

Mr. Graham Perrett,  
Member for Morton,  
Chairperson, House of Representatives  
Social Policy and Legal Affairs Committee  
Foetal Alcohol Spectrum Disorder Inquiry

By email to [spla.reps@aph.gov.au](mailto:spla.reps@aph.gov.au)

Dear Mr. Perrett and Committee members,

The People's Alcohol Action Coalition (PAAC) provides the attached position paper which provides background on PAAC, its aims and objectives and the case for evidence-based alcohol supply reduction measures - in particular, but not exclusively, a floor price on take-away alcohol products.

We also stress, for example, the need to address early childhood development in terms of the primary prevention of alcohol abuse, along with a range of other initiatives. We believe that this part of our submission provides direction on alcohol policy that would significantly affect all alcohol-related harm, including Foetal Alcohol Spectrum Disorder. We hope that the Inquiry will recommend some of the key population-based policies that are outlined in the attached PAAC position paper.

The need for a population-based, rather than an individually targeted approach is a key issue that we believe the Inquiry needs carefully to consider. Most of the damage that is being done to young children due to alcohol abuse would never be accurately diagnosed as FASD, even if we could closely assess every possible case. In fact, there is no need to be overly concerned at the need to make exact diagnoses, as the key interventions that are needed in order to lessen the effect on a child of a parent or parents who abuse alcohol are the same.

Programs that provide effective parenting support, such as the Old's nurse home visitation program, combined with programs that focus on the development of the child, such as the Abecedarian Educational Day Care Program, combine to ensure that children are given the best chance of optimal development even when they have been affected by alcohol abuse in utero or are being affected by inappropriate or inadequate care in early childhood as a result of alcohol abuse in one or both parents.

***The key is to focus on the interventions that are needed to address the problem of alcohol related suboptimal brain development and not whether or not a subset of all the children affected by a parent or parents who abuse alcohol can be correctly diagnosed as having Foetal Alcohol Spectrum Disorder.***

These interventions are more extensively outlined in the publicly available paper from the Central Australian Aboriginal Congress 'Rebuilding Family Life in Alice Springs and Central Australia: the social and community dimensions of change for our people' (attached; also available at: [www.dcm.nt.gov.au/data/assets/pdf\\_file/0006/53907/Rebuilding\\_Families-Congress\\_Paper\\_2\\_3.pdf](http://www.dcm.nt.gov.au/data/assets/pdf_file/0006/53907/Rebuilding_Families-Congress_Paper_2_3.pdf)) Congress is a member of PAAC and we commend this paper to the Inquiry as supporting documentation to the PAAC submission's arguments on early childhood programs and alcohol.

The combination of parental support through home visitation and child focused support through educational day care will ensure that *all* children from disadvantaged backgrounds have the opportunity to develop their optimal potential, even if they start from a disadvantaged position due to a degree of brain damage as a result of in utero alcohol exposure. Most of the damage is likely to occur however, as a result of the loss of the development of brain potential in the first few years of life where critical development periods are ignored or sub-optimally supported by a parent or parents who drink to excess.

Up until now there has been insufficient focus on the loss of brain potential after birth, and a corresponding imbalance in the focus on what happens prior to birth. The results that are now showing up in the Australian Early Development Index (AEDI) scores for children from disadvantaged backgrounds is very strong evidence of the effects that an adverse early childhood is having on brain development in key areas, and the attached position paper outlines this in more detail.

Alcohol abuse by one or both parents of young children is the leading cause of overt child neglect and abuse as well as a cause of poor parental care that also causes harm. In all of the Family Needs and Risk Assessment tools that have been developed to assess the risk of child abuse and neglect, the primary risk factor in a family is the presence or absence of substance abuse by one or both parents. As the attached paper points out, this is well known. Thus, when severe developmental vulnerability shows up on the AEDI in such large numbers, it is clear that the level of child neglect and child abuse that has contributed to this is partly caused by alcohol. Again however, overt neglect or abuse is the more severe end of the spectrum.

What is probably even more significant at a population level is the effect that suboptimal parental care, *that is not neglect or abuse*, is having on child development and life-long health and well-being. A recent paper in the Paediatrics journal has shown that even this level of inappropriate parenting has significant negative consequences on a child's health and development later in life. (Afifi, T et al, Physical punishment and Mental Disorders: Results from a National Representative US Sample, Pediatrics, Published on line, July 2, 2012 doi: 10.1542/peds.2011-2947)

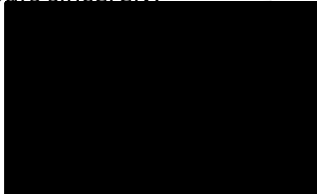
Parents who are dependent on alcohol often also lack self-control and are impulsive as discussed in the attached position paper. This can lead to situations where parents who are often under the influence during an alcohol binge may lose control and hit or arbitrarily punish their child in an unsuitable or excessive way. This is and of itself is harmful even through this type of parenting does not amount to abuse or neglect.

It is worth noting that the harm we have been discussing in this submission is currently not taken into account in reports that assess the effects of alcohol abuse on society. For example, a recent report that suggested that alcohol abuse is costing the NT \$670 million per year did not consider this factor. We know, however, that children who enter school developmentally vulnerable on two or more AEDI domains are unlikely to complete Year 12. We also know that there is a relationship between the completion of Year 12 and the ability to gain secure, stable employment and improved life-long health and well-being.

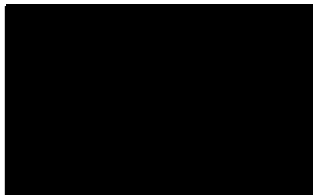
It should therefore be possible in the future to start to quantify the cost to society of children who are developmentally impaired due to a parent or parents who abuse alcohol. This could perhaps reveal a much greater amount than is shown by all of the current methods by which the cost of alcohol-related harm is quantified. This is a vital area for future research and again, the advent of the AEDI makes this type of research possible; it would be a relatively simple exercise to take a random sample of children who are developmentally vulnerable and assess the fraction of this outcome attributable to alcohol. It would then be possible to calculate the life-long financial impact to society through loss of educational attainment and employment opportunities for that child in order to obtain the true cost to society of this devastating problem. This is an area of research that the Committee might choose to recommend for the future.

PAAC would be pleased to present this information in more detail and respond to any questions in any hearings that the Committee might hold in Alice Springs. Thank you for the opportunity to submit to this inquiry and we hope that both this covering letter and the attached submission will be useful to you

Yours sincerely,



John Boffa  
on behalf of PAAC



Vicki Gillick  
PAAC Policy Co-ordinator (part-time)

