

Response to the Consultation Draft National Alcohol Strategy 2018-2026 by NOFASD Australia

Opening Comments

The National Organisation for Fetal Alcohol Spectrum Disorder (NOFASD, Australia) is dedicated to reducing the harm caused by alcohol exposed pregnancies and improving lives for those living with Fetal Alcohol Spectrum Disorder (FASD).

NOFASD is the oldest, dedicated FASD organisation in Australia with a 20-year history of advocacy for families, carers, service providers and individuals. The core aim is to deliver support and information. NOFASD developed the earliest information flyers and a website for sector professionals and funded the first publication by an Australian birth mother *Alcohol and Pregnancy – A mother's responsible disturbance*.

NOFASD has consolidated its position as the national peak body in the community sector; is well-known and respected, evidenced by references in major position statements and its inclusion on relevant websites as the 'go to' organisation on FASD in Australia.

FASD is the leading cause of birth defects and developmental and learning disability worldwide (Mather, Wiles, & O'Brien, 2015). FASD is a brain-based disorder caused by the impact of alcohol on the growing fetus. Alcohol readily crosses the placenta and is teratogenic, causing damage to the central nervous system and other organ systems as well as impairment to prenatal and postnatal growth (Fitzpatrick & Pestell, 2016; Bower & Elliott, 2016). FASD is described as the 'hidden harm' as it is often under-recognised and goes undiagnosed as children will not always show physical abnormalities despite being profoundly affected (Bower & Elliott, 2016; McLean, McDougall & Russell, 2014).

Due to the 'unhealthy relationship' the Australian population has with alcohol, as well as a transgenerational acceptance (Aduato & Cohen, 2011) that drinking during pregnancy is safe, the full understanding and impact of FASD is yet to be entirely understood in the Australian context (Fitzpatrick & Pestell, 2016). With the presence of FASD occurring in all populations, there is a stronger presence in high risk communities such as remote Aboriginal communities and children in care (Fitzpatrick & Pestell, 2016). Additionally, with the social-emotional, neurophysical and behavioural difficulties that come with FASD, there is a higher presence of individuals living with FASD in the criminal justice system, adding complexity to the societal issues around the disorder (Fast & Conry, 2009).

The latest data collected by the National Drug Strategy Household Survey detailed 2013 report suggested that 50-60% of women drink during pregnancy (Australian Institute of Health and Welfare, 2014). This figure is alarming and needs to be a cause for concern amongst health professionals. Most pregnant women are reported to cease drinking once they find out they are pregnant, however one in four continue to consume alcohol through the duration of the pregnancy (Australian Institute of Health & Welfare, 2014)

With FASD being a nationwide issue with harmful impacts on multiple populations, it is imperative that the message that there is no safe amount of alcohol for those who are pregnant, planning a pregnancy or could be pregnant is well understood by the Australian community as a whole.

In responding to the opportunity to comment on the Draft National Alcohol Strategy, NOFASD Australia:

1. Endorses the need for, and urgency of, the National Alcohol Strategy 2018 – 2026 (hereafter, the Strategy);
2. Endorses the joint submission by the National Alliance for Action on Alcohol (NAAA) and the Foundation for Alcohol Research and Education (FARE);
3. Reiterates that the 10% reduction target is too modest;
4. Confirms that self-regulation by industry with vested interests is an out-moded concept and will only cause further harm to the health of Australians;
5. Endorses the links of this Strategy to other key initiatives, in particular the ten-year plan to address FASD;
6. Recommends the investment in, and implementation of, sustained, targeted, national prevention campaigns focussed on FASD and alcohol in pregnancy, through the life of the Strategy;
7. Highlights the importance of mandatory labelling and point-of-sale awareness raising about alcohol, pregnancy and FASD.

Further NOFASD Australia submits the following comments:

Global reach of the alcohol industry

The Strategy needs to be implemented and effective to counter act market forces related to alcohol sales and marketing. Free trade and investment agreements have increased the power of the alcohol industry. Measures to reduce the harmful effects of alcohol will be seen by industry as ‘behind the border’ restrictions impacting on the effective sales and distribution of alcohol in a seamless supply chain.

It was noted at the Global Alcohol Policy Conference in Melbourne in October 2017 that trade ministers and health ministers in many jurisdictions do not have equal power and are often working at cross purposes with trade agreements. This has a direct impact on population health.

The status of the Department of Health in the Australian Government must reflect the important economic influence that this Department has on reducing national costs associated with the burden of alcohol related harm.

The digital age

Globally governments are challenged by the exponential explosion of digital communication platforms – often lagging far behind. The Strategy must be formulated with consideration of this, and the capacity to be implemented and effective in a changing marketplace filled with digital disruptors. Facebook alone tripled their net income in the first quarter of 2016 and 90% of the world's 15 - 24-year olds can be reached by Facebook. This is unprecedented, and the Strategy must embed recognition of these factors in its foundations to ensure currency through its ten-year life.

FASD in Australia

For many years Australia lagged in addressing FASD. In recent years, with the stewardship of the Commonwealth Department of Health, there have been many positive initiatives. However, Australia does not have adequate information about the prevalence of FASD. The most recent research in the United States published in the May 2018 edition of JAMA notes that prevalence is much higher than previously estimated. This study indicates that amongst general population groups, *not at-risk groups*, prevalence as a low estimate is 1.1% - 5% of the population and a high estimate, based on the study is 3.1% - 9%. The study screened 2962 children from an age cohort and of these children, 222 were diagnosed with FASD. Only 2 children in this group had been previously diagnosed though parents in most cases were aware of the learning and behavioural difficulties which their child demonstrated. No prevalence studies of mainstream populations have been conducted in Australia. Australian research into at-risk groups (young offenders in a youth detention centre) has yielded amongst the highest prevalence rates in the world. Based on similar alcohol consumption patterns and the cultural acceptance of alcohol, US figures are relevant and informative for Australia.

Arguably, Australia is already paying a high price for this undocumented alcohol-related harm. There is no doubt that Australia is incurring costs across a broad spectrum of social and health issues caused by FASD. Econometric studies similar to those undertaken in Canada should be undertaken in Australia.

Recent global research into FASD points to the following:

- Emerging evidence that people affected by FASD commence the diseases of aging at a much earlier age;
- Many hearing loss symptoms and ear development issues are caused by alcohol exposure in the womb;
- Long term ear health is compromised and there are added issues caused by learning opportunities which are impaired by hearing loss;
- Pre-natal alcohol exposure contributes to poor outcomes in the health profile of affected individuals over the lifespan;

- In regard to domestic violence – many victims and many perpetrators live with FASD;
- There are links between FASD and arson. This is of importance to Australia where each summer is fraught with serious bush fire events, often the result of arson;
- There are links between FASD and Homelessness;
- People with FASD are over-represented amongst mental health patients and suicide statistics.

FASD & AOD Dependency

In addition to the points noted above, the Strategy needs to consider the complex inter-relationship between FASD and AOD dependency. Many people affected by FASD develop AOD dependency and standard treatments, without recognition of their FASD, result in treatment failures and further costs to the system. Program structure in substance abuse treatment is important for people with FASD because of brain-based impairments. Outpatient treatment participation requires intact executive function skills (e.g., planning, organizing, sequencing), while structured inpatient treatment is not as challenging because it requires less independent decision-making. We suggest routine intake screening, referral protocols for follow-up diagnostic assessment, maximizing program structure to the extent possible, and modified therapeutic approaches to accommodate disabilities.

What happens in the womb lasts a lifetime. - Dr Karen Moritz, University of Queensland.

Alcohol can damage every system of the body, and we need to scream about this problem to the world. – Dr Svetlana Popova, Senior scientist at the Centre for Addiction and Mental Health, Toronto, Canada.

Conclusion

To quote Professor Sally Casswell in the 2016 Global Alcohol Policy Alliance (GAPA) bulletin – “Transnational Alcohol Corporations are a Global Health Risk” and Australia’s National Alcohol Strategy must have capacity to reduce and prevent the health risks to the Australian population in a global context.

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