

Senate Inquiry into effective approaches to prevention and diagnosis of FASD and strategies for optimising life outcomes for people with FASD

WANADA Submission - November 2019

WANADA welcomes the opportunity to provide a submission to the Senate Community Affairs Committee inquiry into effective approaches to prevention and diagnosis of Fetal Alcohol Spectrum Disorder (FASD), strategies for optimising life outcomes for people with FASD and supporting carers, and the prevalence and management of FASD, including in vulnerable populations, in the education system, and in the criminal justice system.

Alcohol, along with tobacco, remain the largest contributor to community drug related harms and costs. FASD is one such harm, which, despite its prevalence, is fully preventable. The cost associated with alcohol are not just experienced by drinkers but by the whole community. It is estimated that the total cost of harm of alcohol nationally is \$36 billion.¹

FASD in the Western Australian Context

The prevalence of FASD in Western Australia is estimated to be 0.3 per 1000 births, however it is acknowledged that this figure is probably an underestimate and there is significant variation in different locations; in one Western Australian location 19% of 7-8-year-old children were found to have FASD.²

In Banksia Juvenile Detention Centre, a Telethon Kids research project found that 89% of young detainees have at least one severe neurodevelopment impairment, and it was determined that 36% have FASD.³ These alarming figures raise the question of: how many people with (diagnosed or otherwise) FASD are engaged in, or would benefit from, human services across multiple sectors?

FASD has lifelong implications and may lead to a range of significant secondary issues, such as education concerns, alcohol and other drug use problems, mental ill-health, contact with the justice system, difficulties living independently, and difficulties maintaining employment.⁴ Any strategy needs to support and resource a comprehensive all-of-government response.

Strategic Context

In November 2018, Australia launched a national framework to guide a coordinated response to FASD: the *National Fetal Alcohol Spectrum Disorder Strategic Action Plan 2018-2028*. It is now the responsibility of the national, state and territory jurisdictions to implement initiatives in line with the Strategic Action Plan.

Implementation and resourcing of the Strategic Action Plan remains an unresolved priority, although WANADA notes that Western Australian state planning has been prioritised and is underway. From WANADA's perspective, it is essential that resourcing supports a comprehensive and balanced approach to FASD that addresses:

- alcohol availability;
- prevention, awareness raising and community development; and
- cross-sector screening, support and responses.

Alcohol Availability

Central to a comprehensive response to FASD is the need to acknowledge and address the role community level consumption and alcohol availability has on exposure to and experience of FASD.

Many regions in Australia experience high levels of alcohol consumption. For example, per capita consumption of alcohol in the Pilbara region in Western Australia is almost double that of the State (21.1 litres in the Pilbara compared with 11.4 litres in WA).⁵

The World Health Organisation (WHO) has recognised that alcohol availability is an important consideration in reducing harm. The WHO has outlined ten key policy options and interventions appropriate for nations to apply, one of which is to regulate the production, wholesaling and serving of alcoholic beverages.⁶

Research has demonstrated that restricting the availability of alcohol through population-level responses is one of the most effective strategies to reduce alcohol-associated harms.⁷⁻¹⁴ These approaches recognise the need to provide an equitable policy response that addresses whole-of-community and environmental factors, rather than just focussing on an individual's behaviour.

Recognising the Role of the Specialist Alcohol and other Drug Service Sector

The specialist alcohol and other drug sector is a critical component in a systemic response to improving quality of life for individuals, families and communities impacted by FASD. The specialist alcohol and other drug sector in Western Australia currently provides a range of services that contribute to addressing FASD:

- the design and implementation of prevention and community development initiatives, particularly amongst high risk population groups, that reduces alcohol consumption and builds community understanding and resilience; and
- the provision of alcohol and other drug treatment and support services for high risk population groups including women of a child bearing age.

WANADA believes the alcohol and other drug sectors efforts to address FASD could be enhanced, in particular through:

1. development of an evidence informed approach to achieve better outcomes for people with FASD/cognitive impairment, together with support to translate this evidence into practice. It is essential that adaptive treatment strategies are applied, to successfully work with consumers presenting with severe cognitive impairments;¹⁵
2. expansion of community led alcohol and other drug prevention initiatives such as education and support for community development;
3. investment in the specialist alcohol and other drug sector to contribute to the capacity building of the broader human services sector, to enable improved responses through care-coordination; and
4. systemic approaches that address the stigma associated with alcohol and other drug use (including harms such as FASD), to remove barriers to early intervention, treatment and support.

About WANADA

The Western Australian Network of Alcohol and other Drug Agencies (WANADA) is the peak body for the alcohol and other drug education, prevention, treatment and support sector in Western Australia. WANADA is an independent, membership-driven not-for-profit association.

WANADA is driven by the passion and hard work of its member organisations, which include community alcohol and other drug counselling; therapeutic communities; residential rehabilitation; intoxication management; harm reduction; peer based; prevention; and community development services.

References

- ¹ Foundation for Alcohol Research & Education <http://fare.org.au/wp-content/uploads/36-Billion.pdf> Accessed 12 November 2019.
- ² Telethon Kids (2019), Fetal Alcohol Spectrum Disorder, <https://www.telethonkids.org.au/our-research/research-topics/fetal-alcohol-spectrum-disorder-fasd/> Accessed 11 November 2019.
- ³ Ibid.
- ⁴ Elliott E (2015) Fetal alcohol spectrum disorders in Australia – the future is prevention. *Public Health Res Pract*;25(2):e2521516.
- ⁵ Department of Racing, Gaming and Liquor WA. (2019 January 11). Pilbara Inquiry: Imposition Of Conditions Pursuant To S64.
- ⁶ World Health Organisation. (2019 July 10). 10 areas governments could work with to reduce the harmful use of alcohol. Retrieved from <https://www.who.int/news-room/feature-stories/detail/10-areas-for-national-action-on-alcohol>
- ⁷ National Drug Research Institute. (2007). *Restrictions on the Sale and Supply of alcohol: Evidence and Outcomes*. Perth: National Drug Research Institute, Curtin University of Technology.
- ⁸ Taylor N., Miller P., Coomber K., Mayshak R., Zahnaw R., Patafio B., Burn M., Ferris J. (2018 September 4). A mapping review of evaluations of alcohol policy restrictions targeting alcohol-related harm in night-time entertainment precincts. *International Journal of Drug Policy*; 62: 1-13. doi: <https://doi.org/10.1016/j.drugpo.2018.09.012>
- ⁹ Babor T. (2010 April 8). Alcohol: no ordinary commodity--a summary of the second edition. *Addiction*; 105:769–79. doi: <https://doi.org/10.1111/j.1360-0443.2010.02945.x>
- ¹⁰ Sanchez-Ramirez DC., Voaklander D. (2017 June 24). The impact of policies regulating alcohol trading hours and days on specific alcohol-related harms: a systematic review. *Injury Prevention*; 24(1):94-100.
- ¹¹ Wilkinson C., Livingston M., Room R. (2016 September 30). Impacts of changes to trading hours of liquor licences on alcohol-related harm: a systematic review 2005–2015. *Public Health Research & Practice*; 26(4):e2641644.
- ¹² Middleton, J., Hahn, R., Kuzara, J.L., Elder, R., Brewer, R., Chattopadhyay, S., Fielding, J., Naimi, T.S., Toomey, T., et al. (2010 December). Effectiveness of Policies Maintaining or Restricting Days of Alcohol Sales on Excessive Alcohol Consumption and Related Harms. *Am J Prev Med*; 39(6):575–589. doi: 10.1016/j.amepre.2010.09.015
- ¹³ Gilmore W., Chikritzhs T., Stockwell T., Jernigan D., Naimi T., Gilmore I. (2016 May 16). Alcohol: taking a population perspective. *Nature Reviews Gastroenterology & Hepatology*; 13:426-34.
- ¹⁴ Anderson P., Chisolm D., Fuhr D.C. (2009 June 27). Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *The Lancet*; 73(9682):2234-46. doi: 10.1016/S0140-6736(09)60744-3
- ¹⁵ Stone J. et al., *Counselling Guidelines: Alcohol and other drug issues* (2019) Mental health Commission pp. 191-195; 228-232.