“Instead of waiting until a person has fallen over the waterfall, we should build lots of little dams (programmes/interventions) way upstream in communities to catch the problems before they become too large or overwhelming.” (2007 FASD Community Circle, Victoria, Canada)

“No alcohol is the safest choice for pregnant and breast-feeding women!”

This is the new advice that has just been released in the Australian alcohol guidelines for low-risk drinking Draft for public consultation released in October.

These new guidelines will hopefully lead to a greater understanding, recognition and acceptance that FASD does in fact exist and hopefully this will eventually lead to better services and supports for families…..it was always hard to get health and educational professionals to understand that FASD was an issue while we had guidelines that indicated that alcohol use in pregnancy wasn’t really an issue.

The consultation period has now closed and we await their finalization and approval.

The perceived guilt among women who, unknowingly, drink in the early stages of pregnancy, is often raised as an issue of concern or used as an excuse for not raising awareness about the adverse effects of prenatal exposure to alcohol.

In response to this concern, NOFASARD member Elizabeth Russell, the birth mother of two boys who have both been affected by prenatal exposure to alcohol, has this to say in her book ‘Alcohol and Pregnancy – No Blame, No Shame’:

“. By not discussing alcohol and pregnancy through misplaced compassion, we are hurting one person for the sake of another. Very few mothers would want that but that is exactly what is happening – children are being sacrificed to ensure that the anxiety level of a mother is kept within acceptable limits – neither mother nor child will benefit from this methodology”

Reminder!!

Report A576 – Labelling of Alcohol Beverages with a Pregnancy Health Advisory Label.

Individuals and organizations can comment on the Initial Assessment Report for A576 – Labelling of Alcoholic Beverages with a Pregnancy Health Advisory Label. Visit the FSANZ website http://www.foodstandards.gov.au/standardsdevelopment/applications/applicationa576label3785.cfm to view the report and follow the instructions for preparing submissions. Submitters are encouraged to respond to the questions raised in the report.

The alcohol industry are saying they need evidence as to why they should be putting on such labels.
The evidence is straightforward and simple

1. Alcohol is a neurotoxin and a teratogen this is known to have adverse effects on the developing fetus, especially the developing fetal brain.

2. There is no safe known time or safe known level for alcohol consumption during pregnancy.

3. The fetus has the same blood alcohol level as the mother – for a developing fetus, there are absolutely no health benefits only the potential for harm from alcohol exposure.

4. Because alcohol use in pregnancy may cause damage to a developing fetus, a warning label is fundamental to inform consumers that the use of a product may cause harm - it will raise awareness and awareness raising is an integral first step in any education campaign that is implemented to help generate behaviour change.

5. Alcohol is one of the few (if not the only) consumable product that is known to cause harm if ingested yet doesn’t alert consumers to the fact.


Advance Notice 2nd International Conference on Alcohol and other Drug Related Brain Damage scheduled for 1st to 3rd September 2008.

Arbias will be hosting this International conference in partnership with Brain Injury Australia (BIA) who will be hosting their Bi-Annual National Conference during this combined 3 day event.

A key focus of the Second International Conference will be Fetal Alcohol Spectrum Disorders (FASD). To date, confirmed international speakers include:

- Dr Kwadwo Asante, the Medical Director of The Asante Centre for Fetal Alcohol Syndrome, also recognized as an expert in the area of Fetal Alcohol Syndrome and was one of the first paediatricians to study and publish on fetal alcohol syndrome in Canada
- Dr Sterling Clarren, recognised as one of the leading global researchers into Fetal Alcohol Spectrum Disorder and is currently the CEO & Scientific Director of the Canada Northwest FASD Research Network
- Diane Malbin MSW, an exceptional presenter and founder of FASCETS (Fetal Alcohol Syndrome Consultation, Education and Training Services Inc and director of a three year FASD interventive project with the State of Oregon Services for Children and Families and
- David Boulding, a barrister and solicitor from British Columbia, whose presentation will be invaluable in providing insight into understanding children and adults with FASD who present to the court system

Meanwhile, an extensive range of national speakers in the area of alcohol and other drug related brain damage is being planned.

Regular updates will be available through the arbias website www.arbias.org.au. It is anticipated that the conference themes will cut across the spectrum of criminal justice, mental health, disability and alcohol and other drugs.
The Conference is being planned with assistance of the Australian Drug Foundation (ADF) and is sponsored by the Alcohol Education Rehabilitation Foundation (AERF) and Drugs Policy Unit, Department of Human Services (DHS).

To register your interest in the conference, please email events@adf.org.au

1st National Conference on FASD

NB!! Papers from the 1st National Conference on FASD can now be accessed through the Drug Education Network website at www.den.org.au/

Have you visited the newly revamped NOFASARD website yet?
Thanks to the extremely generous sponsorship of Sonia Berton at arbias Nofasard now have a wonderful new website www.nofasard.org.au

AUSTRALIAN NATIONAL COUNCIL ON DRUGS
NATIONAL INDIGENOUS DRUG AND ALCOHOL COMMITTEE

A Real Opportunity to Tackle Indigenous Substance Misuse

Alcohol and drug misuse has a devastating impact amongst Indigenous people. The recently released Northern Territory ‘Little Children are Sacred’ report, links substance misuse with Indigenous child abuse and highlights that “unless alcoholism is conquered there is little point in attending to any of the other worthwhile proposals in this report”.

Associate Professor Ted Wilkes, Chair of the National Indigenous Drug and Alcohol Committee (NIDAC) says “All children have an undeniable right to grow within a safe, secure and positive environment. It is pleasing to hear that the Prime Minister has placed the health, safety and well being of Indigenous families and children in the Northern Territory as a high priority and will be implementing measures to tackle alcohol and drug misuse in an effort to reduce the harm it has caused”.

As the leading voice on Indigenous drug and alcohol policy, NIDAC welcomes the Australian Government effort in taking immediate action and agrees with the need for intervention to address the high prevalence of alcohol misuse in the Northern Territory. The Australian Government is encouraged to work closely and co-operatively with local Indigenous people and to utilise the well deliberated recommendations from the ‘Little Children are Sacred’ report, as well as the existing Northern Territory Government’s Alcohol Framework and the Aboriginal and Torres Strait Islander People’s Complementary Action Plan, as a guide for action. NIDAC also believes that the recently commissioned report on “Identifying Areas of Greatest Need” will provide an important guide on areas where alcohol and drug services are most needed.

Although NIDAC has some reservations about some of the other initiatives being discussed, it supports a comprehensive approach to address the substance misuse problems in Indigenous communities, and is particularly concerned that the following issues are addressed appropriately if alcohol and drug misuse is to be tackled properly:

- The underlying determinants of poverty and health.
- The introduction of sudden alcohol bans requires contingencies to be put into place to avoid potentially life threatening reactions for those who may suffer alcohol withdrawal syndrome.
- Many townships and communities in the Northern Territory have already introduced total bans or other restrictions on alcohol. There should be recognition for the efforts of those communities, and partnerships need to be developed to work together to
implement local alcohol management plans and other plans to address substance misuse.

- Health checks need to be comprehensive and include an alcohol and drug assessment to allow for early intervention and treatment if required.
- The need for appropriate Foetal Alcohol Spectrum Disorder screening and assessment.

Associate Professor Wilkes added: "Increased policing and law enforcement is required however, this needs to be done in consultation with local community leaders to avoid any mistrust. The need to address the demand for alcohol by increasing access to appropriate prevention, treatment and family support services is also needed if long term gains are to be made."

AUSTRALIAN NATIONAL COUNCIL ON DRUGS
COMMUNIQUÉ September 2007

FASD was highlighted as an issue by ANCD members at their AOD forum in September

The ANCD received representations of the lack of understanding and response to the extent and impact of FASD in the community. It is an issue that the ANCD has endeavoured to promote activity on for some time (please see the 2002 ANCD workshop report at http://www.ancd.org.au/publications/pdf/fas_workshop_report.pdf ). Accordingly, the ANCD has agreed to gather more information on this matter to provide advice to governments and the community on future actions to address this issue.

NATIONAL APPROACH NEEDED FOR PARENTAL SUBSTANCE USE & CHILD PROTECTION

Media Release from 2007 FADNET CONFERENCE Drugs Families Solutions

Policy makers, academics and service providers from drug treatment, child protection and family services from across the nation came together this week for the Family Alcohol and Drug Network conference in Melbourne. Conference delegates delivered an urgent call to Federal and State and Territory health and community service ministers to recognise and respond to the proven connection between parental drug and alcohol misuse and child protection. The conference also highlighted the national dimension of this very serious problem.

Current research shows that at least 1 in 8 of all Australian children live in a household where there is parental misuse of, or dependence on, alcohol or other drugs (ANCD, 2007).

One of the conference organisers, Dr Stefan Gruenert, CEO of Odyssey House Victoria said, “Parental substance misuse puts children both Indigenous and non-Indigenous at direct increased risk of Foetal Alcohol Spectrum Disorder, physical and sexual abuse, neglect and exposure to family violence.

“Some at the conference have called for a 21st Century Temperance movement because we need to address our nation’s obsession with alcohol. Many of us are also concerned that young women’s high rates of alcohol misuse in particular represents a ticking time bomb as they move toward child bearing age.”

Conference delegates unanimously endorsed a resolution urging Governments to unite to:

- include data on parental status and parental drug and alcohol use in all universally collected data sets
- develop effective strategies to prevent alcohol misuse and alert parents to its impact on children
- divert a portion of Government revenues from the sale of alcohol to fund holistic programmes for treating parents with drug and alcohol dependence and meeting the needs of their affected children.

Conference Website: www.odyssey.org.au/fadnet
Media Contact: Dr. Stefan Gruenert (CEO, Odyssey House Victoria) Mob 0438 545 934

FASD in the news!

At-risk babies monitored in womb
From: Herald-Sun
June 25, 2007
ONE hundred unborn Australian babies are being monitored in the womb because of their mothers' exposure to violence, drugs or alcohol.
If a high-risk pregnant mother refuses help organised by the Department of Human Services, her newborn baby would be assessed in the maternity ward and could be taken from her.

Call for booze labels
The Courier Mail
June 17, 2007
ALL alcohol products will carry labels warning of the links between binge drinking and brain damage if a new safety push succeeds.

Research Update

Alcohol's legacy: study shows binge drinking ups risk for psychiatric problems even in 'non-disabled' offspring
From Crime Times Volume 13, No. 2, 2007

Binge drinking during pregnancy can cause Fetal Alcohol Spectrum Disorders (FASD), but most children of drinkers do not suffer from this disorder. A new study, however, adds to evidence that even offspring who appear to suffer no ill effects after heavy prenatal exposure to alcohol are at risk for behavior disorders that increase their odds of life failure or criminality.

Helen Barr and colleagues studied 400 adults (average age 25.7) whose mothers originally participated in a study between 1974 and 1975. The mothers' alcohol consumption during pregnancy was assessed, including whether or not they engaged in "binge drinking" (consuming five or more drinks on at least one occasion).

In their follow-up, Barr and colleagues assessed the subjects for the presence or absence of psychiatric disorders and traits. After controlling for a wide range of potentially confounding factors, they found that compared to other subjects, participants whose mothers engaged in binge drinking at least once during pregnancy had more than twice the risk of being diagnosed with a substance dependence or abuse disorder, passive-aggressive personality disorder or traits, or antisocial personality disorder or traits.

The researchers conclude, "Prenatal exposure to alcohol may be a risk factor for specific psychiatric disorders and traits in early adulthood, even in a non-clinical group."

Disparities in risk of an alcohol exposed pregnancy
(USA) Disparities in risk of an alcohol exposed pregnancy in a sample of 1882 urban women found that women of European descent are at higher risk for an alcohol-exposed pregnancy at every drinking level when compared to women of African descent (29% v 16.5% respectively). White women aged 20-29 were at highest risk though more pregnant black
women reported higher rates of heavy binge drinking which may provide one explanation as to disparity found with FASD diagnosis (2007, Tenkku, Morris & Mengel www.motherisk.org/JFAS )

Choline important for brain development
Alcohol exposed rat pups treated with one an essential nutrient called choline after birth, performed as well as non-exposed rats on a test of learning and memory suggesting that choline supplementation can alter brain development following a developmental insult. However, the researcher cautions that Choline is not going to be a panacea for all symptoms of FASD and women need to be continually reminded of the damaging effects of alcohol on the developing fetus (Thomas et al, Choline supplementations following third trimester-equivalent alcohol exposure attenuates behaviour alterations in rats. Behavioural Neuroscience vol 121(1) 120-30.

Note: Preliminary spectroscopy findings indicate that choline is found at significantly lower levels among patients with FAS and partial FAS and that this is significantly related to lower IQ in these subjects (Susan Astley presentation at the international FASD conference in Canada 2007 by 2007).

You can read some facts about choline at http://www.pdrhealth.com/drug_info/nmdrugprofiles/nutsupdrugs/cho_0283.shtml

NIH MERIT award advances fetal alcohol research
Aug. 17, 2007
Susan Smith, a professor of nutritional sciences at the University of Wisconsin-Madison, has received a prestigious MERIT award from the National Institutes of Health, which provides research funding for up to 10 years. Smith is an expert on fetal alcohol exposure, the leading known cause of mental retardation in the world.

The grant will support Smith’s ongoing research into how alcohol damages developing fetuses. In the lab, Smith focuses on a small sub-population of fetal cells called neural crest cells that contribute to the formation of parts of the nervous system, face and heart. These cells are damaged and sometimes killed by alcohol, and children with fetal alcohol exposure can suffer damage to those organs, including visible facial malformations. Studying the effect of alcohol on chicken embryos, Smith was able to show that alcohol somehow directs the neural crest cells to end their own lives.

http://www.news.wisc.edu/14003

Computerized craniofacial anthropometry can help identify patients with fetal alcohol syndrome

Craniofacial anthropometry from 3D images appears to be able to identify patients with FAS, even across ethnicities.

Fetal alcohol syndrome (FAS) is the most extreme expression of alcohol’s adverse effects on the developing fetus, and is part of the wider fetal alcohol spectrum disorders (FASD). While clinicians agree that effective management of FAS-related problems depends on a timely and reliable diagnosis, clearly identifying accompanying facial features has been challenging. It now appears that computerized craniofacial anthropometry – measurement of the human face from 3D facial images – may help to diagnose patients with FAS, even across ethnically disparate populations.

Results are published in the October issue of Alcoholism: Clinical & Experimental Research.

Research suggests fetal alcohol gene
MADISON, Wis.,
September 21, 2007
U.S. and Canadian researchers say a gene variant may make some infants more vulnerable to brain damage from fetal alcohol exposure.

The report, published in the journal Biological Psychiatry, said a genetic marker that signals susceptibility could provide a way of recognizing children most vulnerable to fetal alcohol damage, and find ways to help them overcome their problems, lead author Mary Schneider of the University of Wisconsin-Madison said Friday in a release. Primates were used in studies of a gene called a serotonin transporter gene promoter, which helps regulate the brain chemical serotonin. Past studies of both people and primates suggest that carriers of a short form of this gene are at increased risk for depression.

The researchers found that primates who carried the short gene also suffered problems from exposure to moderate levels of alcohol in utero, the report said.

Schneider said the finding may help to explain why some children of mothers who drink during pregnancy suffer birth defects, while others seem to escape unharmed. http://www.earthtimes.org/articles/show/111919.html

**Preventing Alcohol-Exposed Preganacies - A Randomized Controlled Trial**


Measures: Women consuming more than five drinks on any day or more than eight drinks per week on average, were considered risk drinkers; women who had intercourse without effective contraception were considered at risk of pregnancy. Reversing either or both risk conditions resulted in reduced risk of an AEP.

Results: Across the follow-up period, the odds ratios (ORs) of being at reduced risk for AEP were twofold greater in the intervention group: 3 months, 2.31 (95% confidence interval [CI] 1.69–3.20); 6 months, 2.15 (CI 1.52–3.06); 9 months, 2.11 (CI 1.47–3.03). Between-groups differences by time phase were 18.0%, 17.0%, and 14.8%, respectively.

Conclusions: A brief motivational intervention can reduce the risk of an AEP. http://www.cdc.gov/ncbddd/fas/publications/Preventing%20Alcohol-Exposed%20Pregnancies%20A%20Randomized%20Controlled%20Trial.pdf

**FASD news from around the world!**

**Use of Focus Groups in Developing FAS/FASD Prevention in Russia**
From Substance Use & Misuse, Volume 42, Issue 5 April 2007 , pages 881 – 894

Abstract: Fetal alcohol syndrome is a severe outcome of alcohol use during pregnancy, and the rates may be higher in countries with greater use of alcohol. To obtain information from Russian physicians (N = 23), women (N = 23), and male partners (N = 5), focus groups were conducted with 51 participants in St. Petersburg, Russia. The main objective was to determine the participants’ knowledge, attitudes, and behavior related to drinking during pregnancy. Data were analyzed using ATLAS-ti 5.0. The results will be used to develop a survey of Russian professionals and women leading to FAS prevention programming. The study’s limitations are described.

**New FASD Prevention Toolkit**
The American College of Obstetricians and Gynecologists (ACOG), in collaboration with CDC, has developed the "Drinking and Reproductive Health: A Fetal Alcohol Spectrum
Disorders Prevention Tool Kit.

The primary component in the tool kit is a CD-ROM that aims to teach women's health care providers how to screen and advise all of their patients of reproductive age about risky drinking and encourage the use of effective contraception among patients who continue to engage in risky drinking. It also addresses drinking during pregnancy.

http://www.cdc.gov/ncbddd/fas/acog_toolkit.htm

New alcohol & pregnancy resources in Saskatchewan

The Saskatchewan Prevention Institute just released new resources for health care providers about alcohol use in pregnancy. To find out more about these resources go to www.preventioninstitute.sk.ca

Fetal Alcohol Spectrum Disorder targeted

PeaceArchnews
White Rock, British Columbia
Jul 01 2007

Gaps in services for families dealing with Fetal Alcohol Spectrum Disorder or struggling with behavioural and other issues has sparked two new programs at Peace Arch Community Services.

The FASD program is fully funded by the Ministry for Children and Family Development. It offers services including support, education and advocacy, along with a worker to work with families before, during and after diagnosis.

http://www.peacearchnews.com/portals-code/list.cgi?paper=44&cat=23&id=1017583&more=0

I was jailing profoundly disabled kids: judge on FASD cases

Canadian Press
July 31, 2007

Early in her career as a judge in Saskatchewan provincial court, Mary Ellen Turpel-Lafond was distressed to realize that many of the young offenders who appeared before her were disabled and didn't understand the consequences of their actions, let alone why they were in court.

They were kids with fetal alcohol spectrum disorders, brain damaged because their mothers drank during pregnancy.

Ireland to introduce alcohol label to warn of health risk during pregnancy

Ireland - Mandatory labelling of alcohol containers with a health warning about the dangers of drinking alcohol during pregnancy is to be introduced.

Drinks Manufacturers Ireland (DMI), the umbrella body for the industry, confirmed yesterday it had agreed to the health warning, which will apply to all alcohol containers sold in the Republic. For full story go to http://www.ireland.com/newspaper/frontpage/2007/1015/1192396328048.html

Canadian Brewers Fund FAS Center
The Winnipeg Sun
7/9/2007

The Brewers Association of Canada has donated $1 million to establish the Canadian Foundation on Fetal Alcohol Research. Announced at the annual Fetal Alcohol Canadian Expertise Research Roundtable, the center will support a pair of research studies each year.
focused on FAS. "This will ensure that researchers, especially young researchers, have the resources and support they need," said foundation board chair Louise Nadeau of the University of Montreal.

Nadeau said she had weighed the ethics of accepting alcohol-industry funding but concluded, "Alcohol is here to stay and they can't control people who abuse their products."


**FASD funding awarded to B.C. communities**

CNW Group
September 27, 2007

The Victoria Foundation has awarded funds to 40 projects throughout B.C. from the $10-million Fetal Alcohol Spectrum Disorder (FASD) Action Fund established by the B.C. Ministry of Children And Family Development in March 2006.


**Alcohol ravages South Africa's children**

AFP
September 24, 2007

Watching her five-year-old daughter at play fills Katrina Wilson with guilt instead of motherly pride -- the slight frame a daily reminder of her heavy drinking while pregnant.

And if life was not hard enough in the poverty-stricken South African town of De Aar, Wilson has to battle with the knowledge that she condemned her own flesh and blood to brain damage and an uncertain future.

The girl is one of hundreds diagnosed with Foetal Alcohol Syndrome (FAS) in the dustbowl town with its 30,000-odd residents and the unenviable distinction of the world's highest reported incidence of the condition

http://news.yahoo.com/s/afp/20070924/lf_afp/safricachildrenhealthalcoholism_070924155014

**WELCOME TO HOLLAND**

by Emily Perl Kingsley

I am often asked to describe the experience of raising a child with a disability -- to try to help people who have not shared the unique experience to understand it, to imagine how it would feel.

It's like this ...

When you're going to have a baby, it's like planning a fabulous vacation trip -- to Italy. You buy a bunch of guidebooks and make your wonderful plans. The Coliseum. Michelangelo's "David." The gondolas in Venice. You may learn some handy phrases in Italian. It's all very exciting.

After months of eager anticipation, the day finally arrives. You pack your bags and off you go. Several hours later, the plane lands. The flight attendant comes and says, "Welcome to Holland."

"Holland?!" you say. "What do you mean, Holland? I signed up for Italy! I'm supposed to be in Italy. All my life I've dreamed of going to Italy."

But there's been a change in the flight plan. They've landed in Holland and there you must stay.

The important thing is that they haven't taken you to a horrible, disgusting, filthy place full of pestilence, famine and disease. It's just a different place.

So you must go out and buy new guidebooks. You must learn a whole new language. And you will meet a whole new group of people you would never have met.
It's just a different place. It's slower-paced than Italy, less flashy than Italy. But after you've been there for a while and you catch your breath, you look around, and you begin to notice that Holland has windmills, Holland has tulips, Holland even has Rembrandts.

But everyone you know is busy coming and going from Italy, and they're all bragging about what a wonderful time they had there. And for the rest of your life, you will say, "Yes, that's where I was supposed to go. That's what I had planned." And the pain of that will never, ever, ever go away, because the loss of that dream is a very significant loss.

But if you spend your life mourning the fact that you didn't get to Italy, you may never be free to enjoy the very special, the very lovely things about Holland.