

Submission in support of the Alcohol Toll Reduction Bill 2007

Submitted by the National Organisation for Fetal Alcohol Syndrome and Related Disorders (NOFASARD)

1. NOFASARD

The National Organisation for Fetal Alcohol Syndrome and Related Disorders (NOFASARD) is the peak body representing the interests of individuals who have been affected by prenatal exposure to alcohol and their parents, carers and others who work with them. Many of our members have first hand experience of the damage caused by alcohol consumption during pregnancy and they deal with the effects of this damage daily.

2. Support for the Alcohol Toll Reduction Bill

NOFASARD support the Alcohol Toll Reduction Bill 2007 as an initiative to help reduce Australia's alcohol toll and in particular help reduce the seldom recognised in Australia, but probably very common, hidden brain damage caused by prenatal exposure to alcohol. **In particular we support the introduction of a health advisory label to be place on all alcohol products.**

3. Rationale

- It is not disputed that alcohol is a known toxic substance and teratogen that can cause a spectrum of neurological and physical disabilities in the unborn child, commonly referred to as Fetal Alcohol Spectrum Disorders (FASD)

- FASD is a lifelong disorder. Individuals with FASD will be over-represented amongst early school drop-outs, juvenile and adult offenders, those with mental health and addiction concerns, the unemployed and the homeless.¹
- There is no research that has established a safe lower limit of alcohol exposure to a developing fetus. There is a significant body of accepted research that links excessive alcohol consumption by pregnant women with permanent physical and neurological birth defects, known as Fetal Alcohol Syndrome (FAS). There is a degree of non acceptance by some authorities that small amounts of alcohol consumed by pregnant women lead to fetal impairment even though organisations including the AMA, The Royal Australian College of Physicians and the Telethon Institute for Child Health Research all recommend no alcohol consumption is safest for pregnant women.
- There is a very low level of awareness of FASD in Australia. FASD is recognized as the leading non-genetic cause of developmental disability in children yet in a recent Roy Morgan Poll, 58% of surveyed Australians had never heard of FASD. The same survey also revealed that 71% of those surveyed want to see warning labels about drinking during pregnancy on alcohol products.² The lack of a warning label on alcohol products relating to the harm their use may cause, is a contributing factor to this low level of awareness.
- While the published figures for the incidence of FASD in Australia are generally quite low NOFASARD believe that FASD is not rare but rather that is rarely diagnosed or it is mis-diagnosed. According to the Australian National Council on Drugs 450,000 Australian children under 12 are at risk of being exposed to binge drinking in their home by a parent or other adult. Many of these children would have been prenatally exposed to alcohol, yet most Australian health professionals cannot recognize Fetal Alcohol Syndrome (FAS) let alone the more complete spectrum of effects. In 2006 the results of a survey of health professionals, including Gp's and Pediatricians were reported in the A&NZ Journal of Public Health. Only 4% of health professional surveyed felt very prepared to deal with FAS and only 12% new the diagnostic criteria.³
- Internationally FASD is estimated to affect 1/100 live births.⁴ Australia has extremely high rates of women of child bearing age who are drinking and very high rates of women who are drinking during pregnancy^{5,6}, yet there have been no population based studies undertaken in Australia to determine the true incidence of FASD. In the absence of such studies it is fair to suggest that the incidence in Australia would be similar to other developed nations. With an Australian birth rate of approx 260,000 per year, this could mean **7 children being born every day** with some effects of prenatal exposure to alcohol.
- This appalling situation will never be rectified while the product that causes FASD doesn't alert consumers to the fact. FASD would not exist if alcohol was not consumed during pregnancy. There is no safe known level for alcohol consumption during this time and alcohol has **no health benefits for the developing child only the potential for harm**. This view is supported by an article in the *Medical Journal of Australia* last year that presents compelling evidence to support complete abstinence during pregnancy.⁷ (Whitehall 2007).

¹ Streissguth, A; Barr, H; Kogan, J; Bookstein, F; Understanding the Occurrence of Secondary Disabilities in Clients with Fetal Alcohol Syndrome and Fetal Alcohol Effects Final Report 1996 Centers for Disease Control and Prevention

² Private email correspondence from Media Key Mt Eliza Vic. Dec 2007

³ *Health professionals' knowledge, practice and opinions about fetal alcohol syndrome and alcohol consumption in pregnancy.* Australian and New Zealand Journal of Public Health 29 (6), 558–564.

⁴ Sampson et al, *Teratology* 56:317-326, 1997

⁵ Victorian Health and Wellbeing Survey 2006

⁶ Colvin et al 2007 *Alcohol Consumption During Pregnancy in Nonindigenous West Australian Women* Alcoholism Clinical Experimental Research Vol 31 No 2 Feb 2007

⁷ John S Whitehall *National Guidelines on alcohol use during pregnancy: a dissenting opinion* MJA 2007; 186: 35–37

- We acknowledge that labelling alone may not be sufficient to help prevent all cases of FASD, however we believe a health advisory label on all alcohol products will raise awareness about alcohol's potential harm to the unborn baby and this **is the critical first step** in any programme designed to inform, influence and effect behaviour change.

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