

## **Inquiry into the health impacts of alcohol and other drugs in Australia: Opening remarks 14 April 2026. Elizabeth Elliott, Sharon Medlow and Fiona Robards.**

Thanks for the invitation to speak today. We represent the NHMRC Centre of Research Excellence in Fetal Alcohol Spectrum Disorder (or FASD) and the NSW FASD Assessment clinic, both led by The University of Sydney.

We acknowledge and pay respects to the traditional Aboriginal owners of the lands on which we live and work.

Our CRE brings together national and international research expertise to improve the identification, management and prevention of FASD and translate research into better clinical outcomes.

A critical focus of the CRE is preventing alcohol use in pregnancy (which occurs in ~50% of all pregnancies) and its consequences and costs for children, families and the broader community.

Prenatal exposure to alcohol can result in FASD - a lifelong, brain-based disability affecting learning, impulse control, language, memory and attention and associated with birth defects and growth failure.

We recently estimated that 3.64% of the general Australian population - or one child in every classroom - has FASD. Although potentially preventable, FASD remains under-recognised and under-diagnosed.

Services are inadequately resourced and access is inequitable. Thus, wait lists are long and many children do not receive the early intervention they need to thrive.

We need increased investment in publicly funded, FASD-informed services in *all* jurisdictions.

Community-level prevention of harm from prenatal alcohol exposure remains critical. We require continued investment in **public education campaigns**, such as the *Every Moment Matters* and *Strong Born campaigns*; enforcement of **mandatory labels warning of alcohol harms in pregnancy**; support for **community-led alcohol controls**; and reinforcement of the **NHMRC alcohol guidelines** recommendation that there is no safe level of alcohol use in

pregnancy and that women who are pregnant or planning pregnancy should not drink alcohol.

We must continue to fund the FASD Hub Australia, NOFASD and Living with FASD which provide education and training to wide-ranging professionals and the community.

Preventing alcohol-related harm in pregnancy also requires a strong, universal health-system response. We recommend **routine prenatal screening for alcohol use in all pregnancies in all antenatal services**, with pathways for timely, non-judgemental treatment and referral for women and families. This must be matched by **improved access to alcohol and other drug treatment services** - particularly in rural and regional areas - and increased capacity of these services to treat alcohol dependency in pregnancy.

Long-term harm reduction also depends on legislating the levers known to decrease alcohol harm, including taxation, pricing and limits on advertising and promotion. **This requires political will and a commitment to preventing the alcohol industry from influencing public health policy.**

National assets such as the Australian Paediatric Surveillance Unit and **FASD Australian Registry** and the **new electronic patient records** are essential to monitor national trends in prevalence of PAE and FASD and the impacts of prevention strategies.

The impacts of prenatal alcohol exposure extend beyond health and we recommend **early, routine screening to identify disability**, including FASD, in schools and at the first point of contact with child protection and justice systems.

We emphasise the need for **long-term whole of system investment**, including in **Aboriginal community-controlled organisations** and culturally informed responses such as the **Youth Koori Court**.

Finally, The **National FASD Strategic Action Plan** is due for renewal in 2028, and its implementation is being monitored by the **National FASD Advisory Group**.

Funding will be required to revise the plan to address identified gaps in progress against desired outcomes. Thank you.