



PRESS RELEASE

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New report warns UK is paying for FASD the hard way – and current reforms will fail unless governments invest to save

National FASD today publishes *The Cost of Inaction on FASD*, a new report warning that governments across the UK are pressing ahead with reforms in health, education, benefits, justice, social care and homelessness while continuing to overlook Fetal Alcohol Spectrum Disorder (FASD), one of the country's most under-recognised neurodevelopmental conditions.

The report argues that this is not only failing people with FASD and their families, but also locking public services into higher long-term costs.

It estimates that FASD costs UK society around £9.2 billion each year, with a 30-year cumulative present-value burden of around £160 billion. National FASD says too much of this money is currently spent late, in crisis and in the wrong places because needs are not recognised early enough and because the UK still lacks a coordinated prevention, diagnosis and support response.

The report calls for a four-nation FASD Prevention and Response Programme funded through an amount equivalent to 0.25% of alcohol duty receipts. It says that level of investment could support a UK-wide prevention campaign on alcohol and pregnancy, alongside earlier diagnosis, post-diagnostic support, funding for FASD voluntary organisations, workforce training, better recording of prenatal alcohol exposure, research and data systems.

Sandra Butcher, Chief Executive of National FASD, said:

“People with FASD, their families and more than 100 experts have called for an invest-to-save approach. Ministers cannot credibly talk about prevention, early intervention and value for money while leaving FASD out of major reforms. The precedent exists: government has already linked revenue from products that drive health harms to targeted action, and it can do the same here by directing a tiny fraction of alcohol duty receipts to prevent alcohol-exposed pregnancies and support those already affected. That is not a radical idea. It is responsible government. With around £1 billion a month in alcohol duty receipts, it is not a matter of no money. It is a political choice. This report shows the immense cost of current inaction, provides a way forward, and calls for immediate action across the UK.”

Crucially, the report does not suggest that people with FASD stop needing support once diagnosed. Its point is that earlier recognition changes the pattern of spending: from expensive crisis response to planned, proportionate and more effective support across the life course.

Prevention and investment

National FASD says a sustained, visible and non-stigmatising UK-wide prevention campaign on alcohol and pregnancy is now overdue. The report argues that ministers should not rely on fragmented local messaging when clearer public information, backed by consistent professional

training and maternity recording, could help reduce alcohol-exposed pregnancies and improve earlier intervention.

The report also points to the Soft Drinks Industry Levy as a clear UK precedent for linking revenue connected to health harms with targeted public action. Its case is that directing a very small share of alcohol duty receipts into prevention and support would be a practical, proportionate response to a lifelong condition that is both preventable and too often ignored.

Reform gap

National FASD warns that current reforms in SEND, mental health, ADHD and autism pathways, maternity, benefits, homelessness and children's social care are being designed as if prenatal alcohol exposure and FASD are marginal issues. The report argues that this blind spot means reforms will neither meet need nor deliver promised savings because a major driver of complexity, misdiagnosis and service failure has been left out.

It points to evidence in the report that FASD is severely underrepresented in parliamentary discussion compared with autism and ADHD, despite prevalence estimates suggesting that 2–4% of children in mainstream schools may meet criteria for FASD. National FASD says that unless FASD is explicitly built into policy, guidance and training, current reforms risk deepening rather than reducing pressure on families and public services.

-Ends-

Note to editors:

- FASD is a lifelong neurodevelopmental condition caused by alcohol-exposed pregnancies.
- The report argues that FASD is one of the most under-recognised and under-supported neurodevelopmental conditions in the UK.
- The report cites UK prevalence evidence suggesting that 2–4% of children in mainstream primary schools may meet criteria for FASD.
- It estimates the annual societal cost of FASD in the UK at approximately £9.2 billion, with a 30-year cumulative present-value burden of around £160 billion.
- The report proposes a four-nation FASD Prevention and Response Programme funded through an amount equivalent to 0.25% of alcohol duty receipts and cites the Soft Drinks Industry Levy as a UK precedent for linking revenue from harmful products to targeted public action.
- The report describes this as a proof of concept and calls for consultation with people with FASD, families, practitioners, researchers, commissioners and policymakers on detailed design.

- The report presents an FASD Prevention and Response Programme as an invest-to-save issue: modest planned investment now to avoid much higher crisis costs later.
- It calls for a UK-wide prevention campaign on alcohol and pregnancy, backed by earlier diagnosis and proper support.
- National FASD warns that current reforms will fall short unless FASD is explicitly included.

Media contact:

Katie Liddle (for scheduling): info@nationalfasd.org.uk – or leave a message and someone will get back 0208 458 5951

ADDITIONAL INFORMATION

Supporting quotes:

We can put journalists in touch with people with FASD, their families and experts upon request

“Despite good practice guidance and some attempts to move the FASD agenda forward over the last 20 years, it has always felt like two steps forward one step back. Without real commitment to change and funding to back it, things have never moved forward enough. Despite all Neurodevelopmental conditions struggling to get adequate funding, even there, this report highlights the inequity of oversight and provision for FASD but gives practical solutions. It is possible to make real change, but there has to be central commitment. I hope this report can be the start of that process.” - Prof Raja Mukherjee MBE, FASD clinical expert

“Children with FASD are being subjected to a fragmented medical merry-go-round, undergoing multiple separate diagnostic processes for other conditions while their primary needs remain unrecognised and unsupported. Children and their families are paying the price of this structural inaction and this needs to change.” Dr Inyang Takon, consultant paediatrician

“I hope this opportunity to invest in order to save not just money, but considerable distress for those living with FASD, and their families, will be firmly grasped by Government. Everyone should expect, and has a right to a diagnosis. The SIGN Guideline details the process, this report details how it could be afforded and implemented.” Dr Patricia Jackson OBE, paediatrician with a speciality in specialised in neuro-developmental paediatrics

“Given the right support, he (Rossi) is an asset to society, not a drain on the public purse. Our story is not unique. It reflects the experience of countless birth families hidden in plain sight. If we do not get seen, then others will not follow.” – Jan & Rossi Griffin Birth Mum & Son

“FASD is the leading cause of preventable neurodevelopmental disorders and yet training on the risks of prenatal alcohol exposure and FASD recognition are not mandatory for all the professionals you would assume know all about it: doctors, social workers, teachers

and even Midwives! It's astonishing really and over the 22 years I have been training on FASD, people are shocked: How didn't I know about this? My response, because it isn't taught in school and we have never had a national public health campaign about the risks despite the fact that most people in the UK drink alcohol and nearly half of pregnancies are unplanned. For me, this report is what has been missing, it joins together the pieces of the jigsaw to spell out the cost to society due to the inaction on FASD. The biggest cost is of course to the people with FASD and their families and now is the time to redress the lack of prevention, recognition, diagnosis and support of this preventable lifelong condition. Trained practitioners recognise understanding FASD has been what is missing and this report lays out a clear plan of how we could rectify the situation with a funded UK-wide FASD Prevention and Response Programme." Joanna Buckard, Director of Innovation, National FASD

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FASD · THE COST OF INACTION

FASD in the UK: a multi-billion-pound bill that current reforms are missing

As many as 1 in 25 people in the UK may have Fetal Alcohol Spectrum Disorder — a leading preventable cause of neurodevelopmental disability. It sits inside every major UK reform agenda, yet rarely, if ever, features in them — even though a small, recurring investment from existing alcohol duty could fund a comprehensive national response.

2-4%

of the UK population may have FASD
(Salford / McCarthy, 2021)

£9.2bn

recurring UK societal cost
absorbed every year

1.4-2.8m

people across the UK may have FASD

LIFETIME COST PER CASE

£359,835

lifetime societal cost per
diagnosed UK case

£431,802

lifetime cost per undiagnosed
case (+20%)

0.25%

Just **0.25% of UK alcohol duty** — around **£31m a year** — could fund a comprehensive FASD Prevention and Response programme.

Shifting the logic from reactive crisis spending to upstream, invest-to-save prevention.

Sources: McCarthy et al. (2021) Salford prevalence study; Greenmyer et al. (2018) lifetime cost, transferred to the UK using two-step PPP (Shemilt et al., 2010); HMRC alcohol duty receipts (2025); CJJI (2021). From *The Cost of Inaction on FASD* (National Organisation for FASD, June 2026).

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