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The Challenge of FASD to Irish Public Policy

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Abstract

Fetal Alcohol Spectrum Disorders (FASD) are the most common preventable neurodevelopmental disabilities. Despite international recognition of FASD as a major public health challenge, such as in the World Health Organization's Global Alcohol Action Plan, this recognition has not always translated into concrete policy responses, even in high-income countries with high levels of alcohol consumption. The case of Ireland illustrates how a lack of high-level strategic recognition of FASD as a public health and social policy challenge has resulted in limited state action and a high prevalence of FASD. The paper provides an overview of FASD and presents a comparison of ten high-income countries with high alcohol consumption rates but markedly different estimates of FASD prevalence. It then provides an analysis of Ireland's policy response to FASD, identifying its strengths, gaps, and implications for international policy learning.

Keywords: Fetal Alcohol Spectrum Disorders; FASD; Public Health; Public Policy; Alcohol Policy

JEL Classification: I18, K23

Introduction

Fetal Alcohol Spectrum Disorders (FASD) are the most common preventable neurodevelopmental disabilities (Williams and Smith, 2015; Clarke and Gibbard, 2003). Despite international recognition of FASD as a major public health challenge, such as in the World Health Organization's *Global Alcohol Action Plan* (WHO, 2024a), this recognition has not always translated into concrete policy responses, even in high-income countries with high levels of alcohol consumption.

This paper examines the case of Ireland, where the lack of high-level strategic recognition of FASD as a public health and social policy challenge has resulted in limited state action. Ireland has among the highest estimated prevalence rates of FASD in the world, alongside high levels of alcohol consumption, particularly among women of childbearing age (Popova et al, 2017). Despite this, FASD has not been

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acknowledged as a priority within public health or disability services (Harper et al, 2025). The aim of this paper is to assess Ireland's policy response to FASD, identifying its strengths, gaps, and implications for international policy learning.

The paper gives an overview of FASD and its diagnosis and prevention, before presenting a comparison of ten high income countries with high alcohol consumption rates but markedly different estimates of FASD prevalence. The paper then provides a four-step analysis of Irish policy responses to FASD before concluding with implications for policy learning.

Overview of FASD

Alcohol has long been recognised as a teratogen (Streissguth et al, 1980), meaning that prenatal alcohol exposure (PAE) causes birth defects. FASD is a lifelong, irreversible disability caused by PAE, leading to organic damage to the brain as well as to every organ and structure of the human body. Fetal Alcohol Syndrome (FAS), the most widely recognised diagnosis, represents only a minority of cases—approximately 10 to 20 per cent (Popova et al, 2017; Roozen et al, 2016)—and is characterised by distinctive facial anomalies, growth deficiency, microcephaly, intellectual disability, and impairments in cognition, language, executive function, memory, and attention (Hagan et al, 2017). Other forms of FASD may lack these facial features, making them invisible disabilities (Davis, 2005), but they can be equally severe (Clarke and Gibbard, 2003).

As Astley has emphasized, FASD is not itself a clinical diagnosis but an umbrella term that encompasses a spectrum of lifelong functional limitations and impairments, including FAS, Static Encephalopathy/Alcohol Exposed (SE/AE) and Neurodevelopmental Disorder/Alcohol Exposed (ND/AE) (Astley, 2024). Diagnostic classification varies across countries: the ICD-11 recognises FAS and neurodevelopmental syndrome due to prenatal alcohol exposure (WHO, 2019), while DSM-5 includes neurobehavioral disorder associated with prenatal alcohol exposure (Doyle and Mattson, 2015). This lack of international consensus contributes to variability in clinical recognition and policy responses.

FASD can affect learning, memory, attention, emotional regulation, impulse control, communication, and social functioning, as well as daily life skills such as handling money, telling time, and maintaining safety. Individuals with FASD are more likely than average to experience mental health difficulties including Attention Deficit Hyperactivity Disorder (ADHD), depression, anxiety, impulse control problems, and substance use disorders (Attell et al, 2025). Over the life course, FASD is associated with reduced life expectancy (Thanh and Jonsson, 2016), increased risk of chronic disease

(Attell et al, 2025; Oh et al, 2020), poorer educational outcomes (Roberts, 2015), and higher likelihood of contact with the criminal justice system (Sessa et al, 2022; Popova et al, 2011).

Stigma remains a persistent barrier to recognition and support (Roozen et al, 2022; Choate and Badry, 2019; Corrigan et al, 2017; Bell et al, 2016). Mothers are often blamed for drinking during pregnancy, even though alcohol use frequently occurs before pregnancy is recognised. Parents may be reluctant to disclose FASD due to fear of stigma from educators or peers, and many experience guilt that inhibits them from seeking support. Children may experience strained relationships with birth parents as a result of awareness of prenatal alcohol exposure. Prevention strategies that rely solely on maternal information campaigns are insufficient; wider social and policy interventions are required, including services to support people living with FASD.

Diagnosis and Prevention

The four-digit diagnostic code is the most robust and reproducible system for diagnosing conditions under the FASD umbrella. It evaluates four domains—growth deficiency, facial features, central nervous system dysfunction, and prenatal alcohol exposure—on a four-point scale, producing 256 unique diagnostic profiles (Astley, 2024). This approach increases precision, reduces diagnostic ambiguity, and helps to prevent misdiagnosis, such as confusing FASD with ADHD or autism spectrum disorder (ASD). Training in this system is freely available online, making it an accessible and scalable solution for health systems such as Ireland's.

Prevention strategies must also broaden their scope. While maternal alcohol consumption during pregnancy is the direct cause of FASD, recent evidence shows that paternal alcohol use can also contribute to adverse outcomes through epigenetic mechanisms. Alcohol consumption during the 64 days prior to conception—the period of spermatogenesis—has been shown to alter sperm DNA methylation, impair neurodevelopment, and increase risks for offspring (Thomas and Golding, 2023; May et al, 2023; Veazey et al 2017; Knezovich and Ramsay, 2012). Prevention programmes should therefore recommend that men abstain from alcohol for at least 64 days before conception and during the period of conception, while women should abstain during conception and throughout pregnancy.

This reframing has two advantages: it reflects the evidence of shared biological responsibility, and it reduces stigma by shifting prevention away from being framed solely as a maternal responsibility. As Sharif and Gill argued in *Irish Medical Times*, underdiagnosis of FASD is a serious problem in Ireland, particularly given the high

prevalence of alcohol use during pregnancy. Without systematic use of validated diagnostic tools and inclusive prevention strategies, Ireland risks perpetuating hidden disability and lost opportunities for prevention (Gill and Sharif, 2015).

International Comparison

To illustrate the variability in outcomes that is possible, ten high-income countries have been selected for comparison. All of them have high levels of general alcohol consumption compared to the global average, but their prevalence of FAS and FASD are markedly different. All are relevant comparators for Ireland, being either English-speaking countries with similarities in culture, legal system and public administration, or else being wealthy small open economies in Europe with a similar population size.

A question for public policy is how ostensibly similar countries, such as Sweden and Denmark, diverge so significantly in relation to FASD outcomes. It seems likely that policies in the countries with lower incidences of FASD have lessons for those countries, like Ireland, with higher rates.

Table 1. Select Countries' Prevalence of FAS, FASD and Alcohol Consumption, Ranked by Percentage Drinking Alcohol While Pregnant

Country	Litres of pure alcohol consumed per capita (WHO, 2022)	Litres of pure alcohol consumed (drinkers only) per female (WHO, 2020a)	% drinking alcohol while pregnant (Popova et al, 2017)	% prevalence of FAS (Popova et al, 2017)	% prevalence of FASD (Lange et al, 2017)
Sweden	9.6	6.1	9.4	0.139	0.74
Global Average	5.0	6.1 (WHO, 2024b)	9.8	0.146	0.77
Canada	10.0	7.1	10.0	0.105	0.79
Finland	9.5	5.8	15.7	0.233	1.24
Netherlands	8.7	5.7	18.0	0.267	1.42
Norway	7.5	4.7	22.6	0.336	1.78
WHO EUROPE	9.1	7.3 (WHO, 2024b)	25.2	0.374	1.98
New Zealand	9.2	6.3	26.7	0.396	2.10
Australia	11.2	6.4	35.6	uncertain	3.64 (Tsang et al, 2025)
UK	10.9	6.9	41.3	0.613	3.24
Denmark	10.0	6.0	45.8	0.680	3.60
Ireland	10.5	6.6	60.4	0.897	4.75

While some of the underlying data on drinking alcohol while pregnant dates back to the 2000s and early 2010s (Popova, 2017), it represents a period in time that resulted in many people now living with FASD aged in their 20s and 30s. The comparison also

highlights important differences between countries that are relevant to identifying better strategies to reduce PAE and the incidence of FASD. More extensive and frequent surveys of PAE are essential as part of the package of measures to reduce FASD.

Ireland is bottom of this table, and women in Ireland were six times more likely to drink while pregnant compared to women in Canada or Sweden. Ireland was estimated to have more than 8.5 times the prevalence of FAS as Canada and 6.5 times the prevalence of FAS in Sweden, and more than six times the prevalence of FASD in either country. There is a clear association between the proportion drinking while pregnant and the prevalence of FASD, although an important consideration is that PAE is a diagnostic criterion for FASD, so higher reporting of drinking while pregnant may result in more frequent diagnosis of FASD.

All ten countries had a high level of alcohol consumption, typically double the global average. Ireland's average consumption of alcohol is high in both a global and European context, being the 17th highest level of alcohol consumption in the world, despite a downward trend in recent years. Ireland's alcohol consumption was the 12th highest in the world in 2015 and third highest in 2000. Ireland's female alcohol consumption was 7th highest in the world in 2016 (WHO, 2020b). Ireland was estimated to have the highest global incidence of women drinking while pregnant, at 60.4%, which is far higher than the global estimate of 9.8% and the European average of 25.2% (Popova et al, 2017). Ireland has also been estimated to have the third highest incidence of Fetal Alcohol Spectrum Disorders (FASD) in the world, with one in 20 (4.75%) of children and youth in Ireland estimated to be living with FASD (Lange et al, 2017).

It is estimated that one in every 67 of those who consume alcohol during pregnancy gives birth to a child with FAS (Popova et al, 2017) while one in every 13 give birth to a child with FASD (Lange et al, 2017). Based on 54,062 live births (CSO, 2025a) and 60.4% drinking while pregnant, Ireland's estimated prevalence of FASD of 4.75% means that over 2,500 children born in 2024 were likely to have the disability, inclusive of nearly 500 cases of FAS. Assuming the same prevalence over the last twenty years, there would be over 50,000 children and young people (aged 0-20) living with FASD, plus an indeterminate number of middle aged and older adults, given that alcohol consumption among women was lower in the mid to late 20th century. In comparison, if Ireland had Sweden's level of PAE, there would be fewer than 8,000 children and young people (aged 0-20) living with FASD.

Ireland lacks accurate data on the prevalence of FASD, not least due to the lack of diagnostic capability for the underlying disorders, but there is clearly likely to be a high prevalence of FASD in the population. The HSE's position paper acknowledges the prevalence range of 2.8-7.4% presented in Lange et al (2017). A 2024 HSE response to a parliamentary question estimated that 11-12% of babies are now born with FASD (HSE, 2024). However, the figure of 4.75% is used here as it was the central figure presented and it allows comparison with the other data in the study. Despite FASD's high prevalence, it receives significantly less official recognition than other developmental disabilities such as Down syndrome or Autism Spectrum Disorder (ASD). For example, compared to tens of thousands of people living with FASD in Ireland, there are an estimated 7,000 people, of all ages, with Down syndrome (Down Syndrome Ireland, 2025), which is the most common genetic cause of intellectual disability. The level of FASD in Ireland is also three times higher than the estimate of 1.5% of children having ASD and engaging with special needs education (Department of Health, 2018).

Concern with prenatal alcohol exposure (PAE) is nothing new, but in the past there was narrow focus on 'alcoholic mothers'. More recent studies emphasise that PAE occurs in every socioeconomic group regardless of education or ethnicity (Tsang and Elliot, 2017). Studies have also shown that men's drinking in the weeks prior to conception can cause the development of FASD (Thomas and Golding, 2023; May et al, 2023; Veazey et al 2017; Knezovich and Ramsay, 2012). More recently, multiple studies have concluded that there is no safe level of alcohol consumption in pregnancy (Popova et al, 2017; Mamluk et al 2017) and public health organisations have recommended zero alcohol consumption during pregnancy or when seeking to conceive (CDC 2024; HSE 2023; NHS 2023).

Not every child born to someone who consumes alcohol during pregnancy will have FASD, and the extent of risk from low levels of alcohol consumption during pregnancy continues to be contested. While the probability of FASD is higher among those who consume more alcohol, it is still possible to have FASD result from moderate or low drinking during pregnancy or a single binge drinking episode, and this could occur before a person realises they are pregnant (Kesmodel et al, 2019). Even small levels of PAE are associated with alterations in the structure of the brain and with behaviour problems (Long and Lebel, 2022). While there is concern to avoid a "moral panic" in relation to reducing the prevalence of FASD (Finlay-Jones et al, 2021), the evidence is mounting that public health advice to both men and women should be to abstain from alcohol during the pre-conception period, as well as to advise abstinence from alcohol throughout pregnancy.

FASD Policy in Ireland

FASD is a complex social problem or ‘wicked problem’ as it is ongoing and recurrent, difficult to resolve through scientific evidence and project management alone, and it leads to problems across diverse domains in society, including health, education, justice and employment. Addressing complex social problems requires holistic and strategic approaches (Head, 2022; Xiang, 2013). Looking at the limitations of Ireland’s response to FASD provides an opportunity to examine what a holistic strategy to address FASD as a wicked problem might look like. Building on information about current policy, this analysis looks at the strengths of what exists, while also pointing to gaps where additional policy responses are needed.

Australia began to “catch up” in relation to FASD after 2000 through the work of researchers and NGOs, and through the formation in 2011 of a bipartisan group of parliamentarians at federal level (Elliot, 2015). Ireland may be in a similar situation, with the launch of the advocacy organisation FASD Ireland in 2021, its receipt of some public funding for a telephone support service, a health services position paper published in 2022 (HSE, 2022), and a 2025 report on FASD funded by the Department of Children, Equality, Disability, Integration and Youth (Harper et al, 2025).

The 2025 report found evidence of insufficient policy and healthcare support, a gap in public awareness of FASD, and persistent challenges for families, alongside documentation of the considerable strengths shown by people living with FASD and their families and carers. The report also highlights the urgency of recognition of the high rates of mental health issues, homelessness, addiction, criminal sanction and youth suicide among people living with FASD. The report calls for education and training, public awareness campaigns, dedicated FASD services, and wellbeing resources (Harper et al, 2025).

To structure the examination of Irish public policy about FASD, the following four questions were used:

1. What analysis of the problem is accepted by policymakers?
2. Who are the major policymakers, agencies and stakeholders?
3. What strategies and policies exist?
4. What are the gaps or blocks to addressing the problem?

1. Analysis of the Problem

The 2012 *Steering Group Report on a National Substance Misuse Strategy* clearly identified FASD as a problem and calls for a “comprehensive awareness campaign” and specific recommendations in the report include prevention activities targeting pregnancy (Department of Health, 2012). Ireland’s high level of alcohol consumption is acknowledged in the healthy behaviour promotion strategy, *Healthy Ireland*, with the aim of promoting its reduction, but neither PAE or FASD are mentioned in this strategy (Government of Ireland, 2013).

Healthy Ireland cites a figure of €3.7 billion in alcohol-related harm, but the original source for this does not mention FASD (Byrne, 2010). More recently, the OECD estimates that alcohol-related harm costs Ireland 1.9% GDP, but FASD is explicitly excluded from its analysis (OECD, 2021). Ireland does not have an estimate of the fiscal or economic costs associated with FASD. As an example, these were estimated for Canada to be approximately 1.8 billion Canadian dollars in 2013 (Popova et al, 2016).

A significant recent development was the Health Service Executive’s (HSE) publication of a position paper on prevention of FASD in 2022, which provides background and analysis of FASD in Ireland as well as proposing 14 actions for the HSE to undertake to address FASD (HSE, 2022). These are discussed below.

Ireland has developed several initiatives to support people living with autism or ADHD, especially in education, but these ‘neurodiversity’ policies generally do not include FASD. Public awareness or discussion of FASD is far less frequent than discussion of autism or other learning difficulties, like dyslexia. For example, a search of *The Irish Times* newspaper brings up 3,317 mentions of ‘autism’, 806 mentions of ‘ADHD’ and 816 mentions of ‘dyslexia’, but only 125 mentions of ‘fetal alcohol’ or ‘foetal alcohol’ and just 21 mentions of ‘FASD’ (The Irish Times, 2025).

2. Policymakers, Agencies and Stakeholders

Action on alcohol and on FASD has been led by the Department of Health and the HSE. *Healthy Ireland* is an all-of-government policy, led by the Department of Health. The HSE established an Expert Advisory Group on FASD in 2020. The HSE position paper advances a health-led position that alcohol consumption generally, and maternal alcohol consumption specifically, must be reduced to lower the prevalence of FASD (HSE, 2022). However, there is some confusion about where responsibility for FASD lies within government. The Minister for Health recently stated that FASD “is a matter for the Department of Disabilities, Children and Youth Affairs” (Oireachtas, 2025a). Despite

this, six days later, the Minister of State with responsibility for disability said that “FASD is not deemed to be a disability at this time” and referred the question back to the Minister for Health (Oireachtas, 2025b).

Policy on FASD is influenced by the tensions between public health advice and the economic power of the alcohol industry. The Lancet identifies the conflict between profits and health outcomes, and the actions of commercial actors to undermine science and policy, as part of the commercial determinants of health (The Lancet, 2023). Studies in other jurisdictions demonstrate the long-term influence of alcohol industry lobbying. For example, French winegrowers lobbied against pregnancy warnings on alcohol for over twenty years (Milot et al, 2022). A large scale international study found that most countries studied had close relationships between transnational alcohol corporations and government officials and politicians (Leung et al, 2024). In Ireland, the industry employs almost 10,000 people directly in drinks manufacture, exported goods worth €2.1 billion in 2024, paid €2.7 billion in VAT and excise to the Irish government, and is embedded in the tourism and hospitality sectors (Drinks Ireland, 2025).

Commercial stakeholders include Drinks Ireland, part of the main business representative body IBEC, which represents the interests of all categories of alcohol drinks manufacturers and suppliers on the island of Ireland through a single umbrella organisation (Drinks Ireland, 2025). Founded in 1917, the Vintners Federation of Ireland is a trade association representing over 7,000 pubs (VFI, 2025). The Licensed Vintners Association represents Dublin publicans and is Ireland’s oldest trade association, established in 1817 (LVA, 2025).

As an example of the direct tension between public health and commercial prerogatives, over 900 entries in Ireland’s register of lobbying activity related to alcohol since January 2015, many of which focused on the Public Health (Alcohol) Act, before and after its enactment (Register of Lobbying, n.d.). Various associations representing the alcohol industry have lobbied to express concerns about regulations, as has the Irish Rugby Football Union. Stakeholders concerned with alcohol harm have also made a large number of representations. The legislation took over 1,000 days to pass through the parliament, which was the slowest ever passage of a law in Ireland (Murray, 2018).

The drinks industry funds a charity, Drink Aware, and labels on alcohol products often advise consumers to “drink responsibly” and to consult drinkaware.ie for information about alcohol (DrinkAware, 2025). Two advocacy NGOs campaign for the reduction of alcohol related harm (Alcohol Action Ireland, n.d.; Alcohol Forum Ireland, 2025).

From 2007, an NGO called FASD Ireland existed for a few years as “a group of carers and professionals in Ireland who have had contact with children with Fetal Alcohol Spectrum Disorders” (FASD Ireland, 2007). A new FASD Ireland advocacy organisation was established in September 2021, unconnected to the previous organisation. FASD Ireland is the national organisation for people living with FASD, and their families, caregivers and supportive professionals. They are funded by the HSE to provide support, expert advice, and advocacy through telephone and email services (FASD Ireland, 2025).

3. Existing Strategies and Policies

Ireland does not have a national strategy to address FASD. Actions to reduce the prevalence of FASD are situated in the context of a broader public health strategy to reduce alcohol-related harm along with the HSE’s position paper on preventing FASD.

A first for Ireland in terms of health-led, evidence-based treatment of substance use harm was the inclusion of alcohol in the national drug and alcohol strategy. The strategy acknowledges that Ireland is among the top five countries for high alcohol use during pregnancy, but PAE and FASD are not addressed in any detail (Department of Health, 2017). The inclusion of alcohol was contested and contentious during the drafting process (Comiskey, 2020). The recently published 161-page evaluation of the strategy makes no mention of pregnancy or FASD (Grant Thornton, 2025).

The HSE has an Alcohol Programme since 2016, which aims to reduce alcohol consumption in the country, reduce health inequalities and protect people from alcohol related harm (HSE, n.d.). The HSE’s advice during pregnancy is that “no amount of alcohol at any stage of your pregnancy is safe for your baby”, detailing the risk of FASD (HSE, 2023).

A recent law, the Public Health (Alcohol) Act 2018, brought in a range of measures to regulate the advertising and sale of alcohol, including:

- minimum pricing of alcohol products;
- labelling of alcohol products and notices in licensed premises;
- prohibitions and restrictions on advertising and sponsorship;
- separation and visibility of alcohol products and advertisements for alcohol products in specified licensed premises; and
- the regulation of the sale and supply of alcohol products in certain circumstances (Department of Health and HSE, 2024).

Most of the measures introduced by the Act have been implemented, with some advertisement restrictions yet to be commenced. Alcohol labelling was due to commence by May 2026, but the government recently postponed this until at least 2028 following pressure from the drinks industry (Devlin, 2025). The labelling requirements will include a large health warning with a graphic designed to discourage drinking while pregnant. They are also to have the URL of the HSE's AskAboutAlcohol website, which has a section on pregnancy (HSE, 2023).

The HSE position paper does not explicitly list aims, but it advocates reducing the prevalence of FASD, improving assessment and intervention, developing a model of care for child neurodevelopmental disorders, and sending a clear message that no amount of alcohol at any stage of pregnancy is safe. The HSE's position includes a theory of change where it argues that the most effective measure to reduce the prevalence of FASD is to reduce alcohol per capita consumption across the population, as people's drinking patterns before pregnancy is the greatest predictor of drinking alcohol during pregnancy (HSE, 2022). This approach is grounded in the evidence that the number of heavy drinkers or problematic drinkers is correlated to per capita alcohol consumption in the population (Rossow and Mäkelä, 2021; Rose and Day, 1990).

The HSE's position paper is currently the main response of the state to FASD, even though most actions are internal to the health services (HSE, 2022). The 14 actions have deadlines for completion between 2024 and 2027, and cover communications campaigns, training for healthcare staff, an alcohol intervention programme along the same lines as the HSE's existing smoking cessation programme, enhanced midwifery and maternity services, and screening. Some actions are outside of the HSE's control, such as advocating for a whole of government national strategy on FASD and implementing alcohol labelling.

An internal memo giving an update on the 14 actions indicates that, as of September 2025, the HSE is advocating to government or other agencies on three actions but their implementation is out of its direct control. Five HSE communication and training actions, and four service enhancement actions, are being implemented. A proposed population based screening of alcohol in pregnancy was submitted to the Department of Health in December 2021 but rejected by them in favour of addressing the issue through clinical practice. An action to develop a single model of care for child neurodevelopmental disorders, including FASD, is still at an exploratory stage (HSE, 2025).

4. Gaps and Blocks to Addressing FASD

The most obvious gap in Irish policy towards FASD is the absence of a national strategy. As a result, there is no holistic analysis of the causes and effects of FASD, including the support needs of tens of thousands of people living with FASD. The HSE position paper is vulnerable to situations where actions are out of its control, limiting its scope. Not least, this excludes most support issues for people living with FASD. The lack of progress on a single model of care for child neurodevelopmental disorders is a significant gap. The lack of investment in screening and diagnosis weakens the available evidence base, and effectively weakens the case for FASD interventions by not measuring and monitoring its prevalence.

Market research conducted for the HSE in 2024 found that more than one in five people continue to believe it is acceptable for women to drink during pregnancy, which is unchanged since 2018 (HSE, 2025). A HSE survey of health and social care professionals in 2022 found that nearly all (96%) correctly identified abstinence as the official guidance, but a quarter (26%) found the guidance to be unclear. Nearly half of GPs (48%) and midwives (46%), and 60% of obstetricians, do not routinely ask pregnant persons about their alcohol consumption (HSE, 2025). The latter echoes Gill and Sharif's survey of medical professionals, which highlighted the difficulty they experienced asking or ascertaining alcohol consumption (Gill and Sharif, 2017).

Ireland's Census self-reported data on disability shows that 7% of those aged 10 have difficulty learning, remembering or concentrating (CSO, 2025b). This level of disability is not consistent with ASD rates of 1.5%. It is plausible that FASD could help explain part of the data, alongside dyslexia and other issues. Similarly, Ireland has the fourth highest disability employment gap in the EU at 38.2%, against an EU average of 24% (Eurostat, 2022). Some part of that gap is likely to be explained by a lack of support for people with FASD in the labour market.

The concept of FASD as invisible disability is relevant here (Davis, 2005). Public policy is engaging with the symptoms of FASD across education, employment, care, criminal justice and other domains, even though FASD is not being identified, or in some cases recognised as a disability. For example, in 2024, Ireland allocated €871 million to employ 19,169 Special Needs Assistants (SNAs) across primary and post-primary education (O'Connor, 2024), without any clear strategy to address FASD. The National Council for Special Education (NCSE) makes no mention of FASD on their website. NCSE's 72-page information booklet for parents has multiple mentions of autism, but no mention of FASD (NCSE, 2019). Ireland's new *National Human Rights Strategy for Disabled People 2025-2030* has extensive references to autism but no mention of FASD

(Government of Ireland, 2025). However, recently, FASD Ireland has delivered training to student SNAs in University College Dublin and will be delivering similar training in Atlantic Technological University.

There are likely to be major gaps in relation to employment supports, social protection, housing, access to healthcare and interaction with the criminal justice system, and there are almost certainly disproportionate numbers of people living with FASD accessing addiction services, using homeless services and in prison, as these trends have been recognised internationally (Popova et al, 2017; Sessa et al 2022).

Implications for Public Policy

The paper illustrates how invisible disabilities like FASD continue to be marginalised even in a high-income welfare state such as Ireland. It is likely that the stigma surrounding FASD combined with the strong influence of the alcohol industry have combined to impede the development of a more comprehensive strategy towards FASD.

The International Charter on Prevention of FASD calls for “broad-based policy initiatives and actions at different levels of every society” to reduce the prevalence of FASD (Jonsson et al, 2014). Ireland is estimated to have the third highest prevalence in the world of FASD, after South Africa and Croatia, with the highest level of PAE. Nearly one in 20 (4.75%) of children and young people in Ireland are estimated to be living with FASD (Popova et al, 2017; Lange et al, 2017). Despite this, Ireland’s health system lacks coordinated diagnostic services, specialist clinics, or national guidelines. While Ireland’s Public Health (Alcohol) Act 2018 introduced important measures to reduce alcohol-related harm and the HSE position paper has advanced certain actions within the health services, FASD has not been recognised as a specific policy priority by government. This has resulted in fragmented prevention efforts and limited supports for people living with FASD.

Irish public policy contains clear acknowledgement of the negative health outcomes associated with alcohol consumption, as well as specific acknowledgement of FASD. However, there is scant evaluation of how FASD impacts on the lives of people in broader terms beyond a focus on reducing alcohol consumption during pregnancy. There is a need for a twin-track approach of a public health strategy (aimed at prevention and diagnosis) and a social policy strategy (aimed to support people living with FASD as well as their parents and carers).

A range of policy actions are urgently needed as part of an all-of-government strategy, which should encompass public health (prevention), diagnosis, healthcare, disability, social policy and criminal justice policy. Some specific recommendations within that strategy should include, firstly, that prevention messaging should be expanded to include both men and women, reflecting the evidence of paternal as well as maternal contributions. Secondly, Ireland should adopt the four-digit diagnostic code and embed training into paediatric and psychiatric services to improve diagnostic accuracy. Thirdly, FASD should be explicitly integrated into national alcohol and disability policy, ensuring diagnostic services, educational supports, and social care are available, while reducing stigma by framing FASD as a shared responsibility. Fourthly, wider public awareness of FASD is required to ensure that employment, social protection and other services offer appropriate support. Fifthly, the relationship between FASD and offending behaviour needs to be acknowledged, with appropriate diversion and alternative responses developed, to avoid inappropriate imprisonment of people whose behaviour is clearly linked to a disability.

Conclusion

FASD is the most common preventable neurodevelopmental disability, yet remains one of the most under-recognised in Ireland. Despite high prevalence, underdiagnosis persists, and prevention efforts remain narrowly focused. Evidence supports the adoption of the four-digit diagnostic code to improve diagnostic accuracy, as well as expanded prevention strategies that acknowledge both maternal and paternal roles in conception and pregnancy. Ireland's experience illustrates the consequences of failing to integrate FASD into public health and disability strategies, but also highlights opportunities for international policy learning. By addressing diagnostic gaps, broadening prevention, and reducing stigma, Ireland could begin to provide the recognition and support that individuals with FASD and their families urgently need.

Comparison among select countries shows that high alcohol consumption does not make the same level of FASD inevitable. Drinking alcohol while pregnant is a key factor linked to the prevalence of FASD, and otherwise similar countries (e.g. Sweden and Denmark) have radically different outcomes in terms of FASD due to far lower levels of drinking while pregnant in Sweden. Further comparative work is needed to ascertain what the best performing countries (Canada and Sweden) are doing differently from the others to prevent FASD and to provide support and services to people living with FASD.

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