



AHA(WA) SUBMISSION

INQUIRY INTO FOETAL ALCOHOL SPECTRUM DISORDER

MAY 2012

***This document represents the Australian Hotels Association (WA)'s feedback
and recommendations in the development of a national approach to the
prevention, intervention and management of
Foetal Alcohol Spectrum Disorder in Australia.***



THE AUSTRALIAN HOTELS ASSOCIATION (WA)

The Australian Hotels Association (WA) (AHA) recognises the importance of working with governments and stakeholders and we have a history of working with national, state and local governments, law enforcement agencies, educators, universities, retailers, transport and road safety organisations. Our priorities are to deliver and support responsible service and consumption of alcohol principles and projects and to advance this core objective we further seek to engage with public health authorities, the scientific community and others on responsible drinking and related issues.

The AHA directly and indirectly supports initiatives to fight drink driving, underage drinking and irresponsible drinking and we are fully committed to promoting responsible promotion, service, and consumption of alcohol today, tomorrow and into the future, for without a respect and commitment to that responsibility our industries future is limited.

The AHA has its roots in the history of the state in the context of the development of the hospitality, tourism and hotel industry. It was established officially in 1892 and was set up to represent the interests of the state's hotel industry.

The AHA's membership includes accommodation, hotels and resorts, through to the commercial accommodation hotels, suburban hotels, small bar licences, larger style restaurants, taverns and other bars as well.

INTRODUCTION

The hospitality and liquor industries in Western Australia have a demonstrated strong commitment to a proactive approach to the responsible sale and consumption of alcohol. We are willing and committed to working with health and government agencies towards the education and management of alcohol and related harm minimisation initiatives that extend well beyond simply complying with the primary objectives of the Western Australian *Liquor Control Act 1988*.¹

The prevalence of Foetal Alcohol Spectrum Disorder (FASD) in Australia, has been one of the major health issues monitored by the AHA(WA). Chief Executive Officer, Mr Bradley Woods, was a member of the National Expert Advisory Committee on Alcohol (NEACA), that commissioned a literature review on Foetal Alcohol Syndrome in 2002. The NEACA was an advisory committee to the Australian Government and the Ministerial Council on Drugs on issues related to the reduction of alcohol related harm and consisted of Australia's leading health, academic, industry and government representatives in the area of alcohol.

The AHA believes that a key factor behind successful health prevention strategies is when both the general community as well as high-risk groups are targeted in the dissemination of accurate information. Lack of awareness through insufficient information can be further compounded by lack of consultation and counselling by health professionals, either through ignorance or lack of knowledge themselves.

In order to successfully reduce the incidence of FASD in Australia, the Federal government will need to devote sufficient resources, firstly into research to identify not only where current knowledge gaps exist, but also which groups are considered to be most at-risk. Once this research has been evaluated and programs are agreed upon, a successful strategy would be a collaborative approach between industry and government to ensure the success of any long term goal in reducing the incidence of FASD.

¹ *Liquor Control Act 1988*, s5(1)(b).

EXECUTIVE SUMMARY OF RECOMMENDATIONS

Recommendation 1

The Commonwealth develop education and resources for general health clinics and agencies that have the capacity to provide support, counselling and advice first hand to at-risk individuals.

Recommendation 2

The Commonwealth establish and foster collaborative partnerships with the liquor industry to ensure a supportive and voluntary approach rather than a mandated/regulatory approach.

Recommendation 3

Further (funded) research needs to be undertaken to produce quality and more consistent data in relation to alcohol- related birth defects, including FASD, to enable specific campaigns and interventions to be implemented.

Recommendation 4

Developed education programs need to be targeted specifically at a) younger women and b) at-risk women in the indigenous population of Western Australia.

Secondary school based prevention and education strategies have the potential to educate those who could be at-risk while also educating and raising awareness in the general young female population.

Effective programs, with the three key components of information, education and refusal/resistance and coping tools, combined with a skill based and/or interactive element can provide the program with the best chance at success.

Recommendation 5

Further extensive research needs to be undertaken with regard to the depth of knowledge and understanding of FASD amongst current practising health professionals.

Recommendation 6

Any development of intervention strategies needs to be carefully evaluated and researched.

Health care professionals need to take an active role in screening pregnant women or those planning pregnancy as part of their regular processes. It is recommended that these screening processes should include personalised feedback on alcohol

related health problems and risks as well as potential treatment options, and how the individual's partner may be able to provide support in the home.

Recommendation 7

Industry and key stakeholder consultation needs to take place following any recommendations that result from the final Report on developing a national approach to tackle the incidence of FASD.

Recommendation 8

Australian primary health care facilities tasked with dealing with FASD affected individuals and their babies need to be provided with sufficient funding that enables them to support those mothers and/or pregnant women.

PREVENTION STRATEGIES

Research has shown that knowledge is a necessary factor for eliciting behavioural change.² Prevention of the incidence of FASD is the responsibility of all parties from licensees, to health agencies and professionals, and of the course the individuals themselves.

According to the 2010 National Drug Strategy Household Survey³, awareness of the potential negative impact of alcohol during pregnancy is generally high (shown through 97.5% of women who indicated that they altered their alcohol intake positively), however, specific knowledge of FASD and its impact on the unborn baby is not as well known.

Successful prevention of FASD would require various areas of focus in order to successfully reach the relevant individuals and get the message across. The concern however, is the at-risk groups and individuals most in need of the information, are not being provided with the targeted and specific information they require to make informed decisions.

General and all-encompassing strategies, especially those that simply involve signage, labelling and visual warnings fail to address the need for at risk individuals to be engaged personally.

One such at-risk group that has been identified through Western Australian Birth Registry data are indigenous Australians and it is believed that the data is to some element under-ascertained.⁴

In light of the fact that 'indigenous people are reported as having a higher incidence/prevalence of FASD than the wider community [and] this association may be determined more by socio-cultural variables such as socioeconomic status and drinking patterns rather than racial characteristics'.⁵ Collaborative initiatives must of course take into account the most effective ways to engage with at-risk individuals including regional or remotely located indigenous populations.

² O'Leary C., (2002), Fetal Alcohol Syndrome: A Literature Review. Prepared on behalf of National Expert Advisory Committee on Alcohol (NEACA) Commonwealth, Department of Health and Ageing, Canberra.

³ 2010 National Drug Strategy Household Survey Report, Australian Institute of Health and Welfare Canberra, July 2011.

⁴ O'Leary C., (2002), Fetal Alcohol Syndrome: A Literature Review. Prepared on behalf of National Expert Advisory Committee on Alcohol (NEACA) Commonwealth, Department of Health and Ageing, Canberra. p2.

⁵ O'Leary, C., Fetal Alcohol Syndrome – A Literature Review, August 2002, p10

Industry Leadership

Under WA's *Liquor Control Act 1988*, liquor retailers cannot and should not simply decline service to a woman based on the fact that she is pregnant. If a pregnant woman walks into a licensed venue she has the legal right to be served. It is only once she appears to be intoxicated or unruly that a licensee can refuse service. However, as we are aware, particularly in the first and possibly second trimesters, this can be detrimental to the health of an unborn baby.

The hospitality and liquor industries have long recognised that the 'provision of information on FASD is a necessary step in health promotion and prevention strategies but knowledge alone may not be enough to change behaviour'.⁶

Industry believes that effective behaviour change can be led by Government funded community awareness campaigns and programs however, at times, industry led initiatives can also become a catalyst for government involvement which can potentially lead to behavioural change in a community.

⁶ O'Leary, C., Fetal Alcohol Syndrome – A Literature Review, August 2002, p26.

'NO Grog for Me' Campaign



In 2009, the AHA(WA) spearheaded a new public campaign – ‘NO Grog for Me’ in an effort to address issues regarding alcohol abuse by pregnant women. An Australian first, the campaign saw a commitment by licensees in the regional community of Halls Creek to implementing a voluntary self-exclusion program.

The program was designed to work as follows:

- All licenced outlets selling packaged liquor in Halls Creek agreed to participate in the ‘NO Grog for Me’ program;
- The AHA(WA) on behalf of licensees contacted and encouraged Halls Creek health service agencies to engage pregnant women to voluntarily participate in the ‘NO Grog for Me’ program;
- Health service agencies were encouraged to conduct personal assessments to establish if it would be safe for individual women to immediately cease consuming alcohol;
- A ‘NO Grog for Me’ registration form was required to be completed by a person who wished to be self-excluded which then requested that the individual no longer be served alcohol from all licensed venues participating in the program; and
- With the customer’s permission, names and photographs would then be supplied to the licensees of each venue on a strictly confidential basis in order to implement the plan.

The AHA(WA) sought to engage health agencies in the area and also informed all WA State and WA Federal Members of Parliament.

Unfortunately, despite in principle and notional support by various Ministers and Members of Parliament, the AHA were advised in late 2009 that the WA Government would be unable to offer formal support for the proposed program.

As a result of this lack of support, the program failed to gain traction, directly resulting from the lack of health services advocating the program. Consequently, no individuals took part in the program.

As an industry, it is disappointing, when an industry led initiative that has strong support, especially from licensees fails to succeed. It is even more disappointing when these innovative initiatives are simply dismissed by the health professionals that the initiatives and programs primarily seek to assist and support in reducing alcohol related harm to at-risk individuals.

In light of the 'NO Grog for Me' campaign, some health specialists who chose not to support the program, also displayed a lack of desire to grasp the program's concept and the potential it had to make an impact with at-risk individuals.

Indigenous child health specialist Dr Janet Hammill from the University of Queensland, instead of working with industry and providing constructive feedback as to how the initiative might be improved, Dr Hammill openly criticised the program and then displayed a misunderstanding of the program's intent. When interviewed on Lateline, ABC, Dr Hammill suggested that 'we actually need to start acting and putting in services that will see the child right throughout their childhood and into adulthood'.⁷ Unfortunately, in the context of FASD, this stage of the baby's life is too late.

Suggestions of post-birth services and adulthood programs instead of devoting resources to supporting a voluntary, inexpensive initiative that would see health services directly engaging with relevant individuals during the pregnancy, is both disappointing and puzzling especially in light of the fact that no other alternatives to the AHA(WA) program were offered.

Additionally, when other 'respected' health professionals⁸ also dismiss the participation and enthusiasm of the industry as 'half-baked grandstanding' and simply 'people trying to protect their own interests' this dismisses the commitment of licensees and the industry to not only do the right thing for the community but also for the individuals who may be at-risk. All campaigns and initiatives require licensee support and if the initiative is one where licensees and the industry drive the push for change, it is difficult to comprehend and understand why there would be opposition and undue resistance rather than welcoming the involvement and devising joint strategies and providing support where needed.

Please see the Annexures for copies of the material used by the AHA during the campaign.

⁷ Dr Janet Hammill, University of Queensland, Lateline, Australian Broadcasting Corporation (ABC), 30 March 2009.

⁸ Professor Mike Daube, Health Policy, Curtin University, Lateline, Australian Broadcasting Corporation (ABC), 30 March 2009.

DrinkWise

Another example of industry leadership is DrinkWise Australia.

DrinkWise Australia is an independent, not-for-profit organisation focused on promoting change towards a healthier and safer drinking culture in Australia.⁹ The philosophy is founded on industry leadership and community partnerships. The DrinkWise approach is focused upon sustained, multi-faceted and inclusive approach that is required to support positive change.

Initially established in 2005, the capacity of the DrinkWise organisation to fulfil its philosophy was boosted when the Australian Government contributed \$5 million (in 2006) to further extend its work. Since late 2009, DrinkWise has been entirely supported by voluntary contributions from across the Australian alcohol industry.

A recent DrinkWise labelling initiative is an example of industry working collaboratively and effectively with government agencies to drive behavioural change. This multi-faceted health campaign shows leadership with respect to the development of appropriate labelling and a comprehensive and easy to navigate online website.

⁹ DrinkWise Australia, <http://drinkwise.org.au/about/>

Product Labelling

While labelling in isolation is not necessarily shown to change behaviour, it has the potential to raise awareness in conjunction with other initiatives. In a joint submission to the Labelling Review Response Secretariat on Alcohol Beverages, the Australian Alcoholic Beverage Industries highlight that unfortunately, 'mandatory health warning labels are a simplistic, indirect and ineffective blanket measure when more strategic and targeted responses are needed to address genuine concerns about alcohol abuse in Australia'.¹⁰

According to the Australian Alcoholic Beverage Industries group, 'mandatory warning labels... are population based measures, whose goals can be met more effectively and at a lower cost by other means'.¹¹ This group refers to specific evidence that shows that warning labels, especially in isolation without the support of complimentary initiatives, are not successful in changing behaviour.

However, the arguments against solely using product labelling as a campaign focus extends beyond just industry groups.

In 2007, the WHO Expert Committee on Problems Related to Alcohol Consumption, within their recommendations, stated that: '...warning labels, show little evidence of effectiveness in reducing alcohol-related harm, and therefore should not be implemented in isolation as alcohol policies'.¹²

In New Zealand, a similar view was expressed by the New Zealand Food Safety Authority (NZFSA) in 2008 in a submission relating to Application A576 – Labelling of Alcoholic Beverages with a Pregnancy Health Label – Initial Assessment Report, where the NZFSA believed that specific 'community targeted education campaigns aimed at implementing positive behaviour change around alcohol consumption may be more effective than mandatory advisory labels'.¹³

As part of a DrinkWise Australia strategy, many sectors of the alcohol industry are voluntarily placing alcohol and pregnancy information labels on products preferred by female consumers. The DrinkWise Labelling initiative includes written and visual images as well as direction to a relevant website where additional detailed information is available. This is yet another example of an industry led initiative which makes an effort to raise consumer awareness and engage *relevant* consumers.

¹⁰ Australian Alcoholic Beverage Industries, Submission to the Labelling Review Response Secretariat on Alcohol Beverages - Response from the Australian Alcoholic Beverage Industries, 5 September 2011, p2.

¹¹ Australian Alcoholic Beverage Industries, Submission to the Labelling Review Response Secretariat on Alcohol Beverages, 5 September 2011, p7.

¹² WHO Expert Committee on Problems Related to Alcohol Consumption 2007, http://www.who.int/substance_abuse/expert_committee_alcohol_trs944.pdf

¹³ New Zealand Food Safety Authority, Submission to the Application A576 – Labelling of Alcoholic Beverages with a Pregnancy Health Label – Initial Assessment Report, New Zealand Food Safety Authority, 2008.

It is viewed that pictograms such as the one pictured below, currently being used by various sectors of the industry including the Winemakers' Federation of Australia (WFA) and Carlton United Breweries (CUB), are the preferred method as they can be considered more effective in communicating to those who are illiterate or from non-English speaking backgrounds.



It is also important to note that in relation to labelling regulations, the monitoring and enforcement of compliance also needs to be taken into account by the government when implementing such regulations. Without monitoring and enforcement considerations, there is the potential that only some companies will choose to, or that have the capacity to comply, with others being able to potentially avoid, without detection, compliance with the regulations.

However, the successful uptake and success of the DrinkWise initiative requires support from health services and professionals as well as government support, not only financially but formal support from Ministers and relevant departments and agencies.

Point of Sale Signage

As with product labelling, point of sale signage can play a role in relation to creating awareness, but only as part of an overall and multi-faceted strategy. Just as a submission by the Australian Alcoholic Beverage Industries group highlights, in relation specifically to pregnancy labels, 'evidence shows that women are generally aware of recommendations to avoid alcohol consumption when pregnant, which means that the proposed point of sale signage would have no effect in changing behaviour' for these women.¹⁴

The AHA(WA) acknowledge that other submissions to this Inquiry, including from the Anyinginyi Health Aboriginal Corporation, identify point of sale signage as a long term strategy in working towards combatting FASD. As stated above, point of sale signage has a place but only jointly with other initiatives.

Specifically, the Anyinginyi Health Aboriginal Corporation's submission suggests licensees need to take responsibility for alcohol consumption in the community through signage in relation to FASD. However, it is important to remember that customers at licensed venues are generally overloaded with various State and Federal Government mandated signage. Any new and additional messages are likely to become lost amongst other signs in related to venue capacity, licence details, penalties for serving minors or intoxicated persons, business registration, evacuation procedures, and the list goes on.

¹⁴ Australian Alcoholic Beverage Industries, Submission to the Labelling Review Response Secretariat on Alcohol Beverages, 5 September 2011, p2.

The Need for Education Strategies

Any industry led initiatives need to be run in conjunction with comprehensive information and education related strategies in order to be effective and successful.

In the absence of a strategic approach, insufficient effort has been devoted towards targeted strategies to combat the incidence of FASD. Despite high levels of general awareness, the depth of understanding the issue of FASD and its potential impact, is lacking.¹⁵

Submissions to this Inquiry, such as the one prepared by the National Drug Research Institute (NDRI), submit that 'it is crucial that a wide range of strategies are implemented to reduce or eliminate alcohol intake during pregnancy, including controls on alcohol availability as the likely most effective strategy among high risk populations'.¹⁶ As an industry, we principally agree with this concept, however the suggestion that effective interventions are primarily based around the roles and responsibilities of the licensees through controls on physical access and availability of alcohol through hours of trade, enforcement of liquor licence laws and the number of licensed outlets^{17 18} fails to address the importance of specifically targeted and tailored strategies and interventions and the personal engagement of individuals by health professionals and agencies.

In order to effectively control alcohol availability, the primary focus needs to be on those most at risk, rather than blanket controls that affect entire communities. In Western Australia, the Minister for Racing and Gaming advised the Western Australian Legislative Assembly that the Government has 'resisted calls for blanket controls that would damage [the hospitality and tourism industries] because the vast majority of Western Australians drink responsibly and they should be able to do so... it is about the balance'.¹⁹

Beyond industry, respected researchers such as the McCusker Centre for Action on Alcohol and Youth recognise that 'at the local level, there is evidence to support the consideration of tailored interventions for high risk communities'.²⁰ Their research and comments are mirrored in comments by the Western Australian Minister for Mental Health; Disability Services – 'increased engagement with some regional communities and a focus on evidence based strategies to address alcohol related

¹⁵ 2010 National Drug Strategy Household Survey Report, Australian Institute of Health and Welfare Canberra, July 2011.

¹⁶ Curtin University, Target Zero: Preventing Foetal Alcohol Spectrum Disorder (FASD), Curtin University, Perth, Western Australia, 2011, p3.

¹⁷ Curtin University, Target Zero: Preventing Foetal Alcohol Spectrum Disorder (FASD), 2011, p3.

¹⁸ McCusker Centre for Action on Alcohol and Youth, Submission to the Inquiry into Foetal Alcohol Spectrum Disorder, Health Research Campus, Curtin University, Perth, Dec 2011.

¹⁹ Hon. Terry Waldron, 29 February 2012, Legislative Assembly, Western Australian Parliament Hansard, p453.

²⁰ McCusker Centre for Action on Alcohol and Youth, Submission to the Inquiry into Foetal Alcohol Spectrum Disorder, Health Research Campus, Curtin University, Perth, Dec 2011.

issues appears to be making a difference'.²¹ These successes could of course apply also to FASD if efforts and financial resources were committed to the cause.

²¹ Hon. Helen Morton, Media Release – 'Alcohol-related harm drops in regional WA' 23 November 2011.

Recommendations

Recommendation 1

There needs to be a focus on general health clinics and agencies that have the capacity to provide support, counselling and advice first hand to at-risk individuals.

Recommendation 2

The Government needs to establish and foster a collaborative partnership between themselves and the liquor industry to ensure a more rounded and voluntary approach rather than simply a mandated/regulatory approach.

Any campaign that involves advisory labelling needs to be supported by a multi-faceted, and community based awareness campaign.

Recommendation 3

Further (funded) research needs to be undertaken to produce quality and more consistent data in relation to alcohol- related birth defects, including FASD, so that specific campaigns and interventions can be developed.

Recommendation 4

Developed education programs need to be targeted specifically at a) younger women and b) at-risk women such as the indigenous population in Western Australia.

Secondary school based prevention and education strategies have the potential to educate those who could be at-risk while also educating and raising awareness in the general young women population.

Effective programs, with the three key components of information, education and refusal/resistance and coping tools, combined with a skill based and/or interactive element²² can provide the program with the best chance at success.

²² Griffin, K.W. and Botvin, G.J. (2010) Evidence-based interventions for preventing substance use disorders in adolescents, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2916744/>

INTERVENTION STRATEGIES

When it comes to the intervention needs of those at-risk in relation to FASD, it is the industry's view that health professionals are best placed to devise strategies and engage individuals in minimising the incidence and impact of FASD.

Health Professionals Intervention

In a Literature Review prepared for the NEACA, the issue was raised that 'studies indicate that many physicians do not feel confident making a diagnosis of FASD and have identified a need for the issue of FASD to be more fully covered in medical schools and through continuing medical education programs'.²³

In addition to this finding, a random sample postal survey of 1,443 health professionals in Western Australia conducted in 2005, the results reflecting knowledge, practice and opinions about FASD and alcohol consumption in pregnancy in the profession identified that a desperate need for education and support exists. A brief summary of the key results are as follows:²⁴

- 95% of those who responded to the survey (1,143) had never diagnosed FASD;
- Only 12% were able to identify all four essential diagnostic features of FASD;
- Only 2% felt very prepared to deal with FASD and most wanted information for themselves and their clients;
- Only 45% routinely ask clients about alcohol use in pregnancy;
- 25% routinely provide information on the consequences of alcohol use in pregnancy; and
- Only 13% provide advice consistent with NHMRC guidelines on alcohol consumption in pregnancy.

These statistics have far reaching implications as it appears that the importance of FASD is under-ascertained and not understood in the general community, based upon the fact that health professionals do not fully understand the opportunities for diagnosis or prevention themselves. It is perhaps community perception that health professionals are best placed to provide advice on the risks of alcohol consumption during pregnancy however, it appears that until their knowledge gap is addressed, all women, at risk or otherwise, are potentially not receiving advice, and subsequent referral to support they require.

Where 'health messages about refraining from alcohol consumption during pregnancy were available... there was no indication of the degree that this knowledge was internalised and acted upon by indigenous women'.²⁵ This indicates

²³ O'Leary, C., Fetal Alcohol Syndrome – A Literature Review, August 2002, p2.

²⁴ Health professionals' knowledge, practice and opinions about fetal alcohol syndrome and alcohol consumption in pregnancy, Telethon Institute for Child Health Research and Centre for Child Health Research, University of Western Australia, Perth, Aust N Z J Public Health, Dec 29(6) p558-64. 2005.

²⁵ O'Leary, C., Fetal Alcohol Syndrome – A Literature Review, August 2002, p26.

that there is a need for direct interaction between health professionals and individuals so that there is not only an element of evaluation by the practitioner but additionally, it provides the individual with opportunities to ask questions when information is provided to them.

Recommendations

Recommendation 1

There needs to be a focus on general health clinics and agencies that have the capacity to provide support, counselling and advice first hand to at-risk individuals.

Recommendation 2

Further extensive research needs to be undertaken with regard to the depth of knowledge and understanding of FASD amongst current practising health professionals.

If a significant knowledge gap does exist, information about FASD both in medical schools and ongoing education programs needs to be developed and implemented by the Federal government.

Recommendation 3

Any development of intervention strategies needs to be carefully evaluated and researched.

Health care professionals need to take an active role in screening pregnant women or those planning pregnancy as part of their regular processes. It is recommended that these screening processes should include personalised feedback on alcohol related health problems and risks as well as potential treatment options, and how the individual's partner may be able to provide support in the home.

MANAGEMENT STRATEGIES

Cultural Change

‘Recognising that there is no single solution, a comprehensive approach as recommended by The National Preventative Health Taskforce and other expert bodies, is needed to achieve a cultural change that will reduce the harms from alcohol’.²⁶ As the leading voice for the hospitality and liquor industries in Western Australia, the AHA believes that the NAAA, in this case, has a valid point.

Additionally, according to agencies such as the Drug and Alcohol Office, effective behaviour changes to reduce prenatal exposure and FASD need to come directly from policies that directly limit high-risk consumption. Unfortunately, the same agencies believe that increasing alcohol prices is considered the most effective strategy in reducing alcohol related harm.²⁷ The AHA does not believe in punishing the overwhelming majority of Australians who consume alcohol in a way which does not impose risks for themselves or others. While increases in pricing may force some at-risk drinkers from the market, it does not address the key issue at hand.

Cultural change cannot be limited to simply increasing the price of alcohol through taxation, reducing alcohol marketing and promotion [or] restrictions on alcohol availability.²⁸ The catalyst for cultural change as well as individual behavioural change needs to come from a multi-faceted approach such as the one discussed in previous sections of this submission.

Joint Initiatives – Industry and Government

Access to appropriate well-funded community care and support services in reducing the incidence of FASD and those affected by FASD requires joint commitment and initiatives between industry and government Ministers, departments and agencies.

At the heart of any joint initiative is the agreement that there needs to be a program which teaches and educates women on the dangers of excessive alcohol consumption and issues relating to consuming alcohol during pregnancy. The support of licensees in the success of such programs is integral, as are industry based voluntary initiatives.

²⁶ Professor Mike Daube, NAAA Co-Chair, Recommendations from the National Alliance for Action on Alcohol (NAAA) to the Inquiry on Foetal Alcohol Spectrum Disorder, 2011.

²⁷ Drug and Alcohol Office, The Western Australian Drug and Alcohol Office Submission to the Parliament of Australia: House Standing Committee on Social Policy and Legal Affairs Inquiry into Foetal Alcohol Spectrum Disorder, Western Australia, December 2011.

²⁸ Professor Mike Daube, Recommendations from the National Alliance for Action on Alcohol (NAAA) to the Inquiry on Foetal Alcohol Spectrum Disorder, 2011.

The AHA believe that in high risk communities where there is a high propensity of excessive alcohol consumption and high incidence of FASD, that there should be specific campaigns in place that reduce these occurrences. As an industry, we are concerned about people who misuse alcohol and where there are circumstances where people who need support, licensees unfortunately have no effective way to identify them, nor to refer them to somewhere or someone to work on the heart of the problem.

There needs to be high level joint initiatives and strategies where industry can assist, where it is appropriate to do so, whether it be individuals or the general community that the industry communicates to.

Under appropriate circumstances, industry should be given opportunities to support individuals who do not wish to drink and choose to seek support to do so. Licensees are willing to put in agreed voluntary restrictions to assist individuals but recognise that there has to be a coordinated approach with all health and support agencies.

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CONCLUSION

The AHA(WA) believes that the most effective way to reduce the incidence of FASD in Australia is to ensure that while comprehensive and agreed prevention and management strategies are in place, a high standard of intervention strategies, including screening, must also be implemented and monitored by the relevant health professionals and agencies best placed to provide them. Health professionals must also be provided with the support and education to assist them to confidently diagnose and refer at-risk individuals when required.

Any national approach must also consider the importance of involving and consulting with key stakeholders, such as industry associations, in order for any initiatives and potential regulations to be widely accepted and cooperatively undertaken.



ANNEXURES



NO GROG FOR ME

Alcohol Self Exclusion Program

If you want us to stop
selling you grog,
speak to a member of staff.

**Empowering Individuals
Supporting Communities**



AN INITIATIVE BY THE AUSTRALIAN HOTELS ASSOCIATION (WA)

Australian Hotels Association
WESTERN AUSTRALIA



NO GROG FOR ME - ALCOHOL SELF EXCLUSION PROGRAM FORM

Drinking alcohol during pregnancy can hurt your unborn baby and can result in birth defects and result in damage to the structure and function of the developing brain. Researchers know that the risk to your baby increases the more you drink during pregnancy and that binge drinking is especially harmful.

The best way to avoid alcohol causing harm to you unborn baby, is by not drinking any alcohol during your pregnancy.

If you don't want to drink any grog while you are pregnant, fill out this form and allow your details to be supplied to the licensees of two places that sell grog in Halls Creek.

Once the people who sell the grog know that you're pregnant and know that you don't want to hurt your unborn baby, they will make sure that no one sells you any grog and that you can't drink any grog at their venue.

All you have to do is say "No Grog for Me" and ask your health professional to make your details available to the people who sell the grog.

Please complete this section

Title: _____ First Name: _____

Family Name: _____

Date of birth: _____

I understand that signing this form will mean that liquor licensees in Halls Creek will be able to ban me from buying alcohol from, or consuming liquor on their venues.

Signed: _____

Print Name: _____

Date: _____

Witness Name: _____

Witness signature: _____

I want No Grog for Me while I am pregnant and I allow the licensees of the following venues to ban me from buying grog from, or drinking grog at their venues.

Kimberley Hotel: ☐ (please tick)

Halls Creek Store: ☐ (please tick)

REFERENCES

2010 National Drug Strategy Household Survey Report, Australian Institute of Health and Welfare Canberra, July 2011.

Australian Alcoholic Beverage Industries, Submission to the Labelling Review Response Secretariat on Alcohol Beverages - Response from the Australian Alcoholic Beverage Industries, 5 September 2011.

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