

## EDUCATION AND HEALTH STANDING COMMITTEE

### *Fifteenth Report — “Foetal Alcohol Spectrum Disorder: the invisible disability” — Tabling*

**DR J.M. WOOLLARD (Alfred Cove)** [10.05 am]: I present for tabling the fifteenth report of the Education and Health Standing Committee entitled “Foetal Alcohol Spectrum Disorder: the invisible disability”.

[See paper 5268.]

**Dr J.M. WOOLLARD:** This report is about brain damage caused to children from the alcohol that their mothers drank while pregnant. If we can screen and diagnose the children with brain damage caused by the alcohol that their mothers drank while pregnant, we can make sure that those children get adequate support to achieve the best that they can in life, like other disabled children; and, more importantly, we can focus on the mothers of those children, because we know that there is a good chance that they may do the same thing again with their next pregnancy if they do not change their behaviour. We need to pull out all the stops to ensure that those mothers of children who already have brain damage from alcohol are helped so that they do not have more babies with brain damage from alcohol.

In 2009, the National Health and Medical Research Council guidelines stated that for women who are pregnant or planning a pregnancy, not drinking is the safest option. For the unborn child, alcohol is a teratogen. This is an agent that can cross the placenta and interfere with the normal development of the embryo or foetus. It can also, in crossing the placenta, cause a wide range of birth defects. We know that some mothers drink alcohol while pregnant to deal with stress, despair or abuse. But we also know that the higher the mother’s alcohol intake while pregnant, the greater the risk of damage to the unborn child. We know that there are women who have more than one child who is affected by foetal alcohol spectrum disorder. Sadly, we are now hearing of children born with brain damage caused by the alcohol that their mother drank while pregnant who have mothers and grandmothers who have FASD—it is now third generational. So we know that screening to prevent these problems and these children being born with brain damage should be done antenatally by general practitioners and midwives, and also by other health professionals, who work with young girls and women of child-bearing age and who have as clients girls and women who have drug or alcohol problems. A diagnostic tool would enable the government and healthcare providers to determine the prevalence of foetal alcohol spectrum disorder. We do not have that tool. That tool has been around in other countries now for over a decade. Children with FASD are not diagnosed at birth because they do not look any different from other children. Mr Acting Speaker, I ask to lay on the table this graph that shows the problems to the unborn child caused by alcohol during pregnancy.

[The paper was tabled for the information of members.]

**Dr J.M. WOOLLARD:** Once we have the data on the prevalence of FASD, the Disability Services Commission can be given the responsibility to ensure that children with FASD are given the additional care and resources necessary to enable them to live at the highest level of functional behaviour and to prevent them from getting secondary problems related to their FASD, such as criminal problems or antisocial behaviour.

We believe that the government should be encouraging all health professionals to become educated and skilled in dealing with FASD. Health professionals should routinely ask all girls and women of child-bearing age about their alcohol use and focus particularly on those girls or women who have an alcohol dependency or who are living in high-risk situations.

The committee has looked at alcohol advertising in its previous reports. I remind the house that warning labels are important to ensure that every girl and woman who drinks alcohol is an informed consumer who is aware of the problems and realises that harmful alcohol use can cause brain damage. The committee also looked at the affordability of alcohol. If the price of alcohol in the shops increases, people may not revert to preloading. The committee also looked at access to alcohol. The government in its next review might be able to help prevent the sale and provision of alcohol to minors, but in this report we focus more on awareness.

This report is to give government members and the community a greater awareness of foetal alcohol spectrum disorder. After the committee’s last report, we looked at another inquiry we could do in this area. I discussed with the Minister for Education and the Premier what the next inquiry might be. The Premier mentioned to me that FASD is a problem in WA that he was hearing about. He suggested that we need to look at FASD and the problems associated with it. In some ways, this report is very much for the Premier and the Minister for Health. We know that FASD is significantly underreported in Australia because there is no screening for it and no national diagnosis. Therefore, there is no data. Without that data, the funds cannot be made available to educate those girls and women who are drinking alcohol at harmful levels and prevent more children being born with FASD. Without that data, there is no money for the treatment of children with FASD. That is something the committee was made aware of in one of its earlier inquiries. The school principal in Fitzroy Crossing said to us that he thought approximately 25 per cent of his students could have FASD.

This report is about brain damage caused to children from the consumption of alcohol during pregnancy. We need to make sure that those children with brain damage are given the support that they need and, more importantly, that assistance is given to ensure that those mothers are aware of the problems and are able to change their behaviour so that no more children are born with FASD. Recommendation 2 reads —

The Committee recommends to the Minister for Health that by June 2013 all pregnant and post-partum women are screened for alcohol use with validated screening tools by relevant health care providers. Women at risk for heavy alcohol use should receive early brief intervention (i.e. counselling).

That is a very important recommendation. Recommendation 6 reads —

In the 2013 budget the Government funds bi-monthly appointments by child health nurses for pregnant women and mothers with children under the age of 4 years who are thought to be drinking alcohol at harmful levels.

These are additional child health nurse visits. When a child health nurse identifies a girl or a woman who is drinking alcohol at harmful levels, that nurse is funded to go back and see those parents and support those parents on a more frequent basis to try to prevent children from being born with FASD. An early diagnosis enables intervention, counselling, and treatment for the mother and it may mitigate secondary issues such as mental health problems or trouble with the law.

Children born with foetal alcohol spectrum disorder develop problems as a result of their brain damage, but FASD is acknowledged to be the most common preventable intellectual disability. We can prevent these babies from being born with brain damage. It could have been prevented 10 or 20 years ago. Funding that the government puts into this area now would help with not only treatment for babies already born with these problems, but also screening, diagnosis and prevention. Funding in this area would prevent other children being born with these problems in the future.

The committee also recommends to the government that any reference in our legislation to “disability” or “intellectual disability” be broadened to include a definition of “cognitive impairment”. Without that definition, funding will not be made available. Principals are concerned that children in their schools have FASD, but they are unable to get funding because those children cannot be diagnosed. We hope that the government will look at recommendation 8 when reviewing the legislation.

As part of this inquiry we also looked at FASD in Aboriginal communities. FASD is affected by the social and physical environment as well as by access to alcohol. In Aboriginal communities FASD poses a risk to culture. An elder said, “Something is not right with these little ones. Something’s wrong. They cannot listen.” We know that primary disabilities with FASD include poor memory and poor communication skills and that these skills are particularly important for the Aboriginal culture as it is based on oral storytelling. The report brings to the government’s attention recommendations from the FASD prevention Aboriginal consultation forum that recommended that the government develop a comprehensive approach to FASD that ensures a culturally secure, non-judgemental and prevention-focused message that aims to do no harm to Aboriginal women, children and their families, and is delivered in plain or local language by credible people and using a range of mediums. Western Australia is currently leading the way in research into FASD with the Lililwan project in Fitzroy Valley. Some Aboriginal women have spearheaded a campaign because of the problems with deaths–suicides in the valley, and because of the high rate of alcohol-related violence that was occurring.

Another recommendation from the committee is that the government look at funding culturally specific prevention, intervention and management strategies, similar to the approach taken in Fitzroy Valley. The report contains a section on the justice system and FASD. In chapter 9, we have printed word-for-word the comments by Chief Justice Wayne Martin that show a lack of screening and diagnostic services for people with FASD in the regions, and that this impacts on how they are handled in the judicial system.

Research presented to the committee showed that 50 per cent of Australian women—some papers state it is slightly higher, and some state it is slightly lower—report that they drink during pregnancy. The particular concern is binge drinking, which ranges from four per cent through to 20 per cent of women; that is, reporting that they have been binge drinking during pregnancy at some stage. As I said earlier, binge drinking is harmful drinking, and it is that harmful drinking that causes brain damage to children.

The committee recommends that the government funds campaigns to raise public awareness about FASD, and to conduct targeted education programs for high-risk groups. It also recommends that the government pilots a mentoring strategy for a high-risk community, because we know from research conducted in other countries that having a mentor working with women in high-risk situations helps in terms of their parenting behaviours with their current children and their liaison with support groups, and it also helps prevent further children from being born with FASD.

The Royal Australian College of General Practitioners advised the committee of a need for formal training with regard to FASD for a range of health professions including community nurses, allied health professionals, general practitioners, paediatricians and others. We believe that the government should take this up with universities to ensure that the harms caused by drinking alcohol during pregnancy are covered as part of the curriculum for all health professions.

Again, I must congratulate WA as the first state to introduce a model of care in response to FASD. That model of care focuses on prevention, diagnosis, treatment and management. But no additional funding has been provided for this. Therefore, the government needs to look closely at that model of care and give it some financial support.

As there is only one minute left, I must thank the many people who made submissions and came to hearings. I thank the Telethon Institute for Child Health Research for the work it is doing with FASD. I thank the Foundation for Alcohol Research and Education for the money it is putting into this area. I thank June Oscar and Emily Carter, the two Indigenous women leading the work being done in Fitzroy Crossing. I thank the No Facade group, which is working with parents, carers and the community on FASD; and, last but not least, I thank our committee staff—our principal research officer, Dr Brian Gordon, and Lucy Roberts, who have done a wonderful in job supporting the committee.

**DR G.G. JACOBS (Eyre)** [10.26 am]: I will take to the podium if I may; it is not the prerogative of only the Chairman of the Education and Health Standing Committee.

**Mr R.H. Cook:** Which side will you stand on, member?

**Dr G.G. JACOBS:** I will face the Minister for Health.

**Mr R.H. Cook:** You are a poser!

**Dr G.G. JACOBS:** Thank you very much. It is not about posing.

This is a very important report and this inquiry was a revelation to me. It should not have been a revelation to me with my previous experience as a medical practitioner, but this process was very revealing to me. In the first instance, in a trip to Fitzroy Crossing, the local school principal at the time, Paul Jefferies, revealed that, anecdotally at least, about 25 per cent of the school cohort had significant behavioural and adaptive problems. He put to us that that was caused by foetal alcohol spectrum disorder. It is almost an invisible disorder because, although foetal alcohol syndrome causes physical changes within the child, FASD often does not have any visible changes to identify the disorder. Paul made the call, “Look, we need more assistance in the classroom to deal with these behavioural issues in these children, but it is not a recognised disability in Schools Plus and, therefore, it does not trigger any further assistance with teachers’ aides or assistants in the classroom.” That was my introduction to this disorder, and then the committee went on to look specifically at this hidden disability.

As the chairman said, it is the most common preventable intellectual disability. Once a child is born with this disability, there is no known cure. With FASD, in which an unborn child is exposed to alcohol during pregnancy—while it is in utero and developing—a very important part of the developing brain is affected by alcohol, which is a toxin. FAS causes growth retardation, characteristic facial features—a thin upper lip, a flattened philtrum, an undeveloped jaw—a small head or decreased cranial size, structural brain abnormalities, a low weight-to-height ratio, some postnatal growth deficiencies and, of course, prenatal growth deficiencies.

I have to admit that one of the revelations for me was when we found that only 12 to 18 per cent of health professionals, including doctors, could identify a child with foetal alcohol syndrome. I then reflected on how much more difficult it would be to diagnose a child with foetal alcohol spectrum disorder without these physical cues. There are no diagnostic tools, and we need some diagnostic tools. As the committee chairman has said, the Lililwan project will help us identify those diagnostic tools. Another revelation for me was when I reflected on how many children I had missed diagnosing in my 25 years of medical practice. If I had only a very small chance of diagnosing FAS, what was the likelihood of my missing a FASD diagnosis? It would have been very high. We have come some way, and this report lends itself to the progress of identifying the issue and what can be done.

The irreversible brain damage associated with FASD, which is a condition without obvious physical disability, produces adaptive behavioural changes and difficulties. Often children with FASD do not necessarily have a low IQ and therefore are not picked up in the general Schools Plus program or under the “Diagnostic and Statistical Manual of Mental Disorders” criteria for diagnosis. These behavioural changes include difficulty in planning; poor memory or short-term memory lapses; difficulty with abstract concepts; impaired language and communication skills; poor impulse control; and mental, social and emotional delays. When I read that list, I reflect on what the principal at Fitzroy Crossing said in the classroom when teaching these children. Additionally, though, people with FASD may have trouble setting personal boundaries and observing other people’s boundaries. They often have emotional problems, they can be impulsive, they often cannot anticipate

consequences, they have difficulty paying attention, they have poor organisational skills, and they have trouble completing tasks.

When primary disabilities are not recognised or are insufficiently understood and/or managed with appropriate strategies and interventions, secondary disabilities occur, including mental health issues, alcohol and drug problems, trouble with the law, disruptive school experiences and inappropriate sexual behaviours. This is the tip of the iceberg, and underneath it there is this significant problem that we need to recognise. The committee report recognises that and highlights the need for some diagnostic criteria to be created and the need to support these children and identify the issues early, because the primary disabilities will turn into secondary disabilities.

We heard from Chief Justice Wayne Martin, who made a brilliant submission to the committee about all the consequences in the justice system alone. That can be added to all the issues associated with education, as well as the demands on mental health services and other health services.

I commend the report to the house, to the Minister for Health and to the Minister for Education. This is a very important report. I would like to thank the committee staff, Brian Gordon and Lucy Roberts, for their great work in producing the report. It is the first time I have been on a committee that has produced a first draft of a report that needed hardly any alterations. They presented the report in such a fantastic way that it reduced the amount of work we had to do in massaging it. It has been a privilege to be part of the inquiry. I commend the report to the Parliament.

**MR P.B. WATSON (Albany)** [10.35 am]: I would like to talk about the “Foetal Alcohol Spectrum Disorder: the invisible disability” report of the Education and Health Standing Committee. FASD is a disability that starts in the womb and continues for a lifetime. I could not think of anything worse than to have one of my children or grandchildren go to school and not understand what was going on. The people who have FASD do not understand. They have different perceptions of what is right and wrong; they cannot understand when they do something wrong. Babies with this disorder are born every day and nothing is being done about it. We have to sit back and think very seriously about this fact. FASD is not classified as a disability. A lot of people do not even realise that they have a disability. It is only when the children get a little older and have behavioural problems that parents realise there is an issue. As the member for Eyre said, symptoms include a pixie face, but that comes about only if the mother drinks in the first trimester. If the mother does not drink until the third trimester, the child does not have those features. A lot of young people with this disorder are not diagnosed properly—they are diagnosed with attention deficit hyperactivity disorder and the doctors put them on Ritalin or other drugs, so all these other things happen.

The disorder arises from the damaging impact of embryonic, or up to eight weeks, and foetal, or eight weeks-plus, exposure to alcohol. In the womb, alcohol freely crosses the placenta to the unborn child. It is metabolised more slowly after it has crossed the placenta, and the blood alcohol concentration in an embryo or foetus can be higher than the mother’s blood alcohol concentration. Some people I have spoken to in the community have said that alcohol is the new thalidomide for unborn children. Some women have said to me that they drank when they were pregnant and had no problems at all. Some women can probably do that, but we are talking about the women who drink on a regular basis. A lot of women get pregnant when they are not planning to get pregnant, and so it is very hard to prevent them from drinking. We need to educate people about that fact by putting on bottles of alcohol labels that point out that drinking while pregnant is damaging to an unborn child. I remember speaking to one of the nurses in Roebourne who said that the only time they can get the message through to mothers is when they say that if they keep drinking while they are pregnant, their child will not win the running race at school, he will not be able to play footy, he will not be part of the community and he will be an outcast.

Many different experts appeared before the committee during the inquiry and gave us so much disturbing evidence about what can happen. The secondary disabilities for children with FASD include fatigue and tantrums; irritability, frustration, anger and aggression; fear, anxiety, avoidance and withdrawal; shutting down, lying and running away; causing trouble at home, in school and in the community; and interaction with the justice system. The Chief Justice said that a lot of people with FASD in the justice system are granted bail and told not to do something, but they do not understand what the judge has told them, and so they reoffend and do not realise that they have reoffended. When they go to jail, they do not realise that there is a pecking order in the jail and so they rebel against it because they do not think that they are doing anything wrong. There is no known cure for foetal alcohol spectrum disorder, but we cannot just sit back and let these children go. We have to do something about it.

As I said, I could not think of anything worse. I used to sit in the classroom not understanding half the stuff the teacher said, but that was probably because I was not concentrating and thinking about Collingwood premierships or something like that. But these young kids just do not have a chance; their backs are against the wall as soon as they go to school. So they rebel, enter the justice system and are put in jail—they are filling our

jails. If we consider the cost to the community of having those young people in the jail system, causing violence in the streets, breaking up families or being involved in family violence, we have to do something about it.

Before going through some of the committee's findings, I would like to thank Lucy Roberts and Dr Brian Gordon for their tremendous work. Finding 1 states —

Screening of alcohol consumption by pregnant women should occur at each antenatal visit with a general practitioner, nurse or midwife.

As Dr Jacobs said, he wonders now how many people over the years have come through his practice who he, through lack of training, did not realise had FASD. Finding 1 continues —

Screening should occur post-natally for alcohol consumption as part of each universal child health check or general practitioner appointment until a child is four years of age.

When the member for Alfred Cove went to Canada, she was told—as stated in finding 8—that —

The annual direct healthcare cost of FASD is 45% of the direct healthcare cost of cancer in Canada.

The cost of FASD to the health system is astronomical. Finding 14 states —

A partner's drinking is a factor in maternal alcohol consumption. Seventy-five per cent of children with FASD have biological fathers who are heavy drinkers and often have extended families with heavy alcohol consumption.

In some areas FASD goes right through three generations; what chance do those young people have if three generations have had FASD? Finding 24 states —

The road to preventing alcohol use in pregnancy starts long before a woman thinks about getting pregnant. Contributing factors to alcohol use may include trauma, poor education, lack of access to services, low family income, a lack of resources and opportunities. Prevention strategies are required where women live, learn, work and socialise.

We cannot blame some women for consuming alcohol when pregnant; as I say, a lot do not realise they are pregnant, and a lot live in circumstances, especially in the Kimberley, where alcohol is a part of the community. When they are born, they do not say, "I'm going to drink alcohol all my life"; they grow up in a community where it is an accepted thing.

Minister, I know that having this condition classified as a disability would result in a huge cost to the health department, and I realise there is only so much money to go around, but when we compare the total cost of FASD to the community with the total cost to the health system, we have to start somewhere. I think we have to look at ways of preventing it—there must be ways—and a lot of work is being done in Canada. I just think it is a sleeping giant.

As I said, I could not think of anything worse than a young child in a remote community who is up against it from the start, with no future prospects because of their living situation and suffering from FASD. That child has two strikes against it from the day it is born. But it is not only people in remote communities. I have spoken to high school teachers in Albany who say there are kids in their school with FASD. It does not just happen in remote communities or poor income areas; there are kids at high schools and primary schools in Albany with FASD.

I hope this report, which was brilliantly coordinated by Dr Brian Gordon and Lucy Roberts, has some effect. I congratulate the rest of the committee; it was great to have Dr Jacobs as part of it. He said lots of words I did not understand, but when he explained them to me, it demonstrated the work doctors do in our community. We have to educate the community about this hidden disease of foetal alcohol syndrome.

**MR P. ABETZ (Southern River)** [10.44 am]: Mr Acting Speaker (Mr I.M. Britza), with your indulgence may I use the lectern?

Several members interjected.

**Mr P. ABETZ:** I just want to turn my back on the opposition, minister—that is really what it is! No; I just want to experience the reality of standing here! I am quite used to standing at a lectern, but I must admit that this is the smallest congregation I have ever preached to!

This report came about as a result of an inquiry into improving educational outcomes for all Western Australians. When we were inquiring into treatment and prevention services for alcohol and illicit drugs, we became aware of the pervasiveness of foetal alcohol spectrum disorder in certain communities and learnt that it has a major impact on the learning ability of children. Comments were made by principals in some remote

communities that they believed more than 25 per cent of students had been severely affected by their mother's drinking, resulting in FASD, and that it was affecting their ability to learn.

But we need to realise that this is not an exclusively Aboriginal or Indigenous issue; it also affects people in the leafy suburbs. One of the real problems with FASD is that there is no standard diagnosis system. But we were told the other issue is that, having identified it, medical practitioners are often very loath to actually call it what it is, because to tell a mother, "Your child has this problem because you drank during pregnancy", is a very difficult thing to say to someone because of the attendant guilt and shame. The reality is that if we want to improve the educational outcome for our young people, we need to address this issue of foetal alcohol spectrum disorder. It is all very well improving funding for schools in terms of information technology, improving salaries for teachers and having the best classrooms, but if the child in that class has an irreversible mental disability, no amount of funding can change that. That is the tragic reality of this lifelong disability.

The disability the kids have is that they lack the ability to make connections. A child without FASD usually learns to make connections by experiencing things a couple of times, by mum and dad saying something a couple of times and they get the idea, or by a teacher saying something in the classroom. We were told that children with foetal alcohol spectrum disorder generally require 25 to 50 repetitions before things begin to sink in. Just imagine what that constant need for repetition does in the classroom context. We also learnt that for children with FASD, the whole language approach of trying to teach them to read is a total failure. They really need the repetition of the sounding out of words to begin to move forward.

FASD really is a silent scourge, yet the reality is that it is 100 per cent preventable because it is caused only by the consumption of alcohol during pregnancy. There is no question that the unborn child is vulnerable at the embryonic and foetal stages. The reality is that there is no safe level at which to drink. Sure, the children of some women who drank during pregnancy are perfectly okay, but the medical evidence at this point appears to state that there is no safe level, because we do not know the exact point in the development of an unborn child when it is very vulnerable. There is some evidence—I cannot remember exactly at what stage it was—that at one particular few-day period, even one drink can be damaging. Until that is clarified, we need to get the message out that drinking during pregnancy is simply not on. I believe we need to get that message out into our Indigenous communities and into our whole community, because the evidence that brain damage can be caused by drinking alcohol during pregnancy is too great; the risk is too great.

I would certainly like to see labels. One of the things we are recommending is that alcoholic beverages should have labels that clearly indicate that drinking during pregnancy is not to be done. Doctors and all health services need to embark on an education program for women of childbearing age and tell them, if they are going to get pregnant, not to drink alcohol. The human cost is simply too great. Young lives will never reach their potential. Irreversible brain damage is something they are stuck with for life. While early diagnosis can be very helpful in putting children in the right kind of educational context so that they can in fact learn, it needs to become a whole community approach that we prevent it in the first place.

The cost to the community of a person born with FASD is estimated to be roughly an additional \$1 million in their lifetime. In some communities something like 25 per cent of children are born with FASD, and then there are situations where there are three generations of people with FASD. A study in Canada indicated that of the people with FASD who went on to be mothers, 40 per cent of them no longer had their children in their care. It is not that they do not love their children; they cannot make those mental connections of cause and effect, so they often lose their children. The children go into care because the parents end up neglecting them. From a normal person's perspective, they would say, "They just don't get what it means to look after their child." It is a problem of not being able to make the necessary connections. Another statistic that is very telling is that 80 per cent of adults with FASD have major problems maintaining employment. People with FASD also end up being a big burden on our social security system.

One thing that is of particular concern is that 22 per cent of Aboriginal women admit that they binge drink during pregnancy. They are still engaging in binge drinking when they know they are pregnant. That really calls for education and cultural change. I think the whole community needs to get on board and get the message out that there is no safe level to drink alcohol during pregnancy. The other difficulty with FASD is that the full impact of exposure is usually not evident until the adolescent years. Often it is not picked up early or it is not picked up until in some ways it is too late to put the child in the right kind of educational context. FASD presents a huge challenge. It is not just a challenge for government; it also is a challenge for communities because people need to take personal responsibility for their actions. If we can get that message out that drinking alcohol during pregnancy is dangerous to the child, that brings personal responsibility onto that person.

In conclusion, I thank Brian Gordon, Lucy Roberts and our other staff for the way they have assisted us with this inquiry and the excellent work they have done. I have certainly learnt a lot from this inquiry and I look forward to the government's response to this report.

**MS L.L. BAKER (Maylands)** [10.54 am]: About two years ago a gentleman and his son came into my office and wanted to make an appointment to talk to me. He did not actually say what it was about, but my staff made an appointment and I saw him about a week later. I am telling members about this story because at the time that it happened, I did not really appreciate the complexity of the story he came to tell me. He came and sat in my office with his young son who was about seven. He was terribly up-front and straightforward. It was quite confronting. He said to me that he was in his mid-40s, and that he had spent nearly 30 of those 40-something years in and out of the justice system. He is not Aboriginal and he is not an ethnic person. He was born in Australia and is of European ancestry. His journey through the justice system had started as a teenager in the juvenile justice system. He told me a story about being a young man who could not learn when he was at school. He hated being in school. He was bullied because he could not concentrate. He could not understand what the teacher was telling him. He constantly pushed the limits of discipline. He did not listen to instructions. He was suspended. He was thrown out of school. After school, his progress towards adult jail and then 20 years in and out of it was interspersed with periods of parole when he would come out and then just go straight back to the same behaviours. His recidivism was consistent.

His point in telling me the story, I think now, was to ask me for help, and I am quite sad that I could not give him any help. His story was basically that after nearly 30 years of being in and out of the justice system—the most recent time had been for stealing a car—just before he was paroled, his pre-release arrangements included a particular medical check, which for 30 years he had never had. It is a complex series of tests. He said the doctor who performed the tests had explained to him that this was very complicated because what they thought was wrong with him was, first of all, almost undiagnosable. Secondly, people had not been aware that there should be a series of tests administered, and even when they were administered, there was no definitive outcome to them. He went through these tests and at the end, just before he was released, the medical profession was pleased to tell him he had foetal alcohol spectrum disorder. He said to me, “I don’t know what that means, Lisa.” So we got some books out and read through some of the background and symptoms. He was crying in my office and said, “So I have lived my life with this. I now have two children of my own. This is my second marriage. I have lived my whole life without knowing what is wrong with me, why I couldn’t be good, why I had to be a bad man and not a good man and why I kept running against the law and letting my family down—letting my children down.” I said, “Pretty much, that seems to be what has happened throughout your life.” His young son was there. His young son seemed like quite a bright boy. He talked to me about his grandmother who had been an alcoholic and the problems his dad had had in his life. He then said to me, “I’m really worried about my younger brother, because I don’t know that he is going to be successful in life.” I thought that was an incredible observation from a young man who was such a baby himself.

**Dr K.D. Hames:** How old was he?

**Ms L.L. BAKER:** He was seven years old.

The story I share today is my personal experience of a commitment I made to one of my constituents. It is not about someone who lives in the Kimberley or in the Pilbara. It is not about someone in a remote community or in an Indigenous community in the metropolitan area. Although the problems in those communities are profound and insidious, this is about a problem that permeates all levels of society—we just do not see it. As members have heard my colleagues say when they spoke about our report, this is about an invisible and reprehensible condition that is 100 per cent preventable. When we are accused of making policies and writing legislation that labels us as a nanny state, when we are told we are overreacting to problems, and when we are told we are taking people away from their individual responsibility, it is time we faced up to the fact that as a culture we have changed rapidly and we continue to change rapidly. The role of a drug and a toxin such as alcohol has not changed; it has always been a drug and a toxin. It is our culture and our society that have changed. Because that change is so fundamental, we must change the way we respond to this drug and this toxin. The cost to the medical system, to the health system, to the education system, to families and to children is just unbearable. It is something indeed from which we should not suffer at all. We should draw the line and say that it is okay to say that adults have the capacity to make their own decisions about how much alcohol they drink—sure they have—but that is if we assume they all have the same level of ability to understand what this substance does to them. I am not advocating that we should not drink, because I for one enjoy a glass of wine. I am sure members can attest to that—I had one last night. What I am saying is that there are people in our society who, for whatever reason, are profoundly and negatively impacted by this toxin, and they are the people that we must ensure are educated and can understand the level of destruction that this drug can wreak.

Before I finish, I want to refer to one of the recommendations in our report. There are several and they are all quite important, but recommendation 7 for me is very important. This recommendation is to the Minister for Health, who fortunately is in the chamber, and reads —

The Minister for Health allocates additional funding in the 2013 budget to existing interdisciplinary health teams (such as in antenatal clinics, children’s hospitals and child development centres), to

improve their ability to diagnose and treat children with FASD and support education and awareness strategies.

That to me is such an important recommendation because parents need to understand the potential immediate consequences of their actions. For such a silent, dreadful condition that is invisible, it is time that we made it very clear to both parents—not just to the woman but also to her partner—that drinking alcohol will result in an unknown sentence for their unborn child and that it is not worth the risk. That is the kind of education and training activity that needs to be in place not just in rural and regional communities, but also in inner-city Perth and in all of our electorates where this problem is endemic; we just do not see it.

Occasionally someone accompanied by their seven-year-old son walks in our electorate door, sits in front of us and asks for answers to the questions: “Why am I like this? Can you help me understand why I have spent my life in and out of jail?” That is when we confront the truth and reality of a system that does not identify early enough that this is not a bad man, a bad boy or a bad child; this is simply the product of an alcoholic parent who did not understand or maybe did not care about the consequences of her habits to her unborn child. That is the message that we as a community need to imprint on our changing culture.

**MR R.H. COOK (Kwinana — Deputy Leader of the Opposition)** [11.04 am] — by leave: Thank you, Mr Acting Speaker (Mr P.B. Watson), and to members assembled for the opportunity to make some brief comments. Once again members of Parliament are indebted to the Education and Health Standing Committee for yet another superb report. This is one of a number of reports produced under the chairpersonship of the member for Alfred Cove about the impact on policy issues of the whole issue of alcohol in the community. I therefore thank the chair and committee members for this report. It is an excellent report and is a very timely contribution to the debate. I also thank the member for Maylands for her contribution, as I think it really brings home the importance of this debate on alcohol in the community and how it impacts on young lives, and indeed can wreck lives. It can wreck lives not necessarily because people wantonly drink while they are pregnant, but because people are not aware of the impact that alcohol has on them, on the people around them and on those not yet born. This contribution to the debate is therefore really important. I note that the committee makes the observation that foetal alcohol spectrum disorder is the leading cause of non-genetic intellectual disability in Australia and the western world; it also makes the observation that it is completely avoidable. We should therefore leave no stone unturned to make sure that we as one seek to find some remedy and some recourse to address this issue.

The committee also observes that to date the state government has not given additional funding to the model of care that it describes for the treatment of FASD. I note that the Minister for Health has been paying assiduous attention to the presentation of the report today and to the contributions from members of the committee, and I am sure he will be taking these issues on board. We should also not lose sight in this debate of the committee’s reference to two aspects of this issue. The first is the way we treat people who are impacted by FASD. In many respects for some people the horse has bolted—the damage is done—and we must all as a community work together to ensure we reduce the harmful impact of FASD.

The other observation the committee makes is about the preventive nature of this policy issue; that is, how do we go about trying to make sure that people are aware of the impact of alcohol and have the support mechanisms available to overcome the temptations this drug represents? We all as a community are fighting continuously the impact of the marketing of alcohol in our community. We all are fighting a multimillion-dollar industry, which, by its very impact, undoes a lot of good work, policy work and community awareness that are undertaken in this area. I am referring not just to the marketing of alcohol, but also to the availability of alcohol and the way it is sold to the community. The whole nature of the hospitality industry in fact impacts on this debate. We are completely embedded in this sea of marketing in the ongoing drive to encourage people to undertake the consumption of alcohol.

It is interesting to note that this report comes down today at the end of a week in which the marketing of alcohol has been in focus in the community, in particular the use of social media to leverage that marketing into a young and potential audience to increase alcohol consumption. Also there has been an outcry nationally from the Australian Medical Association and Professor Mike Daube, who is omnipresent in this public debate, in their call for a national inquiry into the marketing of alcohol and other aspects of the alcohol industry. I, like the member for Maylands, enjoy a drink. Let us not be unrealistic about this. We all understand that alcohol is a recreational drug that the vast majority of our community consumes. Therefore, we have to be very careful about how we undertake this debate and to make sure we proceed in a manner that is appropriate. But proceed we must, because, as this report attests, there is growing evidence of the impact of alcohol in our community and the damage it can do to people.

The government is aware of these things and in June this year Hon Linda Savage asked the minister representing the Minister for Racing and Gaming about the review of the Liquor Control Act and in response the government



confirmed that on 29 March this year the Minister for Racing and Gaming committed to a review of the Liquor Control Act and he recommitted himself in response to Hon Linda Savage on 26 June. The minister representing the minister went on to say that he had made a commitment to undertake a major consultative review of the Liquor Control Act 1998. It is proposed to establish the review towards the end of this year. This report is a timely reminder of the impact of alcohol and in particular, in terms of this report, the impact that FASD has upon our community. I think the report makes the observation that by the time someone who suffers from FASD has reached 40 years of age, they may have cost the community up to \$1 million at that point in terms of their interaction with the justice system, the health system and other social support networks. Therefore, I think it is appropriate at this time to remind the government and the Minister for Racing and Gaming of that commitment. We are getting towards the end of this year and it would be good to see some progress made in relation to that significant major consultative review of the Liquor Control Act 1988, because it is the availability of alcohol, the way it is marketed and the patterns of consumption in our community that give rise to these sort of issues. As this committee report attests, we have become more aware of the impact of alcohol and it is appropriate that we in Parliament take the opportunity to lead a community-wide debate about alcohol and its impact on the community, the extent to which it should be available to the community and the way it is marketed to the community—indeed, the whole gamut around what is, of course, a very important debate. I think the liquor industry is up for that. The responsible elements of that industry are aware of the fact that they market a product that can be harmful if misused. I note that the head of the Australian Hotels Association, Bradley Woods, acknowledged the other day that there was a call for a national inquiry, and the tone of his remarks was welcoming. I do not want to verbal Mr Woods, but it is clear that he is aware of these things and wants to see us proceed in a socially responsible manner. I am thankful for the opportunity to speak on this, but I think it is important that we take the opportunity to remind the government that it has undertaken to do this major review of the Liquor Control Act and that it said it would bring the review to bear at the end of this year. We are reaching the end of this year and so now it is time for the Minister for Racing and Gaming to announce and to launch that inquiry so we can continue to have this broad public debate about alcohol and its impact upon our community.