



Ref: DT19/103024

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

21 November 2019

Dear Committee Secretary

Please find the response from the Illawarra Shoalhaven Local Health District (ISLHD) Drug and Alcohol Service, Substance Use in Pregnancy and Parenting Service (SUPPS). SUPPS is a designated service within the ISLHD Drug and Alcohol Service which provides a range of interventions including assessment, management of substance use, and management of withdrawal, case co-ordination and case management of women whose pregnancy is complicated by substance use. This service works with women during pregnancy and in to the post-natal period and can if accepted by parents, provide a service up until the child is two years of age.

SUPPS would like to provide a response to the terms of reference as follows:

Pre-pregnancy

How and where to engage in education and who provides this education.

It would be appropriate for specialists working in Drug and Alcohol treatment services to provide education within a variety of settings. This would facilitate not only accurate information and recommendations but would also increase the opportunity for brief interventions by a specialist.

It would be anticipated that FASD would be included in all education regarding alcohol and other substance use as the incidence of risk behaviour increases with intoxication and poly substance use.

Recommendation: Targeted education to students including high school, university and TAFE. Education to be implemented using multiple media- online, face to face, tele/video conference and mobile applications, at all community centres, GP surgeries, youth centres and adolescent services.

Pregnancy

Addressing alcohol use in the antenatal setting

Education should be provided to all members of the care team, including obstetricians, nurses and midwives in both the hospital and community setting. Consider education to health staff similar to the BFHI- Baby friendly health initiative- front line workers will be level 3 requiring more detailed education. Level 2 workers would be workers where this is not their core business and shorter education. Level 1- general public.

Anecdotally, women report having conflicting advice between general practitioner and hospital services. The need for a consistent message regarding alcohol use in pregnancy is essential. It is noted that a number of women will access antenatal care via their general practitioner.

Recommendation: The provision of education by drug and alcohol specialist services to antenatal care providers in both hospital and community setting. This should ideally be undertaken yearly. Additionally, general practitioners who provide antenatal care should have access to both online and face to face FASD education.

During the antenatal period women should be advised not to consume alcohol. For women who have had a previous pregnancy it is important to ascertain whether alcohol was consumed during these pregnancies. This will assess whether follow up is required for existing children.

Recommendation: the inclusion of an assessment of alcohol use in a past pregnancy as part of an obstetric history assessment.

Women who identify alcohol use during past or current pregnancy should be educated on the risk to the unborn. This can be provided in the first instance by the booking midwife. Where alcohol was consumed prior to the woman confirming pregnancy, the midwife should advise that not drinking is the safest option. Support should be given if the woman raises concerns about the potential harm caused to the unborn.

Recommendation: consultation with an obstetrician should be offered during the pregnancy to discuss the potential risk of harm to the unborn.

Where there is concern that alcohol use is part of a greater substance use issue, where alcohol use is current or there is risk of relapse during pregnancy a referral to a Substance Use in Pregnancy service should be attended.

Recommendation: A referral to Substance Use in Pregnancy services, ideally made with consent, could be an opt out- services due to the risk of harm to the unborn. Referral to a specialist service would allow for detailed assessment, interventions and management of alcohol use and address the potential for relapse. In addition to facilitating the assessment of other substance use, psychosocial issues and child protection risk of harm considerations.

Post pregnancy

How the child at risk of FASD is identified

Education is required by Child and Family Health Nurses (CFHNs) to be able to recognise the signs of FAS/FASD in children attending for Child Development Surveillance.

Recommendation: FAS/FASD education should be provided yearly to Child and Family Health Nurse Services, this could be by the Substance Use in Pregnancy service, on line or face to face.

Women who have been identified as having consumed alcohol in the antenatal period should be encouraged to attend regularly for child development appointments. This may include out of schedule appointments for increased surveillance.

Recommendation: Maternal alcohol use to be highlighted in the post birth discharge summary to alert CFHNs that additional surveillance may be indicated.

Recommendation: It is noted in the ISLHD that there is no FASD follow up clinic. This lack of local assessment is problematic especially for women who reside in the Shoalhaven, are dependent on welfare benefits or have no transport. This would indicate that there is a group of vulnerable families who do not access assessment and referral. A FASD based clinic in the Illawarra Shoalhaven Local Health District would allow for the assessment and provide recommendations and interventions for children and families affected by FASD. This would be provide easier access for families living in the south of the region. It is noted that nearly 25% of the referrals to the southern SUPPS team have alcohol nominated as the primary drug of choice.

Addressing child development issues in school

Recommend: maternal alcohol use during pregnancy is part of any initial assessment of a child' development and behaviour within the education system. Funding services to deliver interventions to be matched to diagnosis. FASD to be attached to specific funding not attached to other diagnosis.

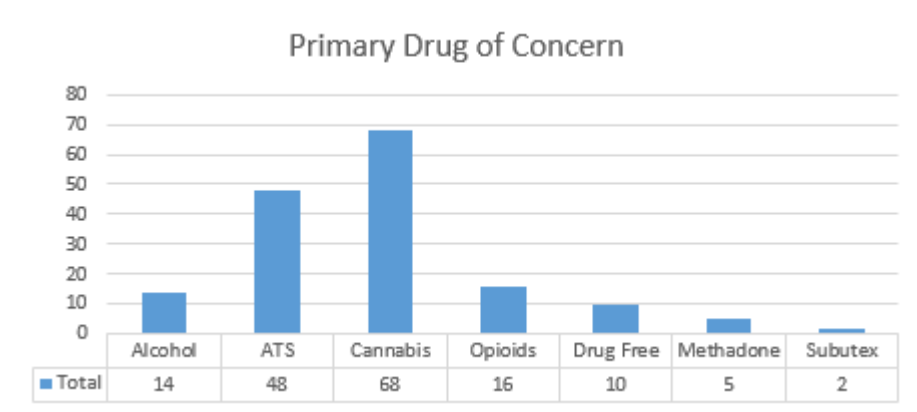
How to raise the issue of FASD in the community

Recommend: Greater promotion of FASD day, such as an advertising campaigns in bars, hotels, restaurants and restrooms.
Health promotion messages on alcohol labels.

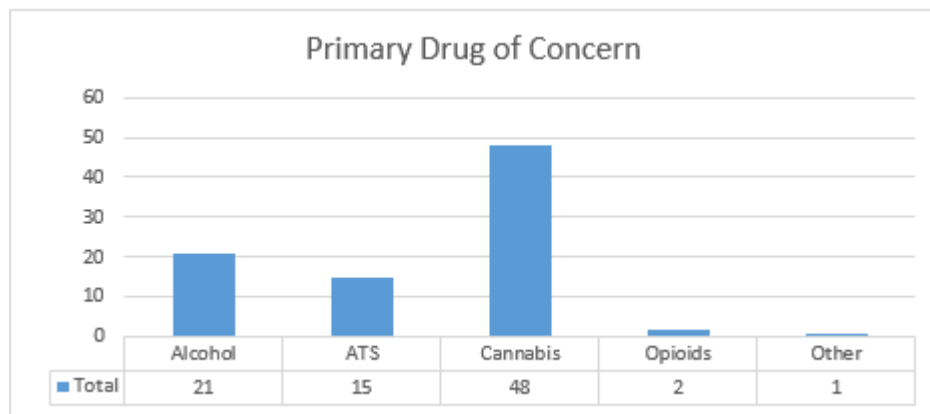
Additional

35 pregnant women referred to the ISLHD Substance Use in Pregnancy and Parenting Services identified alcohol as the primary drug of choice

Illawarra Drug & Alcohol Service- 167 clients 1.7.18- 1.11.19.



Shoalhaven Drug & Alcohol Service - 87 clients
1.7.18-1.11.19.



Regards

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Illawarra Drug and Alcohol Service