

an important factor in addressing the intergenerational prevalence of FASD.

“It is important to emphasise the role of education to break intergenerational trends and a whole range of negative social behaviours and outcomes, including alcohol and its impact,” Dr Ayers said.

While there is a range of programs and support for parents, children and students in various circumstances, DEEWR does not have a specific targeted set of programs around FASD.

Dr Ayers said with the major work around developing a national curriculum, DEEWR hopes to provide a national approach to the responsible consumption of alcohol during pregnancy.

But without national data that can reliably indicate the number of people with FASD, it is difficult to identify groups at risk.

Health department principal medical advisor Bernie Tower said the department is developing a diagnostic tool that will outline an agreed multidisciplinary approach to both the diagnosis and ongoing management of the condition.

Colleen Krestensen, health department assistant secretary, said the whole intent of getting better at diagnosis is to link the assessment to appropriate early intervention, to address the early trajectory of the condition, to minimise the secondary impact and also to link parents to the best services to support them.

“That is why we are trying to advance our knowledge collectively across government about the best form of intervention – both early and later – and how to link services to best meet the needs of these kids,” Ms Krestensen said.

While acknowledging there is a growing awareness about FASD in the community, the federal departments said it remains a complex issue which needs a concerted and coordinated effort with respect to research, prevention and services. •

## LINKS

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DEFENCE DIGITAL MEDIA

**BRINGING THEM BACK:** *Injured soldiers need support in the field and at home*

# Review of care for wounded Defence personnel

**W**ith 227 Australian Defence Force personnel wounded or injured in Afghanistan since 2002, a parliamentary inquiry will investigate how the ADF manages and supports these soldiers, sailors and air crew.

Personnel who are wounded on operations and suffer relatively minor injuries are treated and, once fit, return to service.

ADF personnel who are seriously wounded are transferred to the nearest military hospital and may be sent to a specialist facility for additional treatment. They may also be returned to Australia for additional treatment and rehabilitation.

ADF rehabilitation programs aim to reduce the impact of injury or illness through early clinical intervention and lessen any psychological effects of the injury.

Chair of federal parliament's Defence Sub-Committee Senator Mark Furner (Qld) said it was of paramount importance that the systems and processes to care for, repatriate, and

rehabilitate or transition ADF personnel wounded and injured on operations are efficient and effective.

“The inquiry will enable the committee to review current arrangements to ensure they are appropriate to support ADF personnel who have been wounded and injured while serving their country,” he said.

As well as examining care arrangements in operational areas, the inquiry will also look at repatriation arrangements to Australia and the care provided on return to Australia, including ongoing health, welfare and rehabilitation support arrangements.

Return to work arrangements and management of personnel who cannot return to ADF service will also be reviewed, along with the transition from ADF support to managed health care and support by the Department of Veterans' Affairs. •

## LINKS

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