POPULATION HEALTH TASMANIA SUBMISSION

TO

PARLIAMENT OF AUSTRALIA HOUSE OF REPRESENTATIVES

House Standing Committee on Social Policy and Legal Affairs

INQUIRY INTO FOETAL ALCOHOL SPECTRUM DISORDERS (FASD)

Submission Summary

This Submission relates to the Terms of Reference of the Enquiry, namely *Prevention Strategies*. The submission presents a whole of population perspective, sometimes referred to as a Public Health (PH) approach, to the prevention of Foetal Alcohol Spectrum Disorders (FASD). A PH approach can include the targeting of sub populations at risk. The submission aims to focus on those preventive initiatives that can be applied within a PH Framework to prevent the incidence of FASD across populations. Those intervention areas covered in this submission fall into the following categories:

- The Presenting Issues
- The Role of Broad Population Approaches
- The Social Determinants of Health
- Building the Evidence Base
- Promotion of Current Drinking Guidelines
- Mandatory Labelling of All Alcohol Products and at 'Point of Sale'
- Screening and Intervention
- A National FASD Strategy for Australia.

The Presenting Issues

FASD refers to a number of conditions observed in individuals who have had prenatal exposure to alcohol. Those conditions that are captured under the term FASD are: Foetal Alcohol Syndrome (FAS), Alcohol Related Birth Defects (ARBD) and Alcohol Related Neurodevelopmental Disorder (ARND). It is uncertain what level of alcohol consumption causes Foetal harm with a number of moderating factors impacting on whether harm occurs at all, and what level and type of harm occurs. Risk appears to increase with a pregnant women's consumption with heavy and chronic consumption presenting the highest risk.

These conditions are difficult to diagnose. It is thought that FASD is under diagnosed and under reported in Australia. A recent estimate is that at least two percent of all Australian babies are born with FASD annually. This estimate is likely not fully representative of the prevalence of these conditions across the population. The prevalence rate is higher in the Indigenous community; however, this is by no means an Indigenous issue only, but one of the whole Australian community.

The Role of Broad Population Approaches

A number of broad population level policy levers will reduce the overall availability of alcohol and reduce the overall population consumption of alcohol. These measures could be expected to impact on the level of risky drinking by the general population as well as on the drinking of women of child bearing age. Those well evidenced population level policy levers are: the volumetric taxation of alcohol as a product; an increase in the legal drinking age; a cap on liquor licenses; and a reduction in hours and days of sale. As well, a number of harms across the population will not be reduced under the jurisdiction of the National Competition Policy over alcohol as a harmful product is reviewed. This review needs to occur as a matter of urgency as the harms from alcohol impact on the community and those other than the drinker in a range of ways. The total cost to the health system of alcohol related harms [as all- cause mortality as well as accidents, injury, suicide, homicide, assault, violence, chronic illness, cancers, hospital beds, rehabilitation, sickness absence, loss of productivity, and of course the incidence of FASD], is confronting. For an estimate of the cost of alcohol to the Australian population and the costs from alcohol in various systems operative in society, refer to Collins and Lapsley 2008 *The Cost of Tobacco, Alcohol and Illicit Drug Abuse to Australian Society in 2005/05* Commonwealth of Australia Canberra. For a full explanation of the harms to other than the drinker please refer to the *Range and Magnitude of Alcohol's Harm to Others Report 2010* produced by Turning Point in Victoria. This report suggests that at least $14 billion can be attributed as harm to others; tangible and intangible costs to other than the drinker could be as much as $20 billion per annum.

The Social Determinants of Health

Both policy and service level responses to FASD should acknowledge the 'social determinants of health', their impact on health inequity and the need to work across sectors and with communities to address these issues.

The social determinants of health are the conditions in which people are born, grow, live, work and age that affect their chances of achieving good health. The World Health Organization identified the social determinants with the greatest impact on health as: the social gradient; stress; early life; social exclusion; work; unemployment; social support; addiction; food; and transport. Each of these and other socioeconomic factors has an impact upon individual and population health outcomes, including alcohol related harms.

The social determinants of health are also a cause of 'health inequity' – differences in health outcomes that are judged as unfair or avoidable. Health inequity often results from an unhealthy behaviour where the degree of choice for a healthy lifestyle is restricted, from exposure to unhealthy living or working condition, from inadequate access to essential health and other public services, or from reduced social mobility. An example of health inequity provided by the National University of Canberra is that people who leave school early are more likely to be high risk drinkers.

There is a growing awareness that the key to addressing the social determinant of health and health inequity is for the different parts of society that influence health and living conditions to work together. This is sometimes called 'intersectoral action' or the health in all policies' approach. Action at a community level is also important, to provide people with greater opportunities in their lives, to reduce some of the barriers to good health and to protect people from the consequences of disease and injury. Community driven action can help create more socially supportive environments and develop the personal skills that will improve health. Intersectoral and community driven action applies to many health issues, including those that surround alcohol.

Building the Evidence Base

The Foetal Alcohol Spectrum Disorder Working Party of the Intergovernmental Committee on Drugs (IGCD) prepared a Monograph examining the current status of research and policy related to alcohol use in pregnancy across Australia, and the issues that surround the prevalence of FASD. The *Foetal Alcohol Spectrum Disorders in Australia: An Update* provides a comprehensive view of the evidence associated with FASD and timely recommendations across a number of levels of intervention including those related to prevention of FASD. The Monograph is built on a strong evidence base with the recommendation that evidence be further reviewed to provide direction to this important issue. This Monograph and its recommendations provide a good basis for national effort around FASD and include information that can further inform population level and other responses to FASD. Adequate resourcing at national and jurisdiction levels is required to implement the full range of recommendations of this report.

Promotion of the Current Drinking Guidelines

The Australian Guidelines to Reduce the Health Risks from Drinking Alcohol 2009 – Australia's most recent drinking guidelines for the whole population - recommend that "for women who are pregnant or planning a pregnancy, not drinking is the safest option"; and "for women who are breastfeeding, not drinking is the safest option". These Guidelines should form the basis of population level interventions as well as interventions and advice to the sub population of women who are planning a pregnancy; already pregnant; or breast feeding. Nonetheless, the use of alcohol in pregnancy and the prevalence of FASD is a population issue. Women who are pregnant find it difficult not to drink if they have partners and networks of friends where alcohol is at the centre of socialisation. In order to reduce the prevalence of FASD it is important to reduce the overall consumption of the population. Current drinking advice for men and women (not pregnant) – "for healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury"; and "for healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol related injury arising from that occasion". Social marketing of the current Australian Drinking Guidelines would assist in reducing the overall level of harm across the Australian population and assist in reducing the prevalence of alcohol use during pregnancy, and consequently the prevalence of FASD.

Mandatory Labelling of Alcohol Products and at "Point of Sale"

All alcohol products and all premises and venues where alcohol is sold need to clearly indicate the risks associated with consuming alcohol. Both general health warnings and particular health warning with regards to alcohol use during pregnancy are needed. These should be based on the Australian Alcohol Guidelines 2009 and be prominent and in a format that is easily noticed and clearly understood. Recommendations from the *Blewett Review of Food Law and Policy* indicate the importance of the mandatory labelling of alcohol products with general health warning and at 'point of sale'; and also indicate the importance of the mandatory labelling of alcohol products with pregnancy warning messages and at 'point of sale'.

The alcohol industry has developed their own voluntary health warnings through *'DrinkWise'* (an industry funded policy body). These industry warnings are considered by many academics and experts in the Public Health and Alcohol and Other Drugs field as weak in the messages they portray around alcohol. The alcohol industry wishes to stay in control of the alcohol warning message agenda. The industry has introduced these voluntary labelling initiatives at a critical time when the mandatory labelling of alcohol was seen to be a risk to the promotion and sale of the product 'alcohol'. Given the capacity of the industry and industry bodies such as *'DrinkWise'* to dilute general warning messages about alcohol, they cannot be relied upon to present clear and unambiguous messages around non alcohol consumption in pregnancy.

The mandatory labelling of alcohol with generic health warnings and specific pregnancy warning messages is urgently needed. This action will contribute to changing the perceptions of the community about alcohol and ensure that alcohol is not considered as an 'ordinary' household commodity. This action would place Australia in line with a number of other countries that have mandated the labelling of alcohol with health warnings. The wording of these messages should be referred to Public Health and other experts in the health field (with no 'conflict of interest') to develop. The issue can be ratified and progressed through the relevant Standing Council's on Health (SCoH) and the Legislative and Governance Forum on Food Regulation (FoFR).

Screening and Intervention for Alcohol Use for Women of Child Bearing Age

Screening and intervention for risky alcohol use across the general population; and alcohol use 'per se' for women of child bearing age in general practice; antenatal clinics; and other primary health care settings is crucial for policy and practice to prevent FASD in Australia. There is much evidence to suggest that screening and advice, if delivered by credible health professionals, and in particular, medical doctors, is effective in changing drinking habits. A national screening program for alcohol use is urgently needed.

A National Foetal Alcohol Spectrum Disorders Strategy for Australia

There is a pressing need for the development of a national FASD Strategy for Australia. The strategy needs to encompass the range of issues addressed above from a population level approach as well as those diagnostic, treatment, referral and service delivery issues that are well covered in the FASD Monograph previously discussed. The development of the FASD Strategy should be auspiced by the SCoH with input and advice from a number of academic and expert bodies in the health and social science field. In addition, there are a range of FASD focussed activities occurring in jurisdictions, within a vacuum of national strategic effort around these problems. A whole of government coordinated approach is needed at the national level to manage a strategic focus for FASD across Australia and to ensure that jurisdictions are able to access the expertise and advice they require to establish sustainable systems around FASD. The recognition of the extent of the problem as well as the development of evidenced solutions should be able to be achieved within the context of a national FASD Strategy.

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