

FOETAL ALCOHOL SYNDROME

Statement

HON SHELLEY ARCHER (Mining and Pastoral) [9.50 pm]: My interest in the condition commonly known as foetal alcohol syndrome is well known among my colleagues. In May, I was fortunate enough to be invited to attend a symposium with the title “Start out Strong: A healthy beginning in life”. Wherever alcohol is freely used, alcohol-related birth defects are a major public health problem. These consequences will inevitably impact on the individual, the family and the community, and all efforts should be made to promote healthier communities with a focus on primary, secondary and tertiary prevention of the effects of prenatal exposure to alcohol.

Many children with FAS and alcohol-related birth defects are not being identified and diagnosed at an early age, and are therefore not receiving treatment to prevent secondary disabilities. As a result of maternal alcohol consumption by 92 per cent of pregnant women who attended an antenatal clinic in a rural indigenous community in Australia, one can hypothesise that a proportion of children in that community had been prenatally exposed to alcohol in utero. It has been acknowledged that infants can sustain lifelong disabilities as a result of maternal alcohol consumption during pregnancy.

The symposium had a strong emphasis on promoting healthy pregnancy, and in particular we heard from national and international speakers about programs that are achieving results in the areas of reducing substance abuse during pregnancy; improved nutrition, including programs relating to breastfeeding; and the first years of life for the child. The symposium aims, some of which were achieved, were to link Aboriginal health care providers with evidence and key resources in the area of healthy pregnancy and early years; to provide valuable opportunities for community-based health care providers to network and share knowledge, experience and expertise with policy makers and researchers; and to fast-track the knowledge from successful projects into other areas that have prioritised maternal and child health.

This symposium was organised in conjunction with the Rio Tinto Child Health Partnership, which is an innovative collaboration that brings together the research expertise of the Kulunga Research Network and the Telethon Institute for Child Health Research with corporate partners Rio Tinto Ltd and the Alcohol Education and Rehabilitation Foundation, and state government partners through public sector agencies in Western Australia, Queensland and the Northern Territory. This ambitious partnership aims to deliver improvements in Aboriginal and Torres Strait Islander maternal and child health by translating research findings into policies and health promotion programs that make a real difference to indigenous communities. The first outcome of the Rio Tinto Child Health Partnership has been the translation of the Western Australia Aboriginal child health survey to Queensland and the Northern Territory, which is an important and significant step to achieving nationally consistent indicators of Aboriginal and Torres Strait Islander health. The WA Aboriginal child health survey is the first cross-sectional study of its kind to investigate the health of Aboriginal children, and has produced a comprehensive set of indicators of indigenous child health.

Another program of work undertaken through the partnership is looking at ways to prevent tobacco and alcohol consumption during pregnancy, which are the principal causes of low-birth weight and foetal alcohol spectrum disorder. Findings through the WA Aboriginal child health survey indicate that around 50 per cent of pregnant women used tobacco, and almost one-quarter of women drank alcohol during their pregnancy. These figures suggest that contemporary health promotion messages are not getting through to indigenous women. Using health promotion and action research approaches, trial communities across the three states have developed resources designed to reduce and prevent substance use during pregnancy.

The final program of work involves developing an indigenous maternal and child health work force. An important and successful outcome in Queensland is the development of a unique train-the-trainer resource to help health care professionals train community workers in promoting maternal and early infant health. The Kulunga research network was established as a joint initiative between the Telethon Institute of Child Health Research and the WA Aboriginal community. Some of the work that has been undertaken by Kulunga was the continuation of its program of consolidation of its communication strategy, with all parties that are involved or interested in Aboriginal health.

Circulation of the communication program has grown and now stands at more than double the circulation in previous years. To further communicate research results, an e-mail distribution list was established, which now includes 50 recipients. Other notable achievements of Kulunga include -

- contributing to the development of an Aboriginal health promotion strategy for the WA Department of Health, which provided a sound opportunity to apply evidence from the WA Aboriginal child health survey and other institute data sources to policy development;

supporting the Western Australian Aboriginal child health survey, which has published its first volume of findings “The Health of Aboriginal Children and Young People” - several other reports have now been released; and

facilitating a workshop on indigenous maternal and child health with the Office for Aboriginal and Torres Strait Islander Health at the Royal Perth Hospital’s Aboriginal health conference in June, which was a great success and from which quite a number of very important papers were released.

The workshop was attended by Aboriginal health workers, youth workers, representatives from Aboriginal community controlled health organisations, and policymakers, and produced some interesting health promotion strategies for, and potential research gaps in, indigenous maternal and child health. These have been presented to both commonwealth and state health departments.

The Rio Tinto child health partnership is a valuable demonstration of how corporate, government and research agencies can work together to deliver outcomes in health care. Further work has been undertaken with Kulunga and BHP Billiton. We have put a program and proposal before BHP and the state government for funding for further programs to be developed for the towns of Port Hedland and Newman. I am sure that this program will be accepted and will be a success.

House adjourned at 9.58 pm
