Submission to Inquiry into Foetal Alcohol Spectrum Disorder

I write as a public health physician and general practitioner working in remote communities throughout NT for the past 17 years.

1. Prevention – I support education campaigns, product warnings and other mechanisms to raise awareness of the harmful effects of alcohol consumption during pregnancy. However the effectiveness of these strategies is limited while consumption of alcohol is normal for young women.

   Alcohol can affect foetuses from 6 weeks after conception. This is often well before women are aware that they are pregnant. Therefore it is impossible for strategies that aim to change drinking behaviour of women who know that they are pregnant to prevent these effects.

   Therefore to prevent FASD it is essential that women are alcohol free throughout pregnancy. There are 2 ways this can be done:

   a. Ensure that all women drinking alcohol are protected from pregnancy
   b. Ensure that all women who are pregnant do not drink alcohol

   These strategies require more fundamental societal change.

   The first requires increased awareness of the risks of pregnancy among women who drink alcohol, and increased access to effective contraception. Australian women should have access to safe, effective and easy to use contraception, and this must be promoted. Risks of hormonal contraception are often overstated, since the risks to women using contraception are compared with the risks to women not using contraception rather than the risks of pregnancy. When risks to unborn foetuses including risks from alcohol are considered, the relative risk of contraception is even lower. The possibility of making contraception – such as emergency contraception and oral contraceptive pills, in addition to condoms – available in supermarkets and alcohol outlets should be considered.

   The second requires society to accept that it is normal and healthy for women to abstain from alcohol. This is a considerable challenge to our society in which drinking of alcohol occurs at almost all social events.

   While only women drinking alcohol leads directly to foetal alcohol spectrum disorder, men drinking alcohol contributes to women drinking alcohol. Therefore interventions leading to reduction in alcohol-consumption across society are needed. These include increasing the cost of alcoholic drinks. A floor price and volumetric taxes are effective ways to do this. Reducing the availability of alcohol through numbers of outlets, hours or days of opening and alcohol-free events are other ways to reduce community-wide alcohol consumption.

   Comprehensive public education about the effects of alcohol on unborn children will lead to public support for the implementation of these measures.

   Engagement of men as boys, husbands, uncles, friends and members of society is required to manage FASD. Men must support women, and the entire community

must take action in discussions about alcohol, and in the care of children. Children affected by FASD affect men and are cared for by men as well as women. A family and community approach is required.

Intervention

Increased awareness of foetal alcohol spectrum disorders among the general community and health professionals will lead to an acceptance that it is appropriate to conduct some form of screening of all children.

Research is underway to determine how this screening can best be done. Routine questioning of all pregnant women about their alcohol consumption from the date of conception may be all that is required for the majority of women and children.

Early diagnosis will enable best treatment of affected children, and interventions to prevent women from delivering a subsequent affected child. Education associated with screening will also enhance community awareness of FASD, and contribute to changing community standards about women drinking alcohol.

Quality data on prevalence of FASD are not available, but it is likely that these conditions are prevalent in the most isolated Aboriginal communities in Australia. Access to screening, diagnosis and treatment must be assured in these communities, and prioritised for prevention activities. This is an investment, likely to reduce future expenditure, and future economic benefits of a healthy community should be counted against costs.

Concern about stigma of FASD must be addressed. Here too, appropriate community education must be developed to enhance knowledge and change behaviour without contributing to stigma and avoidance of services by women and children.

Options to control the behaviour of pregnant women who are unable or unwilling to cease heavy drinking should be considered in some few instances, particularly where a woman already has a child affected by FASD. These must be the least coercive and invasive methods possible. However it must be noted that foetuses may be damaged by alcohol well before even the woman herself knows that she is pregnant, let alone interventions instituted. Therefore interventions in women who are obviously pregnant will have limited effectiveness.

Management

The most critical element of management is to prevent the birth of further children affected by their mother's drinking. This includes ensuring that contraceptive needs for girls affected by FASD are addressed urgently as they reach sexual maturity.

Thank you for considering my views.

Dr Rosalie Schultz