as adults

Until affected individuals are recognized and managed appropriately there will be no solution.

People with FASD are not receiving the same level of care as those with other more familiar disabilities - this is a Human Rights Issue.

Latest FASD Research from Alcoholism:
Clinical and Experimental Research

Diffusion Tension Imaging:
Volume 30 Issue 10 Page 1799 - October 2006

Conclusions:
These results suggest that even relatively mild forms of fetal alcohol exposure may be associated with microstructural abnormalities in the posterior corpus callosum that are detectable with DTI.

Comparison of Motor delays:
Volume 30 Issue 12 Page 2037 - December 2006

Conclusions:
These findings strongly suggest that all young children with FAS should receive complete developmental evaluations that include assessment of their motor functioning, to identify problem areas and provide access to developmental intervention programs that target deficit areas such as fine motor skills.

In North America they have 70 specially trained diagnostic clinics for FASD - in South Australia and indeed Australia we have none.

FASD is a known root cause of many of the behaviour issues and societal problems that are currently being discussed in the media.

Many of the children with FASD will be found in the foster care system and juvenile detention facilities. Many adults will be found amongst the unemployed, homeless, drug and alcohol treatment settings and jails.

Until affected individuals are recognized and managed appropriately there will be no solution.

People with FASD are not receiving the same level of care as those with other more familiar disabilities - this is a Human Rights Issue.
Latest FASD Research from Alcoholism: Clinical and Experimental Research (cont)

Epidemiology of FASD in a Province in Italy:

Volume 30 Issue 9 Page 1562 - September 2006


Epidemiology of FASD in a Province in Italy: Prevalence and Characteristics of Children in a Random Sample of Schools Alcoholism: Clinical and Experimental Research. Using 2 denominators for prevalence estimation, a conservative one and a strict sample-based estimate, the prevalence of FAS in this province of Italy was 3.7 to 7.4 per 1,000 children.

When cases of partial FAS (PFAS) and a case of alcohol-related neurodevelopmental deficits (ARND) were added to FAS cases, the rate of FASD was 20.3 to 40.5 per 1,000 and estimated at 35 per 1,000 overall or between 2.3 and 4.1% of all children. This exceeds previously published estimates of both FAS and FASD for the western world.

Conclusions:

Using careful measures of ascertainment in a primary school setting, these results provide relatively high estimates of the prevalence of FASD and raise the question of whether FASD is more common in the western world than previously estimated.

Interventions in FASD: we must do better

Abstract

Fetal alcohol spectrum disorders (FASDs) are among the leading preventable causes of developmental disorders in the United States; however, recognition and prevention of these conditions cannot be achieved without informed and educated health providers.

This commentary addresses the importance of recognition and prevention of FASDs through the use of well-established standardized practices of diagnosis, screening, and brief alcohol reduction counseling.

It is hoped that more knowledge on currently available procedures will encourage their use in the provision of routine health care to all women of childbearing age.

Acta Paediatrica (OnlineEarly Articles).


Fetal alcohol spectrum disorders (FASDs) are among the leading preventable causes of developmental disorders in the United States; however, recognition and prevention of these conditions cannot be achieved without informed and educated health providers.
The Urgent need for FASD Multidisciplinary Diagnostic Teams in every state of Australia

Families with a child affected by FASD need support and they need services. Nobody would expect that a mother whose child has the signs and symptoms of cancer should provide their own treatment but that is exactly what parents of children with suspected FASD have to do.

In North America there are 70 specially trained FASD Multidisciplinary Diagnostic Teams. In Australia there are none.

Families living with FASD come to realize very quickly that love is not enough. Love isn’t enough to cure Cerebral Palsy or Muscular Dystrophy or correct somebody’s vision or hearing, and it isn’t enough to cure brain injury from prenatal exposure to alcohol. Love certainly helps, and along with patience, good humor and persistence it can greatly increase the positive outcomes that the family experiences, but to be effective it must be found in connection with support, education and resources.

Without access to occupational, physical and speech therapies the affected child may struggle with basic communication and sensory integration issues.

Without proper supports in school the child with FASD is often viewed as lazy or defiant because he or she is unable to meet the expectations of others. These children are usually punished for the symptoms of their disability. It is often the opinion of others, even professionals, that the family simply needs to learn better parenting skills or consequence their child more or “clamp down” or “loosen up”...there is an endless supply of advice for these families, but most is not particularly helpful.

Without FASD competent therapists, psychologists and psychiatrists to help manage mental health, our affected family members experience problems with day to day life that they might otherwise avoid. Without appropriate residential and transitional services our young adults are often destined to fail and many end up with mental health or addiction issues or in the judicial system.

NOFASARD has been lobbying state and federal Ministers since 1999 about these issues. There is no doubt that specially trained multi-disciplinary teams are the most pressing requirement for the identification and management of the disability and I urge anyone in a position to assist with the promotion of this cause to do so.

Australian Alcohol Guidelines – Is it Time for Change?

The Premier’s Drug Prevention Council in Victoria (Au) held a recent seminar inviting consultation with the committee responsible for rewriting the Australian Alcohol Guidelines.

The guidelines are being reviewed over the next few months.

It is pleasing that some of the academics, including some of those on the guidelines committee are calling for guidelines indicating zero alcohol during pregnancy.

This will bring Australia in line with other developed countries, and be more congruent with the evidence.

NOFASARD will be preparing a submission for the consideration of the NHMRC during their review process.
These are the headlines that have been appearing in national newspapers following the release of figures from studies in WA & Victoria and a hot of the press study from the National Drug and Alcohol Research Centre released on February 12th.

In the Victorian study conducted by the Department of Human Services, into the well-being of children in Victoria (Au), it was found that thousands of mothers continue to binge drink or smoke during pregnancy, many in the (highly vulnerable) early stages. According to the report an alarming 60% of mothers drink during pregnancy, and 20% admitted to binge drinking at least once during their pregnancy.

The same story is told in another Australia-wide study conducted by the Perth-based Telethon Institute for Child Health Research in the Victorian study conducted by the Department of Human Services, into the well-being of children in Victoria (Au), it was found that thousands of mothers continue to binge drink or smoke during pregnancy, many in the (highly vulnerable) early stages. According to the report an alarming 60% of mothers drink during pregnancy, and 20% admitted to binge drinking at least once during their pregnancy.

This survey confirms the 60% figure and indicates 80% of women drank in the first three months of their pregnancy.

NOFASARD have been calling on the NHMRC since 1999 to change their guidelines, as they believe they are not based on sound science and should be changed to zero drinks during pregnancy, as the only safe choice for the health of the unborn child.
