

National Drug Research Institute additional evidence into Senate Committee Inquiry into Effective Approaches to prevention, diagnosis and support for FASD.

The Involvement of Industry in Australian Health and Policy

Ms Sharon Appleyard, First Assistant Secretary, Population Health and Sports Division, Department of Health noted that the Department has provided funding for educational and awareness raising activity to Drinkwise (established in 2005 by the alcohol industry). This included \$600,000 in 2012 to provide point-of-sale educational material and \$233,000 in 2018 to develop awareness-raising promotional videos. It is also noted that the alcohol industry had submissions accepted to the 2012 House of Representatives Standing Committee inquiry into the prevention, diagnosis and management of FASD on which recommendations were influenced including the FSANZ alcohol warning labels, and to the current Senate Inquiry.

On the basis of their substantial conflicts of interest, history of opposing evidence-based alcohol harm countermeasures, and previous promotion of misleading information about alcohol and pregnancy, it is extremely concerning that the alcohol industry is involved to the extent they currently are in the development of Australian health policy and practice in the prevention of FASD. Research undertaken at NDRI by PhD candidate Julia Stafford (currently under review by a journal) found widespread misuse of research evidence and denial of the effectiveness of evidence-based strategies within alcohol industry submissions to Australian alcohol policy consultations. This adds to an already substantial body of evidence supporting the need to protect alcohol-related health policy from industry interference.

Almost half of the DrinkWise board of directors represent alcohol trade associations and the activities of DrinkWise are funded through contributions from 15 major alcohol producer and retail companies. By extension, DrinkWise itself is part of the alcohol industry and has a priority interest in financial gain from the promotion, sale, and use of alcohol. There are well documented links between DrinkWise providing misinformation, and excluding critical information, related to alcohol consumption during pregnancy and FASD to influence policy and practice and undermine Australia's progression in this area (Lim et al, 2019; Han, 2019).

There is an exceptional level of conflict of interest when industry participates in the development of alcohol-related health policy and alcohol policy should be better protected from the alcohol industry's conflicts of interest. The need to protect tobacco-related health policy from tobacco industry interference is well-accepted.

Recommendations:

Alcohol policy and practice in the prevention, diagnosis and support of Fetal Alcohol Spectrum Disorder should exclude any form of involvement from the alcohol industry including Drinkwise.

Australian Government funding provided to undertake prevention/education/awareness activity in the prevention, diagnosis and support of Fetal Alcohol Spectrum Disorder should not be provided to industry (including Drinkwise) but rather to expert health professionals and organisations that are not recipients of financial gain through alcohol sales.

Schools Involvement in Prevention of FASD

In addition to the school information provided in the tabled report to the Senate Inquiry there are other considerations about including FASD content into school programs. These include: 1) divergence between

the education and health sectors in regards to the aim of alcohol education; 2) a field of research and practice in school alcohol education that needs to be taken into consideration in any future inclusions; 3) the role modelling of alcohol use at schools particularly those associated with adult alcohol use at school events when students are present (liquor licencing).

1. Education and health sector aims for school-alcohol education

Educational departments and documents generally consider that alcohol education should be about the educational experience rather than aiming to change behaviour. Public health professionals and behavioural researchers will argue that behaviour change should be the aim of any alcohol education program.

The current Australian Curriculum talks about 'addressing a range of drugs', 'learning about' drugs but have no aim related to behaviour change. In addition the broad aim across the 12 focus areas (all health topics) is to demonstrate knowledge, understanding and skills - in the case of alcohol the skills are related to learning about and making informed decisions – not directly about preventing or delaying drug use.

Best practice is an educational policy/practice term and it doesn't necessarily encompass an evidence-based approach that can lead to behaviour change. Best practice guidelines (Education sector) are unlikely to decrease uptake or reduce harm. Evidenced-based approaches (Health sector) are most likely to decrease uptake and reduce harm.

Even though national and state level education policy documents do not focus directly on reducing risky alcohol use or reducing harm from alcohol use, the Australian system is devolved with each individual school making its own decisions about what approach they will take. Many school-based staff adopt programs that aim to delay use, reduce risky use and reduce harm associated with use. Australian based programs have demonstrated that this is possible to change alcohol-related behaviours (see shahrp.info) through a skills based program. There is a long history provided through systematic literature review that knowledge based programs do not impact on behaviour.

Recommendation: Education and Health experts and stakeholders (including teachers) should work together to address the inclusion of FASD education in school-based curriculum/programs.

2) There is a long standing and dynamic field of research and practice in school-based alcohol education that needs to be taken into consideration in any future inclusions of FASD content in alcohol-education programs.

Recommendation: Education and Health experts and stakeholders (including teachers) should work together to address the inclusion of FASD education in school-based curriculum/programs.

3) Consideration needs to be given to role modelling of alcohol use at schools particularly those associated with adult alcohol use at school events when students are present. Considerations around Liquor Licenses).

The following content is largely drawn from a paper titled 'Liquor licences issued to Australian schools' (1) (2018).

Children's positive socialisation to alcohol is associated with early initiation of drinking and alcohol-related harm in adult life which has consequences for the presentation of alcohol-exposed pregnancies and FASD. There have been reports of adults' alcohol consumption at school events in the presence of children. These events occur both on and off school premises and included graduations, balls, fundraising, sporting/musical events and barbeques. The events may include alcohol supplied by the function coordinators or by individual adult bringing their own alcohol to events.

In Australia, the circumstances, exemptions, restrictions and cost of liquor licences that apply to school based applications varied across time and jurisdictions. Historically, all jurisdictions required schools to apply for a licence when alcohol was sold. Amendments to the legislation in WA (2011), Queensland (2013) and NSW (2015) means a licence is no longer required for the sale of alcohol at many school functions (e.g. 'small occasional functions' (WA) and fundraising events (Queensland and NSW). The permissiveness or otherwise of licensing conditions (i.e. restrictions and requirements) differ across jurisdictions in relation to the number of one-off events covered by a single licence, the primary purpose of the event, responsible service of alcohol (RSA) certification requirements, type of containers to be used, number of bars and their opening hours. Similarly, the financial costs associated with gaining a licence vary from AU\$20 in the Northern Territory to AU\$107 in WA (assuming attendance is limited to 500 people).

In a recent Australian study reported on the liquor licences issued to Australian schools, four jurisdictions provided data on 1817 relevant licences. The average annual licences/100 schools was highest amongst Independent schools followed by Catholic and public (government) schools. The rates were highest in Queensland and Victoria where children were present at 61% and 32% of events respectively. While there are legislative differences across jurisdictions, the prevalence of adults' alcohol use at school events in the presence of children may reflect the various education department policies and principals' and school communities' beliefs and attitudes. Licences are not required for all events where alcohol is consumed so the prevalence of adults' use of alcohol at school events is likely to be higher than detailed within the licensing data. Such practices may undermine teaching about alcohol use in the school curriculum and health promotion efforts to develop alcohol-free events when children are present.

Currently, there are Australian guidelines recommending alcohol not be used in school fundraising events (2). However, this is not reflected in the liquor licensing laws and there is no national government-endorsed strategic document which specifically addresses the use of alcohol at school events when children are present. The guidelines may be more accessible if they were incorporated into the relevant sector education department policies and national guidelines for low-risk drinking.

The results of this study suggest there are inconsistencies in liquor licensing requirements and the use of alcohol at school events across jurisdictions. Current practices are not consistent with WHO recommendations regarding alcohol-free environments when children are present. In the last decade, the circumstances in which Australian schools are required to apply for a liquor licence so that alcohol can be provided/consumed in the presence of children have been reduced in some jurisdictions. This means there is an important role for education department policy and school communities to educate, monitor and evaluate the use of alcohol at school events; particularly when children are present.

Recommendation: To reduce exposure of children to adult alcohol use in the school setting, a review of liquor licensing laws and the development of a government endorsed strategic plan addressing alcohol use in schools when children are present, should be developed and implemented.

1. Ward B, Kippen R, Munro G, Buykx P, McBride N, Wiggers J, et al. Liquor licenses issued to Australian schools. BMC Public Health. 2018;18(72).
2. Australian National Council on Drugs. School fundraising and alcohol. Australian National Council on Drug: Canberra. 2011.