

## **FOETAL ALCOHOL SYNDROME**

### *Statement*

**HON SHELLEY ARCHER (Mining and Pastoral)** [9.49 pm]: On 31 May I made a statement to the house concerning the “Start out Strong: A healthy beginning in life” symposium that I was able to attend in May. The symposium was organised by the Rio Tinto Child Health Partnership, of which the TVW Telethon Institute for Child Health Research is a partner. Among other things, it looked at ways to prevent tobacco and alcohol consumption during pregnancy.

Following on from that statement, I rise on this occasion for two reasons. The first is to inform the house of another partnership that was announced last Friday by the Minister for Health. The second is to fully explain foetal alcohol syndrome, which is one of the most damaging and insidious health problems among indigenous communities and their children.

On Friday the state government and BHP Billiton jointly committed more than \$6.7 million to upgrade health services in the Pilbara region. The partnership with BHP is the first of its kind in Western Australia. The state government has committed \$3.46 million to a range of community health programs and facilities, while BHP has invested \$3.3 million in both government and non-government health programs.

The Pilbara health partnership means that 10 health projects in Port Hedland and Newman will receive more than \$6 million from the state government and BHP. One project that will benefit is an awareness program about the risks associated with alcohol and pregnancy, which will be undertaken in conjunction with Colleen Hayward and the Kulunga division at the TVW Telethon Institute for Child Health Research. I look forward to working with this team of great people, and helping raise awareness of the issues surrounding the insidious disorder that is FAS.

FAS is an all-encompassing term that covers a spectrum of disorders caused by the effects of alcohol on the developing foetus. The use of alcohol, tobacco and other drugs during pregnancy continues to be the leading cause of mental, physical and psychological impairment in infants and older children. When planning programs, it is critical to understand the nature and scope of the problem. Raising awareness of FAS among community members, including women of all ages, health professionals, teachers and educators, will make an important contribution to improving mental health in childhood. That includes intellectual disability, cognitive impairment, learning difficulties, speech and language delay, and behavioural and emotional problems.

To date, researchers have not been able to determine a safe level of alcohol consumption for pregnant women. However, they have identified that damage to the foetus varies depending on the volume of alcohol ingested, the stage of the pregnancy during which the alcohol was consumed, peak blood alcohol levels, and genetic and environmental factors. Alcohol can damage the foetus throughout the pregnancy because it crosses the placenta freely, and produces concentrations of alcohol in the foetal circulation equivalent to that in the mother’s circulation. Studies have concluded that the developing brain can be injured even at low alcohol exposure levels. Subsequently, there are varying degrees of foetal alcohol damage, depending generally on the amount of alcohol drunk during a pregnancy.

There is no easy way to diagnose FAS. The most straightforward diagnosis can be made of the full-blown FAS, because of the distinct facial features of children born with the disorder. However, due to the lack of education of medical and other practitioners within our communities, FAS is rarely diagnosed. I inform the house that Western Australia is heading in the right direction by rectifying this lack of education through the work that has been undertaken by Colleen Hayward and her team at Kulunga. They have provided evidence that community-based health literacy models are an effective approach to increasing the awareness of FAS in communities. Due to the lack of education, some alcohol-related disorders are harder to diagnose because there is an absence of the obvious facial features, and these children are often misdiagnosed.

The effect of alcohol on the foetus is best explained by the following. Alcohol is a teratogen; that is, an agent that causes malformation of the foetus. When a pregnant woman drinks alcohol it passes through the placenta to the foetus. The liver of the foetus is unable to metabolise the alcohol and, in effect, it has to wait for the mother to do so through her bloodstream. In the interim, the foetus may suffer a blood alcohol level higher than that experienced by the woman. Alcohol may be excreted by the foetus into the amniotic fluid and reabsorbed.

There is no known safe level of alcohol consumption for pregnant women. However, it has been conclusively demonstrated that more is worse. Conventional medical wisdom is to abstain from alcohol altogether when trying to conceive, when pregnant and during breastfeeding. Individuals with FAS tend to suffer from hearing and visual impairment and a range of behavioural and neurological problems caused by foetal brain damage. These problems include a lowered IQ; learning difficulties; attention deficit; vulnerability to drug and alcohol abuse; and an inability to consider the consequences of one’s actions. FAS is a life sentence; there is no cure.

It is not clear how many children in Australia are born with FAS, but a paper developed for the National Alcohol Strategy indicated that in WA the incidence of FAS in Aboriginal children was 2.76 for every 1 000 live births. In comparison, the figure for non-Aboriginal children is 0.02 for every 1 000 births. The rate for Aboriginal children is a staggering 135 times the rate for non-Aboriginal children. Ironically, various reports have shown that fewer Aboriginal people drink alcohol than non-Aboriginal people. Findings by the WA Aboriginal child health survey indicated that almost a quarter of Aboriginal women drink while pregnant. When they drink, they are more likely to drink to excess. Added to the well reported and documented social problems in Aboriginal community, the incidence of pregnant women drinking to excess simply feeds the vicious circle by producing children who suffer the additional behavioural and health problems associated with FAS, which often leads to offending behaviour. These behavioural problems include low birth rates; deficits in reasoning, judgment and memory; a higher risk of antisocial behaviour, including drug addiction; an obsession with primal impulses, including sexual activity; impaired judgment and reasoning skills; poor hygiene; suggestibility; an inability to take responsibility for one's actions; and, an inability to recover quickly from an emotional crisis.

System interventions such as a stable home life, early and correct diagnosis, adequate health care, counselling, special education, support groups and so on are almost universally lacking in Aboriginal communities. Treatment has generally been based on the promotion of abstinence. However, 50 per cent of pregnant Aboriginal women smoke, and 25 per cent of pregnant Aboriginal women drink alcohol. That would seem to indicate that the message is not getting through. Health promotion is also a concern. Health promotion is a common intervention, but the same statistics point to the same lack of success. The reduction of access to alcohol in communities, including local accords, is showing some promise, particularly in Aboriginal communities that have requested the prohibition of alcohol in their community. There is no doubt that dry communities thrive better than those in which alcohol is freely available. Other interventions include sobering-up areas and local Aboriginal patrols, which have had some success in keeping Aboriginal people out of the local lockup.

I mentioned that I attended a "Start out Strong" symposium in May. That symposium placed a strong emphasis on promoting healthy pregnancies. Hopefully, it will lead to the development of the indigenous maternal and child health work force, which is vitally needed and will take on the job of educating people about the dangers of drinking alcohol while pregnant.

I am also encouraged by the introduction of the Strong Mothers, Strong Babies, Strong Culture program in the curriculum of the University of Notre Dame Australia in Broome. It is a long road ahead, but with the work that has been undertaken by the state government, the research undertaken by Colleen Hayward and the Kulunga team, and the support of partnerships, hopefully we will be able to find some solutions to this issue.

*House adjourned at 9.59 pm*

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