

Our Ref: 2012/0357-03~5
Your Ref:

Secretary
Select Committee on Action to Prevent Foetal Alcohol Spectrum Disorder
GPO Box 3721
DARWIN NT 0801

Sent via email

Dear Committee,

SELECT COMMITTEE ON ACTION TO PREVENT FOETAL ALCOHOL SPECTRUM DISORDER

I refer to your current Inquiry relating to action to prevent Foetal Alcohol. The NT Children's Commissioner has responsibility for, among other things, monitoring the administration of child protection services, the management of complaints regarding services to vulnerable children, and public education around the needs and wellbeing of these children. Foetal Alcohol Spectrum Disorder (FASD) touches many of those areas.

Alcohol consumption in the NT is the highest in the country (the latest figures suggest it is 12.88 litres of pure alcohol per year for people aged over 15¹) and well above the national average of 10.1 pure litres of alcohol². Of particular concern is that NT Department of Health data suggests that 6.4 per cent of non-indigenous mothers and 13 per cent of Indigenous mothers self report alcohol consumption early in their pregnancies. Even though these figures indicate a small percentage it should be noted that these are only self-reported numbers and would not reflect the true extent of in utero exposure to alcohol consumption. In recent studies it has been suggested that in some Indigenous communities that rate is as high as 50 per cent.³ This consumption of alcohol while the mother is pregnant can heighten the risk of the unborn child to many different medical conditions including Foetal Alcohol Syndrome (FAS) where a child has problems with growth and learning, and has distinctive facial features and structural abnormalities due to alcohol

¹ Wholesale Alcohol Supply to June 2013. Department of Business, Northern Territory Government, http://www.dob.nt.gov.au/gambling-licensing/liquor/Documents/wholesale_alcohol_supply_201306.pdf accessed on 6 March 2014, p.3.

² *Apparent Consumption of Alcohol, Australia, 2011-12*. Catalogue No. 4307.0.55.001, September 2013, Australian Bureau of Statistics, Canberra: Commonwealth of Australia.

³ Kirby T (2012) Blunting the legacy of alcohol abuse in Western Australia. *The Lancet*, Volume 379, Issue 9812, pages 207-08, 21 January 2012.



exposure during pregnancy⁴. The child may also develop FASD, which might not include the physical signs of FAS but the difficulty in cognitive development and behavioural regulation will be present. Children with FAS or FASD face many challenges in life including the inability to learn effectively in a normal educational setting and the ability to develop and maintain relationships. This clearly represents a challenge for these children to be productive members of their community and for systems of government put in place to support children throughout their development particularly the education and health systems.

The prevalence of FASD in the child protection system in the NT is even starker. There is research to suggest that children on child protection orders irrespective of the abuse or neglect type, 86 per cent of their cases involved problematic alcohol use by one or both parents.⁵ Even though this does not distinguish pre-natal and post-natal alcohol use the high percentage overall would still indicate an elevated risk of consumption during pregnancy.

In 2012, the Australian Government's Standing Committee on Social Policy and Legal Affairs conducted an inquiry into FASD. At the time the Western Australian Commissioner for Children and Young People provided a submission on behalf of the Australian Children's Commissioners and Guardians (ACCG) Group of which the NT Children's Commissioner was a signatory. I have attached (*) this submission for your convenience.

Some of the key points in that submission are summarised below:

- That a comprehensive and coordinated national response addressing the preventative, diagnostic and management issues for FASD is developed;
- Investment in FASD research to broaden the evidence base of this issue;
- Education strategies to raise awareness to the general population regarding the effects alcohol consumption can have on an unborn baby such as compulsory school based education on the effects of alcohol, warning labels on alcohol products and targeted preventative information from health and welfare professionals for 'at-risk' mothers;
- Restricting supply of alcohol and introducing a floor price for alcohol in the community;
- Developing and implementing a national screening tool for FASD to allow for early intervention of children with FASD; and
- The provision of supports for these children and families to address the complex needs children with FASD have.

Some examples used in this submission of innovative methods to portray public health messages such as the impacts of alcohol on the brain like *the Grog Brain Story*⁶ can be tailored to raise the message of the effects of in utero alcohol consumption. The Grog Brain Story was designed in part by the Menzies School of Health Research in the NT and helps to explain the effects of alcohol on the brain to particular indigenous groups where English is not their first language.

⁴ http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Fetal_alcohol_spectrum_disorder?open accessed on 26 May 2014.

⁵ Walker P (2014) Prenatal Alcohol exposure among children in the Child Protection system in the Northern Territory, unpublished conference paper.

⁶ Cairney S, Fitz J, Thompson S, Currie J (2009) The Grog Brain Story. St Vincent's Hospital Melbourne and Menzies School of Health Research Darwin. www.menzies.edu.au



The issue of FASD is a problem not unique to the Territory and therefore it might be prudent to align some of NT's response to the Australian Government's action plan on Responding to the Impact of Fetal Alcohol Spectrum Disorders in Australia⁷. However, in saying that further examination would be needed to address these issues with respect to the large 'at-risk' groups present in the NT, particularly Indigenous communities living in very remote settings.

Yours sincerely



Ms Hilary Berry
A/Children's Commissioner
3 June 2014

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[http://www.health.gov.au/internet/main/publishing.nsf/Content/0FD6C7C289CD31C9CA257BF0001F96BD/\\$File/FASD%20-%20Commonwealth%20Action%20Plan%20MAY%202014%20%28D14-1125690%29.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/0FD6C7C289CD31C9CA257BF0001F96BD/$File/FASD%20-%20Commonwealth%20Action%20Plan%20MAY%202014%20%28D14-1125690%29.pdf)
accessed on 26 May 2014.

