Dear Sirs

Following your call for Evidence around Preventative Spend, we would like to strongly recommend you consider the issue of FASD (foetal alcohol spectrum disorders) and the issue of reducing the consumption of alcohol in pregnancy.

The latest research, published in January in The Lancet*, indicates that the global average is 10% of pregnant women consume alcohol in pregnancy, whereas in the UK over 40% of pregnant women drink. Statistically, if a woman drinks alcohol when pregnant she has a 1/67 chance of having a child with full-blown Foetal Alcohol Syndrome (FAS), with an estimated 8 to 10 more babies being born with the lesser, but equally devastating, FASD.

From an economic perspective, the Canadians refer to those with FASD as “million dollar babies”, a reference to the minimum amount it will cost the state and tax payer to provide life-long health, social and special educational support to each one. We have to remember that this figure in Scotland will be higher as we have more free at point of use health care and social care than our Canadian cousins.

With regards to encouraging Boards and relevant Authorities to accept their preventative duties, this very evident cost-benefit ratio needs to be held in mind. In the case of FASD, it costs 15p to purchase a leaflet from us and takes 5 minutes of the midwife’s time to discuss the positive health messages of avoiding alcohol in pregnancy for both baby and mum, versus at least £1,000,000 lifetime cost of supporting the baby born with FASD.

As you allude to in your Call for Evidence, often elected politicians or finance officers setting a budget for a year, will focus on the immediate benefit or cost-savings to be found, rather than these longer term implications, thus we would suggest consideration be given to the

*The Lancet

---

**Bringing Hope to those affected by FASD**

Registered Charity No (England & Wales): 1125212
company registered in England No 6501335
Registered Office: 2 Meadow Court, High Street, Witney OX28 6ER
use of longer term target setting that focuses on a reduction in incidence over time, with “penalties” in the future, giving an incentive to act now.

There could also be a financial reward in the immediate, incentivising individual front line staff, especially if the additional payments were made to them instead of, or as well as to, the relevant responsible authority. In many cases, it would be easy to track that, for example, midwives are discussing FASD and alcohol in pregnancy with every patient by ensuring that it is clearly recorded on notes, that an external audit is carried out, and the impact on behaviour measured by a simple anonymous questionnaire by researchers at a body such as ourselves in collaboration with a Scottish University.

Another potential method of overcoming a reluctance by some Boards / Authorities to engage in prevention steps could be overcome by offering the “carrot” of prestige by an invitation to join in a ground-breaking research project in a given field. For some conditions, FASD in particular, we need more robust prevalence data to be collected enabling the reduction in incidence through preventative steps to be measured and, indeed, a comparator to be carried out identifying which are the most effective prevention interventions.

The other element to prevention that we would ask consideration is given to would be early diagnosis. In common with many other conditions, for those with FASD early diagnosis leads to less (expensive) intervention being required and more positive outcomes. There is a plethora of research based evidence, albeit much of it US-centred, which clearly confirms the reality of this theory for those with FASD; there is a direct correlation between age at which diagnosis given and outcomes in adulthood, the younger age at which diagnosis is given, the better the lifetime chances. It is vital, in our opinion, those babies known to have been exposed to alcohol in the womb are followed up by Community Paediatrics for the first five years of life.

Maintaining focus on a given prevention issue may also be helped by front line staff, who are delivering the services, as well as those deciding on financial and other targets attending together joint training / information sessions, exploring together the implications across the system of prevention versus treatment. We find once everyone understands the lifetime of economic, practical and emotional impacts for an individual affected by FASD, a 15p leaflet and 5 minute conversation suddenly seems eminently sensible.

If you want more information on this issue, please do not hesitate to contact us, look at our website – www.fasdtrust.co.uk or our postal address for our Scottish office is at the head of this submission.

Yours faithfully

J R Brown

Julia Brown (Mrs)
Founder & CEO

Bringing Hope to those affected by FASD