



# THE NETWORK NEWS

FASD-CAN Incorporated

Dec 2013

*Merry*  
  
*Christmas*

## A WORD FROM THE CHAIR

It has certainly been a busy few months.

Although the day of incorporation, 5 July, is forever etched into my memory, it was the 9<sup>th</sup> of September that we officially launched FASD-CAN. We marked the official beginning at the FASDay event put on by Alcohol Healthwatch in Auckland. At this time I was in contact with Paul Gibson, the Disability Rights Commissioner and he had assured me of his support for our organisation, it was however, unfortunate that his letter did not turn up until a week later (copy of Paul's letter is attached at end of newsletter). Even though the timing was off, I was thrilled to receive his endorsement for what we are doing.

Brochures have been designed and printed with help, in part, by a donation from the Rotary Club of Waitara, Taranaki. We have begun distributing these to the assessment teams and any members who have speaking engagements. It is not cheap to have brochures professionally printed but we feel it is important for our organisational profile.

We were represented well at the Brisbane Conference and I spoke about FASD-CAN Inc and the pathway to establishing a national support network. It was well received and I even managed to convince a few Aussies to buy our bone carvings! One of the benefits of going to such events is networking and we met some fabulous folk working hard to make a difference across the Tasman. I aim to build on these relationships in the hope that we can band together and learn from each other.

### In this issue

Chairpersons Note

Conference Updates

International

Conference on FASD in  
Brisbane – Nov 2013

First International  
Conference on the  
Prevention of FASD,  
Canada, Sept 2013

Government Update

Spreading the word

A Canterbury Tale

Celebrating Success

Fundraising

LOVE article

Letter from Disability  
Commissioner

I have also been in touch with Grandparents raising Grandchildren and FASD-CAN will appear in their December newsletter. They were excited to hear that an organisation had been established to help families raising children with FASD as they acknowledged that many of their members fell into this category. I am hopeful it will result in a surge in our membership.

On a personal note our family has seen some highs and lows in the last few months. This seems to be a pattern that all parents of children with FASD experience. It is a relentless cycle. Of course the lows are related to school, peer relationships, substance abuse and mental health. However, we like to focus on the positives, on what he CAN achieve. Those things have included, nearly reaching his goal of 60 NCEA Level 1 credits for the year, setting him on the path to completing this qualification next year. Securing some part time work in a light engineering workshop down the road from us for the school holidays which, for now, is working out brilliantly and creating a real sense of achievement. Part of the parent/carer discussion in Brisbane focused on the need for us all to reframe what success looks like for our kids. It is often easier said than done to let go of the hopes and dreams we held for our children but I think it is an important aspect of parenting children with FASD and helps us make sense of the chaos.

*“Success is not final, failure is not fatal, it is the courage to continue that counts” Winston Churchill*

My final word is the F-word ..... Fundraising! We would like to begin planning a seminar for 2014 and of course we need funds to do achieve this. If anyone has any clever fundraising ideas then please be sure to contact any one of our committee members.

Wishing you and your families a happy Christmas and holiday season where all the stars align and peace reigns.

*Claire Gyde*

[Claire.gyde@fasd-can.org.nz](mailto:Claire.gyde@fasd-can.org.nz)

## Conference Updates

### International Conference on FASD in Brisbane, November 18/19 2013

At time of preparing this newsletter we have been unable to get any reports from the event, however the following article was prepared prior to the Conference and gives us a taste of some of the NZ focus from the Conference.

*Photo of Claire Gyde presenting during the Brisbane Conference.*



## **Auckland Judge to provide keynote address to Brisbane Conference on Fetal Alcohol Spectrum Disorder**

*(Media Release, Alcohol Healthwatch., 13 November 2013)*

Auckland's District and Youth Court Judge Tony FitzGerald will present the opening Keynote address at an Australasian FASD conference being held in Brisbane on 19- 20 November 2013. His presentation, '**Current situation and developments with FASD in New Zealand; A District and Youth Court Judge's Perspective**' will focus on the Judge's own experiences of learning about Fetal Alcohol Spectrum Disorder (FASD) and its impact on the NZ Court system. The plenary presentation will be followed by a Workshop on FASD and Criminal Justice Issues.

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term describing a range of physical, behavioural and learning disorders that can arise from exposure to alcohol before birth. FASD is recognised internationally as the leading preventable cause of intellectual disability in the western world. It is also now recognised that a large number of individuals affected by FASD are at greater risk of becoming involved with the criminal justice system. Individuals with FASD are at least 10 times more likely to offend than people in the general population. The alcohol-related brain damage occurring before birth makes it difficult for affected individuals to distinguish social rules and boundaries and to stay out of trouble with the law.

Judge FitzGerald says he has had a long held interest in issues affecting young offenders such as those with FASD. In 2007 he established the Intensive Monitoring Group ('the IMG') in the Auckland Youth Court, which accommodates young people who are at moderate to high risk of re-offending and have moderate to severe mental health and/or alcohol and other drug issues underlying their offending.

*"In both the District and Youth Courts I meet people facing charges who suffer from FASD and other neurodisabilities. Common characteristics of those affected, that can lead to offending, include poor emotional regulation, impulse control and social judgment. Once they are before the Court, characteristics include such things as non-compliance with bail conditions and repetition of the same mistakes even after attending standard rehabilitation programmes.*

*"In the absence of information to the contrary, such behaviours are viewed as criminal justice issues only, and therefore tend to be addressed by increasingly severe sanctions when the offending continues. That approach is doing nothing to change the life course of those affected by the neurodisability or reduce their risk of reoffending.*

*"By seeing the behaviour for what it is and responding appropriately, those with a FASD are able to have productive lives and there can be significant reductions made to the risk of recidivism and the associated costs to society," he says.*

The conference is a collaboration between Australian and New Zealand health organisations concerned about FASD and actively engaged with its prevention and intervention. The conference aims to bring people together from across the South West Pacific region to exchange knowledge and experiences on practice, research, policy and care.

Ends.

### **Further Information:**

Judge FitzGerald can be contacted at the Auckland District Court via his PA Stefan Titze - ph 09 916 9009 or email [Stefan.Titze@justice.govt.nz](mailto:Stefan.Titze@justice.govt.nz).

For information about FASD in New Zealand, contact Christine Rogan, Fetal Alcohol Network Coordinator for Alcohol Healthwatch email [christine@ahw.org.nz](mailto:christine@ahw.org.nz) or ph 09 5207037.

Information about the Brisbane FASD Conference can be found on [www.phaa.net.au](http://www.phaa.net.au)

### **FACTS about FASD and Justice**

The average age for first offending by a person affected by FASD is 13 years

International evidence suggests that FASD is present in 2-5% of all birth

Youth with FASD are 19 times more likely to get in trouble with the law than those in the general population

A youth offending population study in Canada found 23 percent met the criteria for a diagnosis of FASD

The Canadian Bar Association and the American Bar Association have both passed unanimous resolutions that recognise FASD is permanent brain injury that causes neurological and behaviour changes and they call for FASD to be identified and responded to effectively

Around 80% of New Zealand women of childbearing age report drinking prior to pregnancy recognition and between 25-34 percent continue to consume alcohol after pregnancy recognition

The Commonwealth Government of Australia has developed and begun implementing a nationwide strategic plan to specifically address FASD prevention and treatment and has made an initial investment of \$20million in 2013

New Zealand has no nationwide FASD strategic plan and the numbers of affected individuals in the general population remains unknown.

The following article also arose from the Brisbane Conference, thanks to Christine Rogan for sharing this with us.

# **Call to Action on Fetal Alcohol Spectrum Disorders in Australasia**



*The Australasian Fetal Alcohol Spectrum Disorders (FASD) Conference: A time to learn, a time to act*, was held in Brisbane on November 19-20, 2013. The conference outcomes and recommendations are outlined in this *Call to Action*, which urges all health professionals, service providers, Governments and the community to work together to reduce the prevalence of FASD and improve the quality of life of individuals and families living with FASD.

FASD is a term used to describe a range of conditions that can result from prenatal alcohol exposure. The primary disabilities associated with FASD are directly linked to underlying brain damage caused by prenatal alcohol exposure. These can include poor memory, impaired language and communication, problems with abstract thinking, poor impulse control, poor judgement, and mental, social and emotional delays. As well as neurological damage, the individual may also have poor growth, hearing and sight problems, difficulty sleeping, high levels of activity, motor deficits and physical impairments and facial abnormalities. FASD is a lifelong condition with no cultural boundaries.

The significance of these harms has been acknowledged by the national advisory bodies. The Ministry of Health in New Zealand advises women who are pregnant or planning a pregnancy not to drink alcohol and the National Health and Medical Research Council's Australian Alcohol Guidelines advise that no alcohol is the safest option for women who are pregnant or planning pregnancy.

The cause of FASD is known and is preventable but babies with FASD continue to be born in Australia and New Zealand. Urgent action is needed now to prevent FASD and to support people living with FASD, their families and carers.

Delegates at the *Australasian FASD Conference* included people living with FASD, parents and carers, not-for-profit sector representatives, researchers and health professionals. Delegates agreed that in addition to the specific actions below, that to reduce alcohol-related harm, proven population-wide measures are needed that address the price, promotion and availability of alcohol as well as access to brief and early intervention. This Call to Action, notes that:

- a) There are significant gaps in the prevention, diagnosis and management of FASD in Australia and New Zealand. Funded FASD national and jurisdictional plans for action are needed to address these significant gaps and coordinate the work required to address FASD.
- b) A major obstacle to preventing FASD has been the lack of awareness about the harms associated with alcohol consumption during pregnancy. There is a need for comprehensive population-wide public education campaigns and community programs that focus on the risks of alcohol consumption and its prevention, from the time of conception and throughout pregnancy.
- c) A further barrier to preventing FASD has been a lack of treatment options for women with alcohol use disorders. There is a need for access to specialist services for pregnant women and a need for research on safe and effective treatments for women with alcohol-use disorders.
- d) Many health professionals and other service providers do not routinely discuss alcohol consumption with women who are pregnant or planning pregnancy. Health professionals and other service providers need to be supported to appropriately ask all women about their alcohol use and advise women that not drinking alcohol is the safest option when pregnant or planning pregnancy. Health and welfare professionals need comprehensive workforce development strategies to promote evidence-based screening and brief intervention, referral and support for women who consume alcohol in pregnancy.
- e) People living with FASD require greater recognition and appropriate support to manage their lives. Crucially this includes access to diagnostic services, mental health and other health services, disability support based on tested functional capacity, early intervention programs and recognition of FASD as a disability. Access to these services, backed by supported parents, carers and families can produce better outcomes for individuals across their lifespan.
- f) FASD has implications for many sectors, including education, mental health, child protection, disability, criminal justice and employment. FASD requires a 'whole of government' response with support being provided from a range of sectors and with FASD being systematically integrated into policy development, review and service evaluation. Policy and service initiatives must be inclusive of families and individuals living with FASD.
- g) Indigenous peoples in Australia and New Zealand are disproportionately represented by alcohol-related harms and are leading the way in addressing FASD. Governments, health professionals, service providers and the communities across Australia and New Zealand need to demonstrate strong commitment and leadership to reduce the impact of FASD through culturally secure strategies, in partnership with Indigenous people.
- h) There needs to be continued research on FASD and its effects on the lives of individuals and their families, including monitoring FASD and the effects of interventions in Australia and New Zealand.
- i) The prevention, diagnosis and management of FASD and the delivery of appropriate services requires approaches that are non-judgemental, sensitive and cognisant of the potential for

stigma on individuals, families and communities.

- j) Training in FASD is required by teachers, police, juvenile justice, health professionals, lawyers and others involved in education, protection and care, and those working in justice and corrective services.

The delegates agreed that the time for action is now. We call on the Australian and New Zealand Governments, health professionals, service providers and the community to act immediately upon the matters outlined in this Call to Action.

### **Background to the development of the Call to Action**

This *Call to Action* has been prompted by the American Academy of Pediatrics Joint Call to Action on Alcohol and Pregnancy (2012). It has been developed with consideration to the 1989 United Nations Convention of the Rights of the Child, that children have a right to grow and develop healthily and to have access to the best health care and noting that the costs to society of failing its children are huge.

This *Call to Action* endorses the International Charter on Prevention of FASD as adopted by the delegates from 35 countries attending the First International Conference on Prevention of FASD in 2013.

This *Call to Action* acknowledges existing strategic planning in Australia and New Zealand; the Australian FASD Action Plan 2013-2016 released by the Foundation for Alcohol Research and Education in 2012, the 2012 Australian Monograph of the Intergovernmental Committee on Drugs Working Party on Fetal Alcohol Spectrum Disorders; the recommendations from the Australian Government House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into FASD; the Australian Government's Action Plan to Reduce the Impact of FASD released in 2013; the recommendations from the New Zealand Health Select Committee Inquiry into improving child health outcomes and preventing child abuse from 2013; the National Indigenous Drug and Alcohol Committee report on Addressing FASD in Australia released in 2012, and the priorities of organisations representing the interests of individuals and families living with FASD in Australia and New Zealand.

### **About the Australasian Fetal Alcohol Spectrum Disorders Conference**

*The Australasian Fetal Alcohol Spectrum Disorders Conference is a joint initiative of the Foundation for Alcohol Research and Education and the Public Health Association of Australia. The conference was held in association with the National Organisation for Fetal Alcohol Spectrum Disorders (NOFASD) Australia, the Russell Family Fetal Alcohol Disorders Association, Telethon Institute for Child Health Research, University of Sydney, Alcohol HealthWatch New Zealand and the University of Queensland.*

The following article is a report from the International FASD Conference held in Edmonton, Canada and has been supplied by Valerie McGinn, thanks Valerie.

## **First International Conference on the Prevention of FASD**

Attended by Dr Valerie McGinn, Paediatric Neuropsychologist

In September 2013 700 delegates from more than 35 countries met in Edmonton to consider how international efforts could be made to work towards the prevention of FASD. As an outcome of the conference an International Charter on the prevention of FASD was written by the panel of international experts and was endorsed and adopted by the delegates. The purpose was to mobilise effort worldwide to call for urgent action to prevent FASD.

Alberta is the province in Canada that takes a leading role in providing comprehensive services to people with FASD and families and in its prevention efforts. The keynote address by the Premier of Alberta, Alison Redford spoke of the efforts needed to build strong families and connect them to strong communities; to create wraparound services and ensure that services are working in a connected way to prevent what she described as a 'great tragedy of lost potential'. She described a two pronged effort to prevent FASD and also to work with the legacy of not preventing it before. The Alberta Government allocates 20 million dollars per year to the FASD efforts in the province to support those with FASD and in prevention efforts.

Speakers from African and European countries including Kenya, South Africa, Uganda, Russia and Estonia presented to the delegates the devastation that their high rates of alcohol consumption in women of child bearing age was having on the health of their children. In Russia 50% of pregnancies are alcohol exposed and many children born with FASD are being raised in orphanages and disability institutions. Tatiana Balachova described FASD as the "tragedy of our society" and called on all countries to band together to address prevention worldwide. The problem was described as too big to be able to be solved by one country alone. With the support of NIAAA prevention and recognition of FASD had commenced and Russia and France also work together collaboratively.

Sterling Clarrens went so far as to describe FASD as not an epidemic but rather a pandemic. He called for continued scientific effort to prevent or alleviate the damage alcohol causes. Many speakers agreed that prevention efforts needed to be made on many levels. The first is in warning women and those around them of the dangers of alcohol use in pregnancy through education. Another is implement strategies that will reduce alcohol consumption in every sector of the community such as through pricing, ban on advertising, raising drinking age and restricting outlets. Identifying supporting and providing for needs of women in high risk groups to have alcohol free pregnancies is another important preventative measure. One speaker emphasised that alcohol abuse needed to be treated like any other form of chronic illness. People with diabetes are not left to suffer without treatment or evicted from treatment if they eat the wrong foods so why are those with alcohol dependence not treated according to their health needs. This would go a long way towards assisting women to receive the services they need to assist them to have alcohol free pregnancies or to use contraception if not able to desist drinking.

The charter acknowledges that the root causes of drinking may be found in the social determinants of health including poverty, malnutrition and a lack of social supports and personal autonomy. Elizabeth Eliot from Australia added the significant contribution of the trauma and loss suffered in colonised and indigenous people. The risks of drinking in pregnancy are also associated with gender based violence adverse life events, stress, trauma and social isolation. Reduction of such inequalities will contribute to prevention of FASD. For women with the highest risk programmes such as the Parent-Child Assistance Programme can address complex backgrounds and trauma to reduce further alcohol exposed pregnancies.

Egon Jonsson shared that he feels more hopeful now than he has ever been because of the great international concern. A worldwide effort can now be launched to prevent FASD for future generations. He emphasised that FASD is not a life sentence but rather a life challenge. There are difficulties that not one person or one service can fix and it requires everyone's efforts. We need to

think differently and collectively to build strong families, schools and communities where all individuals belong and are connected and supported.

## Government Update

From the NZ Parliamentary Health Select Committee. This is a huge step forward in the recognition of real problem of FASD in our community. Well done to Christine Rogan and Alan Chesswas and many others who put forward submissions to this committee.

**In their inquiry into improving child health outcomes and preventing child abuse, with a focus on preconception until age three, The NZ Parliamentary Health Select Committee has included a section on alcohol with a special emphasis on addressing FASD! Under the Alcohol Recommendations (page 72) and in bold lettering - indicating their emphasis - the Committee Report states:**

*'We recommend to the Government that it develop an action plan to combat the harm caused by foetal alcohol spectrum disorder in New Zealand. The plan could be similar to that produced by the Australian Commonwealth Government in 2013, and should include the WHO international prevalence study to establish reliable data for New Zealand. It should be a whole-of-government plan, and include the whole population but target those at risk, recognise that the disorder is preventable, provide access to services for those affected, and support prevention measures by the health and broader workforce. This should be achieved within 18 months of this report being published'.*

To view the full document:

[http://www.parliament.nz/en-nz/pb/sc/documents/reports/50DBSCH\\_SCR6007\\_1/inquiry-into-improving-child-health-outcomes-and-preventing](http://www.parliament.nz/en-nz/pb/sc/documents/reports/50DBSCH_SCR6007_1/inquiry-into-improving-child-health-outcomes-and-preventing)

## Spreading the Word

### Hawkes Bay News

In September Jackie and I had a local campaign raising awareness of FASD and our new organisation FASD-CAN. It started off with an interview on the local radio followed by information stands at both libraries in Napier. On Sept 9<sup>th</sup> we had a fundraising coffee morning with lots of information and interesting discussion amongst those who attended. Then on the Sunday we spend the day outside our local supermarket with our information stand and collection bucket. The posters that Claire and her son Jacob produced were eye catching and we had a number of people coming up and enquiring what FASD was. The following week we met with the local reporter who initially had only been allocated a small article in the paper but after she spent an hour with both of us realised that this was a much bigger issue and managed to get half a page in both the local papers in Napier and Hastings which we were delighted with.

What made it happen was the two of us working together as an effective team and starting the planning early so that we were able to fit it in with all our other family and work commitments. The information given on the FASD day website was very helpful in us putting it all together.

I have also been invited along on two occasions by the DAP (Developmental Assessment Programme) team here to give presentations to community staff about living with a child who has FASD and the “Secrets to Success”. I always promote our organisation at the end using our posters.

Funding is a big issue and in the near future will be approaching and giving presentations to local groups like the Rotary , Masonic Trust and Lions club in the hope that they will donate to our organisation with the aim of funding for a parent/caregiver workshop next year.

Best wishes over the festive period

Lisa Smith and Jackie Prichard

## **A Canterbury Tale by Tracey Jongens**

2010 was the year my journey in life changed direction yet again. The year before we were first told about FAS and its probable link to our son. This opinion was shared with us by a psychologist who then went on to say that she knew of no one locally who could help us and she herself really had no useful knowledge to share either. What do you do – possible explanation of a life impacting syndrome but no help or direct knowledge?

Well ... we went home and through the internet slowly developed more awareness. Early 2010 I found a workshop advertised in Auckland. Anne Russell was to share her story as a birth mum of fetal alcohol affected children. So the decision to attend was made. Sitting at the Barry Court, listening to Anne, Valerie McGinn, Chris Rogan, Shona Davison and a few others changed my life. As I listened I knew that a new door was opening for me and I realised that I could change outcomes for others by getting involved. I also knew I had found hope for my son.

I am a primary teacher and through recognising the impact of FASD on my son, I am very aware that there have been children I have taught over the years who share the same challenges. My passion, ignited at that meeting in Auckland, is to educate teachers and schools to better meet the needs of FASD children. To this end, since that day, I have taken every opportunity that has come to share my understandings and educate others through presenting my family story.

I have developed a powerpoint “Life in the FASD Lane” and with lots of support and insight from Christine Rogan, I have now presented variations of my presentation over 20 times in the last three years. Most of these presentations have taken place in Christchurch and around Canterbury. Just this year alone, I have presented to RTL (Resource Teachers of Learning and Behaviour), SENCO’s (Special Education Needs Coordinators – school based personnel), GSE (Group Special Education workers), a Child Protection Network team based at ChCh Public Hospital, Department of Corrections psychologists, graduating teachers from the NZ School of Early Childhood Education, CYF Care and Protection workers, Midwives professional development days, a community based group

Alcoholwise Hurunui, and I was even flown to Dunedin for a day to present to the Otago Alcohol and Drug Forum. Each of these presentations has come via word of mouth.

In Christchurch, our greatest need re FASD is a diagnostic service. At present we have no professionals anywhere with any in depth understanding of FASD. In order to raise awareness in the community I have chosen to move beyond my educational focus, however my primary focus continues to be opening doors for children with FASD through educating teachers.

One of my greatest highlights so far in my journey has been to see the school my son attends, take on board the idea of “trying differently” (Diane Malbin is my hero!) and this year they developed an alternative literacy programme to support non-academic learners in Y 11. (Just so happened my son was included in this group!) The kids have had a fantastic year of engagement with learning and have all succeeded in achieving their NCEA Level 1 Literacy credits! So I truly know trying differently CAN work and kids with FASD CAN achieve success in a variety of ways!

As a wise parent once told me re living with FASD, “Once we know better – we can do better” – a quote I now share every time I present!

## Celebrating Success

This is a story that a grandmother Eleanor posted on the FASD Network Facebook page last week and we felt it needed to be shared as it highlights what can happen if the right supports are put into place early on.

*I would like to talk about my grand-daughter Kirsty who is something of a success story! She is nearly 20 years old and has overcome many difficulties and has a happy and successful life. She was born prematurely weighing 645 grams to our son and his partner, but was adopted at birth. She was diagnosed as a pre-schooler with FASD so was able to get quite a bit of help through her schooling years. She has an IQ of 72, above the magic 70, but since leaving school (after completing Year 13 and with some NCEA credits) she has been entitled to some support around her living situation. Now, after quite some time of doing "work experience" i.e. not being paid for working, she finally has a paying job. Not sure how many hours but, hey, it's a start. She is in a boarding /flating situation i.e. she lives with an older lady but does her own cooking, washing etc. She still has a support person for a few hours a week, helping her with cooking and other household chores. I am so proud of her, she has done very well. Her adoptive parents are still very much involved in her life. Kirsty also has a steady boyfriend for a year who wants to marry her! She is also involved with the Special Olympics and competes in golf.*

What a success story and thanks to Eleanor for sharing this with us as it gives us hope to keep on working hard with our kids. Thank you so much Kirsty and Eleanor for your story.

## Fundraising

Well done to Claire for obtaining a donation from the Rotary Club in New Plymouth which helped towards the printing of our FASD-CAN Brochures. We do need more printed brochures plus some large posters but we really do need to look at generating funds. If we can all do our bit by contacting local rotary groups and trusts or even doing a supermarket collection this will all add up.

## A Final Thought....

### LOVE Rules – By Claire Gyde

When things are tough stick this up on your fridge and keep referring to as it does help when things are not going so well.

Rule 1: **L**et him be, but understand and accept that FASD is unpredictable. Be prepared.

Rule 2: **O**perate effectively in a disaster zone. Make the hard decisions, know who to contact and where to seek help. Be brave.



Rule 3: **V**aliantly advocate for him everywhere until people understand and help you support him. Constantly remind yourself and others that it is NOT his fault!

Rule 4: **E**nvironment – try your best to provide the environment to help him be the best he CAN be.... but don't beat yourself up, remember rule no. 1!



Human Rights  
Commission  
*Te Kaitiaki Take Kōwhiri*

16 September 2013

Claire Gyde  
Chairman – FASD-CAN  
New Plymouth

Dear Claire

To whom it may concern

Support for launch of FASD CAN

I would like to support the launch of FASD CAN. The United Nations Convention on the Rights of Persons with Disabilities has been signed and ratified by the New Zealand government. It spells out the rights of all disabled children and adults, including those with "physical, mental, sensory, and intellectual impairments". These are broad categories, not restricted to traditional medical definitions with arbitrary boundaries, or as defined by a state's categories for funded support. It includes people with FASD.

People with FASD have a clear need for protection under the disability convention. They are discriminated against in education, the right to the necessary support to live independently and be included in the community, and in the justice system. There is a need for the establishment of a network to link and give mutual support, and to articulate to government, decision makers, and the community, the strengths of and issues facing people with FASD and their families.

I am confident that the establishment of the network will help make real the rights and enable better lives for people with FASD.

Yours sincerely

Paul Gibson  
Disability Rights Commissioner