Public Health Association
AUSTRALIA

Public Health Association of Australia (NT Branch) submission to Northern Territory Select Committee on Action to Prevent Foetal Alcohol Spectrum Disorder

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Introduction

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles. The PHAA has a vision for a healthy region, a healthy nation and healthy people living in a healthy society and a sustaining environment while improving and promoting health for all.

Public Health

Public health includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's role.

The Public Health Association of Australia

PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups concerned with the promotion of health at a population level.

Key roles of the organisation include the development of policy, capacity building and advocacy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. PHAA supports a preventive approach for better population health outcomes by championing appropriate policies and providing strong support for Australian governments and bodies such as the National Health and Medical Research Council in their efforts to develop and strengthen research and actions in public health.

PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a providing a close involvement in the development of policies. In addition to these groups the PHAA's Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

Advocacy and capacity building

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of governments and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

PHAA Northern Territory Branch

PHAA's Northern Territory (NT) Branch represents the NT-based membership of the PHAA. The NT Branch has particular expertise in alcohol-related issues and in Aboriginal health.

Context and focus of this submission

This submission has been prepared locally by the NT Branch of PHAA in the context of current NT knowledge and concerns, with the national expertise of PHAA in alcohol and Aboriginal health.

This submission focuses specifically on the third of the terms of reference, what actions the government can take to reduce the effects of Foetal Alcohol Spectrum Disorder (FASD).

1. The developing foetus must be protected from exposure to alcohol

FASD is caused only by exposure of the developing foetus to alcohol.

Australia's National Health and Medical Research Council recommends that pregnant women do not drink alcohol.[1] This is because there is no established level at which it is certain that alcohol will have no effect on the developing foetus.

In order to prevent FASD, therefore, either pregnancy, or consumption of alcohol must be avoided or prevented. Alcohol may exert the most severe effect on the foetus prior to a woman becoming aware that she is pregnant. This fact demands that the community must be made aware of the risk of alcohol for all women of child bearing age, and that unwanted and unexpected pregnancy can be prevented through ready access to a range of contraceptive options.

Recommendation 1

Implement effective education for all members of the community about the risks of alcohol in pregnancy to enable everyone to work together to prevent the devastation of FASD.

Recommendation 2

Ensure provision of sexuality education for all young people, and older people, for whom this is required, in particular safe sex to prevent unwanted pregnancy.

Recommendation 3

Ensure access to contraception for all members of the community at a price they can afford, with removal of as many barriers as possible including cultural, language, price and availability.

Recommendation 4

Specific education on FASD is required for women and men planning or preparing for pregnancy, and for those women at risk of pregnancy but not specifically planning; and for health professionals caring for pregnant women and other women of child-bearing age.

2. Compulsory treatment has no role in prevention of FASD

Mandatory detention and other forms of compulsory treatment for women who are pregnant and appear unable to prevent themselves from consuming alcohol are fraught. The central nervous

system is being formed from 3 weeks after fertilisation, well before the woman herself, let alone others know that she may be pregnant. Therefore by the time a woman could be identified and charged with drinking alcohol during pregnancy, the foetus may be irreparably harmed.[2] Thus even if it was justified, compulsory treatment cannot be effective in preventing most cases of FASD.

In addition, a separate law for pregnant women is discriminatory in the face of a society where alcohol is accepted as a normal part of socialisation.[2,3]

However, PHAA sees an important role for greater support and opportunities for programs for treatment, rehabilitation and recovery from alcohol. This includes voluntary measures which enable women and others to restrict their own permission to access alcohol.[2]

Whether or not there is a role for compulsory or coerced treatment for people severely affected by alcohol is an important issue. However because of the critical timing issue in relation to exposure of the foetus to alcohol mandatory treatment cannot be an effective response to FASD.[4]

Recommendation 5

A range of treatment measures are required for people suffering from alcohol related harm.

Recommendation 6

Compulsory treatment should not be considered important in preventing FASD.

3. Supply of alcohol in the NT community must be reduced

We note that Chief Minister Giles has stated his belief that alcohol is central to the culture of the NT, and a core social value.[3] In such a setting, reducing the effects of FASD will demand significant commitment. Both men and women in NT drink alcohol and we drink it together. In particular young males frequently encourage young females to drink alcohol. This includes men purchasing alcohol for individual women or in a larger group, men using alcohol as part of courtship. We are also aware of anecdotes of men using threats of violence against women to demand that they drink alcohol. In other situations, after pregnancy is confirmed some men will use intimidation and violence if their partner continues to drink because they are aware that drinking during pregnancy may cause FASD. Therefore moves to restrict access of women to alcohol are fraught, and a community-wide approach, including both men and women is required.

We draw an analogy with congenital rubella syndrome. Attempts were made in the 1970s to prevent congenital rubella by vaccinating only females. However the rubella virus was still being transmitted in the community, and cases continued to occur. Since the 1990s all children have been vaccinated, and we have further reduced congenital rubella and now have a goal to eliminate this devastating condition.[5] Likewise we believe that attempts to prevent FASD by controlling women will have limited success, because alcohol will continue to circulate freely in the community without reference to the risk of FASD. In order to prevent FASD the entire community must be involved, and aware of the effects of their alcohol consumption patterns.

Advertisements for alcoholic beverages remain widespread and effective, including advertising and sponsorship on television, particularly sporting events, and logos on sporting uniforms. Alcohol

advertising is also infiltrating social media in ways that are not yet regulated. Alcohol advertising has been shown to be effective in influencing young people's perceptions and drinking intentions.[6] This is likely to contribute to alcohol-related harms including FASD.

Recommendation 7

Response to FASD must consider that FASD is transmitted through the community, and include both men and women in policy development, in education and in reducing consumption of alcohol.

Recommendation 8

Improved regulation of alcohol advertising, sponsorship and other promotions, including social media, is required.

4. Alcohol-related harm can be reduced through increasing price, and limiting outlet density and trading hours

Harms due to alcohol can be most effectively reduced by reducing the supply of alcohol.

International scientific evidence consistently shows that alcohol consumption and harm are influenced by price. Alcohol taxation, as a means of increasing the price of alcohol, is one of the most effective policy interventions to reduce the level of alcohol consumption and related problems, including mortality rates and crime.[7]

Even small increases in the price of alcohol can significantly reduce consumption and harm. However, despite the established effectiveness in reducing alcohol-related harm, particularly among younger drinkers including young women, pricing mechanisms such as a minimum or floor price or taxation strategies have rarely been used in Australia.[7]

The relationship between outlet density and alcohol-related harms has been the focus of significant public attention and concern.[7] We believe that tighter regulation of outlet density is likely to reduce alcohol-related harm, including risks of pregnant women drinking alcohol.

There is strong evidence that extending the trading hours of alcohol outlets results in increases in alcohol-related problems. This complements other supply reduction measures.[7]

Cohesive policy guidance among liquor licensing agencies, planning departments and local government over the relationship between alcohol outlet density, opening hours and alcohol-related problems is required for the benefit of all Australians.[7]

Recommendation 9

Alcohol minimum price increases through a floor-price and/or taxation system should be implemented to reduce the range of alcohol related harm, including FASD. Ideally this will include a complete overhaul of the way in which alcohol is taxed.

Recommendation 10

Cohesive policy responses to control the supply of alcohol, including reducing outlet density and restricting trading hours should be developed to reduce alcohol-related harm including FASD.

5. Diagnosis of FASD

FASD is diagnosed through a complex consideration of four criteria related to prenatal alcohol exposure, facial anomalies, growth and central nervous system abnormalities. A recent consultation and workshop made recommendations for how FASD should be diagnosed in Australia, including the full diagnosis of Fetal Alcohol Syndrome (FAS), and Partial Fetal Alcohol Syndrome (PFAS) and Neurodevelopmental Disorder-Alcohol Exposed (ND-AE). The diagnostic process is complicated and the workshop concluded that ongoing review and evaluation was necessary.[8] Because of lack of clear diagnostic criteria and difficulty in determining the presence of these criteria, any data on FASD cannot be considered definitive. Also the symptoms and needs of each case should be considered individually.

Recommendation 11

All people, including children, with high needs due to physical illness, disability, developmental delay and family dysfunction require case management, based on the nature and severity of the disability, whether or not they have a diagnosis of FASD. Specific screening for FASD is recommended for groups at risk to promote early diagnosis, effective management and optimisation of these children's opportunities.

6. Socially and biologically vulnerable children

Children at risk of FASD may be born into families with many issues, including alcohol and other drug use, illness, unemployment, social exclusion, family conflict, domestic violence, child abuse and poverty. Whether or not a child has FASD they may continue to be exposed to these risk factors, with more and more damage potentially caused to the child during the earliest years when they are most vulnerable. They have increased risk of poorer long-term outcomes including school performance, physical and mental health, social and emotional well-being.[2]

Recommendation 12

Treatment and support programs should be developed and implemented for all children with disability, to support the child, strengthen the environment and support systems and maximise the child's potential. Diagnosis of FASD may focus efforts on particular children, but this should not be required for access to services.

7. Community consultation and participation

Most -79% - Australians believe that more needs to be done to address alcohol-related harm, by governments, alcohol companies and clubs and pubs.[9] This desire in the community should be used to drive policy changes, even where economic and minority community interests disagree.

Communities must be informed and educated about effective alcohol control policies, and this will enable involvement in discussions and decisions about implementation of these policies. A specific emphasis on the tragedy of FASD can be used as a focus of concern, but there is already a demand for better control of alcohol across the community which could be harnessed.

Recommendation 13

Community support for control of alcohol should be harnessed to reduce alcohol related harm, through community-based education and policy development, focussing on the range of alcohol-related harm, including but not limited to FASD.

Conclusion

PHAA (NT Branch) appreciates the opportunity to make this submission to the NT Legislative Assembly's Select Committee on Action to Prevent Foetal Alcohol Spectrum Disorder (FASD).

The submission focuses on the third of the terms of reference, in relation to actions the government can take to reduce the effects of FASD, and provides thirteen specific recommendations on measures that may be undertaken by the government to achieve the stated objective.

Please do not hesitate to contact PHAA should you require additional information or have any queries in relation to this submission.

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References

1. National Health and Medical Research Council Alcohol guidelines: Reducing the health risk. Accessed 2014 05 01 at https://www.nhmrc.gov.au/your-health/alcohol-guidelines

2. Department of Health, Western Australia. Fetal Alcohol Spectrum Disorder Model of Care. Perth: Health Networks Branch, Department of Health, Western Australia; 2010. Accessed 2014 05 09 at http://www.healthnetworks.health.wa.gov.au/modelsofcare/docs/FASD_Model_of_Care.pdf

3. ABC news 24 May 2013 Grog culture defended as core social value. Website Accessed 2014 05 01 at http://www.abc.net.au/news/2013-05-23/giles-defends-nt-drinking-culture-as-core-social-value/4708310

4. Pritchard E, Mugavin J, Swan A. Compulsory Treatment in Australia: A Discussion Paper on the Compulsory Treatment of Individuals Dependent on Alcohol and/or Other Drugs. Australian National Council on Drugs, Canberra 2007. Accessed 2014 05 09 at http://www.nobars.org.au/downloads/rp14_compulsory_treatment.pdf

5. Australian Government Department of Health and Ageing, Office of Health Protection. Rubella. The Australian Immunisation Handbook. Website 2013 March 17. Accessed 2014 05 04 at http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/handbook10-4-18

6. Foundation for Alcohol Research and Education. Alcohol advertising. Accessed 2014 05 23 at http://www.fare.org.au/research-development/community-polling/annual-alcohol-poll-2012/alcohol-advertising/

7. National Alliance for Action on Alcohol. Position statements. Accessed 2014 04 03 at http://www.actiononalcohol.org.au/

8. Watkins RE, Elliott EJ, Wilkins A et al. Recommendations from a consensus development workshop on the diagnosis of fetal alcohol spectrum disorders in Australia. BMC Pediatrics 2013, 13:156. Accessed 2014 05 09 at http://www.biomedcentral.com/1471-2431/13/156

9. Foundation for Alcohol Research and Education. Annual Alcohol Poll 2014: Attitudes and Behaviours. Accessed 2014 04 07 at: http://www.fare.org.au/