SUBMISSION TO THE EDUCATION AND HEALTH STANDING COMMITTEE OF THE LEGISLATIVE ASSEMBLY INQUIRY INTO THE ADEQUACY AND APPROPRIATENESS OF PREVENTION AND TREATMENT SERVICES FOR ALCOHOL AND ILLICIT DRUG PROBLEMS IN WESTERN AUSTRALIA FROM THE DEPARTMENT FOR COMMUNITIES, WESTERN AUSTRALIA

The Department for Communities (DfC) welcomes the opportunity to submit comment to the Inquiry into the adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems in Western Australia.

DfC is concerned with bringing relevant government agencies together in the development of social policy and the delivery of programs to support and strengthen Western Australia's diverse communities. It supports and advocates on behalf of Western Australian children, young people and families. DfC's submission focuses Foetal Alcohol Spectrum Disorder (FASD) and issues relating to youth and women.

Foetal Alcohol Spectrum Disorder

The term FASD is used to describe a range of disabilities that occur as a direct result of prenatal alcohol exposure. FASD is a general term that describes a range of effects which may occur as a consequence of foetal exposure to alcohol. These include physical, cognitive, behavioural and learning disabilities with life-long implications. Foetal Alcohol Syndrome (FAS) is at the more severe end of the FASD spectrum and is considered the most common form of preventable intellectual disability in children and a direct result of harmful drinking during pregnancy.

FASD has had a high profile in the media in Western Australia for several years partly arising from calls for alcohol bans in remote regions with a high incidence of FASD births among Aboriginal families. Some Aboriginal communities identified this health risk and implemented alcohol restrictions in their community with some groundbreaking community development work. An example of this is the Fitzroy Crossing Alcohol Restrictions.

Recently the link between social drinking across the broad female population and increasing rates of FASD has been exposed.

The following research findings were collated by the Telethon Institute for Child Health Research and the Children's Hospital at Westmead.

- FAS is under-diagnosed and under-reported in Australia[1].
- The birth prevalence of FAS reported to the national Australian Paediatric Surveillance Unit is 0.06 per 1000 live births[2].

[1] Elliot E. Payne J, Morris A, Haan E, Bower C. Foetal alcohol syndrome: a prospective national surveillance study. Arch Dis Child. 2007 Aug 17.

[2] Elliot et al op. cit.

- The birth prevalence of FAS reported to the WA Birth Defects Registry is 0.4 per 1000 live births[3].
- A study of alcohol consumption during pregnancy in Western Australian women conducted in 2006, showed that 50 per cent of women planned their pregnancy; 60 per cent drank alcohol in at least one trimester of pregnancy; and 15 per cent drank in excess of the 2001 National Health and Medical Research Council (NHMRC) Australian Alcohol Guideline for women who are pregnant or may become pregnant[4].
- Of health professionals surveyed in Western Australia only 2 per cent were very prepared to deal with FAS; 12 per cent were aware of the four essential features for diagnosing FAS; 45 per cent routinely asked pregnant women about alcohol use; 25 per cent provided pregnant women with information about consequences of drinking alcohol during pregnancy; 95 per cent thought information about alcohol and pregnancy should be available for women of childbearing age; and 84 per cent requested educational resources for health professionals and for women[5].

DfC is aware of, or involved in the following activity related to FASD:

- The development of a diagnosis and treatment protocol for the broad range of FASD, as well as a specialised treatment clinic. A FASD Working Party and Reference Group was established under the direction of the WA Child and Youth Health Network to develop a model of care and best practice in diagnosis and management or the disorder.
- Ensuring that doctors and health workers are more aware of and comfortable with diagnosing FAS. Research had indicated that only 12% of professionals were able to list all four key features of FAS. The recent provision of improved alcohol & pregnancy education materials has resulted in a 20% increase in FAS reports to the WA Birth Defects Registry.
- A Healthways funded project to research how increased awareness and knowledge about the risks of prenatal alcohol exposure can assist women to make informed choices about their alcohol use during pregnancy. It will identify the messages that most effectively increase the intentions of women of childbearing age, pregnant women and women planning a pregnancy to reduce or abstain from alcohol during pregnancy.
- The awarding of a 2009 Churchill Fellowship to DfC officer, Ms June Councillor, to study prenatal alcohol exposure and the impact on parenting affected children, especially in Aboriginal communities in the United States and Canada.

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[3] Bower C, Rudy E, Ryan a, Cosgrove P. Report of Birth defects Registry of Western Australia. Perth: king Edward Memorial Hospital Women's and Children's Health service; 2005. Report No: 12. Available from: http://wchs.health.wa.gov.au

[4] Colvin l, Payne J, Parsons D, Kurinczuk J, Bower C. Alcohol consumption during pregnancy in non Indigenous West Australian women. Alcohol Clin Exp Res. 2007; 31(2):276-284

[5] Payne J, Elliot E, D'Antoine H, O'leary C, Mahony A, Haan E, et al. Health professionals' knowledge, practice and opinions about foetal alcohol syndrome and alcohol consumption in pregnancy. ANZJPH. 2005; 29(6):558-564

- DfC is committed to train service delivery staff to better assist families and individuals affected by FASD. Carolyn Hartness, a FASD expert educator from the United States, visited Western Australia in June–July 2009. She facilitated a range of forums and workshops and will work with DfC to develop a training package on FASD to fit the Australian context. This package will be piloted and evaluated with a broad spectrum of trainees including early childhood and parenting support workers, Aboriginal community members and health and education professionals. The goal is to develop a large group of trainers with appropriate resources to provide community education sessions and professional workshops.
- The FASD Network WA was established in 2006 with the aim of gathering and distributing relevant information to agencies and communities. This group has representation from government and non-government agencies and researchers.

DfC believes that while the above initiatives are useful, a well-coordinated, across-government and non-government agency approach would be likely to ensure a more effective response to FASD. This approach should take account of Australian and international research findings.

DfC also believes that the strong evidence base about the importance of the first years of life in establishing positive health, behaviour and learning pathways throughout life and as the prime time for intervention make it imperative that the 'teacher training' in Term of Reference (1)(a) includes early childhood educators in what is traditionally thought of as the child care industry, particularly in relation to FASD. This approach would reflect state and national directions in bringing the care and early education sectors closer together.

Issues relating to youth

DfC counts drug and alcohol awareness amongst its top five priority areas for Western Australian young people.

Alcohol is the second largest contributor to both chronic and acute drug-related harm. Among people aged 15 to 34 years alcohol is responsible for the majority of drug-related deaths and hospital episodes causing more deaths and hospitalisations in this age group than all illicit drugs together, and many more than tobacco. Between 1997 and 2006 there was an increasing alcohol consumption trend among people aged 15 and over in Western Australia[6].

Between 25 and 40 per cent of Australian young people have tried or used any illicit substance, with cannabis being the most common and only small proportions of young Australians having used other illicit substances[7]. Volatile Substance Abuse (VSA) is associated with lower socio-economic status, higher

[6] Loxley W, Toumborou JW, Stockwell T. The prevention of substance use, risk and harm in Australia – a review of the evidence (summary document); the National Drug Research Institute and the Centre for Adolescent Health; 2004 and Impact of Alcohol on the population of Western Australia; Epidemiology Branch, WA Department of Health; 2008.

[7] Holt M. Young people and illicit drug use in Australia, National Centre in HIV Social Research, Issues Paper No. 3, February 2005.

rates of family dysfunction, and higher rates of personal dysfunction and delinquent behaviour, and occurs within the context of other substances commonly used by youth[8].

Evidence shows that adolescents are more likely to use drugs if they associate with other young people who are using drugs. Delinquency, sensation seeking and favourable attitudes to drug use are all risk factors, but the influence of adolescent anxiety and depression is unclear. Young people are also at increased risk when there are favourable parental attitudes towards drugs and higher levels of community drug use and disadvantage. Protective factors include religious involvement, good parent-adolescent communication, involvement in sport, and school retention. Adolescents with a high level of risk factors and a low level of protective factors are more likely to use all types of drugs in a potentially harmful manner[9].

Evidence points to the need for researchers and policy-makers to plan and implement a wide range of interventions that acknowledge and address the social origins of poor health and risky health behaviours at all levels—individual, family, community and across the population. DfC supports the promotion of intersectoral approaches to the prevention of drug use and drug-related risk and harm for young people.

There is good evidence that drug awareness programs can produce changes in young people's knowledge about drug use and its consequences, however, information alone appears to be insufficient to change intention to use drugs or actual use in the long term. Drug education programs have consistently shown short-term effects on intention and drug use, but the effects diminish by late high school years unless they are supplemented by other strategies such as social marketing, community mobilisation or parent involvement[10].

DfC is supportive of programs that aim to prevent alcohol and other drugs use. In recent consultations with young people and youth service providers, DfC found evidence that peer pressure and self-medication were amongst the primary reasons for binge drinking, and, to a lesser extent, illicit drug use[11]. While treatment for chronic conditions caused by the misuse of alcohol and other drugs is necessary this would be likely to be reduced if a commensurate proportion of funding was dedicated to innovative and progressive prevention initiatives.

DfC recognises the need to promote the illegality of illicit drug use. It also notes that many young people will inevitably experiment with illicit drugs (mainly cannabis; for example, only 3.4 per cent of 14-19 year olds reported recent usage of ecstasy[12]) regardless of their illegality and only a very small proportion of young people use "harder" illicit substances. DfC considers a harm reduction

[8] Volatile Substance Abuse Background Paper – WA Solvents Abuse Working Party. WA Drug and Alcohol Office; 2001

[9] Loxley, et al op cit

[10] Loxley et al, op cit

[11] Office for Youth Consultation Process for Work Plan 2009 -2011: Report of Findings, Department for Communities 2009. Available at www.childrenandyouth.wa.gov.au/MS/LMSfiles/youth%20consultation%20report.pdf

[12] Mental health Council of Australia, 2006. Where there's smoke…Cannabis and mental health.

approach to be an appropriate way of ensuring that young people who are determined to experiment with illicit drugs are adequately warned of the dangers associated with such behaviour.

DfC also notes that numerous drug-related illnesses, accidents, crimes and deaths are attributed to alcohol rather than illicit drugs. In the recent evaluation carried out after the WA Police's drug disposal bin trial, respondents perceived those under the influence of alcohol to be responsible for more adverse incidents at public events than those under the influence of illicit drugs[13]. Another study reported that alcohol is involved in 62 per cent of all police attendances and 73 per cent of assaults,[14] and that binge-drinking has become an entrenched social issue across Australia[15]. The condoning and encouraging of excessive drinking in Australia is reinforced through cultural messages that, although subtle, serve to contradict anti-drinking messages. A number of minors who provided input into DfC's recent youth consultation process reported that their parents are their chief supplier of alcohol.

DfC therefore promotes an intergenerational approach to alcohol education that places a degree of responsibility on parents/guardians through, for example, parent alcohol awareness campaigns. DfC also supports community and school-based education on the adverse social and individual effects of alcohol that also addresses the positive messages about alcohol that are promoted by the alcoholic beverage industry.

DfC believes the complex issues associated with dual diagnosis and comorbidity in alcohol and other drugs patients, and the strong correlation between mental illness, self-medication and drug addiction demand holistic treatment and strong coordination across agencies, particularly the Office of Mental Health and the Drug and Alcohol Office. The increase in young people who are being medicated for anxiety, depression and Attention Deficit Disorder who may develop alcohol and other drugs misuse issues[16] also demands integrated treatment approaches.

Issues relating to women

A long-term financial investment (coupled with whole-of-government political support and/or multidisciplinary agency support) for coordinated and collaborative prevention and early intervention models and services are recognised broadly in research (state, national and international) as best practice when addressing alcohol and illicit drug problems.

Short-term, pilot projects or small scale treatment options do not change health-compromising behaviours over the longer term without other appropriate networks or support structures.

Women have many gender-specific challenges that can lead to an increased likelihood of using health-compromising behaviours such as misuse of alcohol

[13] Drug Bins Trial Evaluation Report (unpublished), Drug and Alcohol Office, 2009
[14] www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/B83AD1f91AA632ADCA25718E0081F1C3/$File/nas-06-09-2.pdf
[15] www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/nas-06-09
[16] Office for Youth Consultation Process for Work Plan, op cit

and other drugs as a perceived coping mechanism. When such use is coupled with a pre-existing psychiatric disorder or the mental health issue is in response to alcohol and other drug use (including illicit drugs) the health outcomes can have very negative consequences.

DfC has developed the WA Women's Safety Framework which endeavours to enhance women's safety (broad view encompassing health and wellbeing) in Western Australia with a focus over the life span. It does this through partnership and research with other agencies focusing on:

- building coordination between relevant existing safety initiatives
- working with safety initiatives that may benefit from a gendered approach
- working with agencies to develop evidence-based policy, services and other outcomes for women and girls where no safety initiatives exist.

There are key time periods over the life span when there is an increased risk of injury or other safety concerns for women that are compounded when alcohol and other drug use is part of the equation.

A high-risk time for women is during pregnancy. The health outcomes can be negative for the mother and the foetus/newborn, especially when there is drug dependence as well as mental health challenges.

The State Perinatal Mental Health Reference Group (SPMHRG) is an example of an advisory network that focuses more specifically on improving support structures for women during this potentially high-risk time; especially for those with pre-existing or pregnancy-induced mental health concerns.

Other health-compromising behaviours or health outcomes self-identified as being linked to alcohol and other drug use in some Aboriginal communities included sexual assault and other forms of abuse, high rates of sexually transmissible infections (STIs) and unplanned pregnancies.

The following quote is taken from the Drug Info Clearinghouse Newsletter June 2009: www.druginfo.adf.org.au/newsletter

'Alcohol and other drug use and gender: an issue to be considered in context'.

"experiences of abuse and violence in relationships seem to result in 'self-medication' behaviour. Research continuously confirms that not only alcohol but also other psychoactive substances including pain medication, tranquillisers and illicit drugs are consumed by women in abusive and/or violent relationships more often than women not exposed to violence". Marika Guggisberg, School of Population Health, Faculty of Medicine, Dentistry and Health Sciences, UWA

In March 2009, a roundtable discussion 'Supporting women with complex needs' was facilitated by the Women's Council for Domestic and Family Violence Services (WA) and the Western Australian Network of Alcohol and other Drug Agencies (WANADA). The roundtable was part of a project

supporting women with 'complex needs' in collaboration also with mental health and women's health services, with funding from the DfC through the Women's Grants Program. This project aimed to increase the capacity of services to better support women who are experiencing domestic and family violence who also have alcohol and other drug issues.

Such projects and networks have the potential to be supported over the longer term through the Council of Australian Governments (COAG) endorsed and driven 'Time for Action', the National Council's Plan for Australia to Reduce Violence Against Women and their Children, 2009–2021.

Women's Report Card (WRC) – update to be released in late 2009
Binge-drinking/excessive alcohol consumption has specific impacts for young women in relation to their physical and emotional development, as well as increasing their risk of unplanned pregnancy, sexually transmissible infections (STIs) possibly affecting sexual and reproductive health, and sexual or other forms of assault (as victim and/or perpetrator).

The draft WRC highlights an increase in the STIs chlamydia and gonorrhoea (crude notification rate for women). Both STIs have the potential to negatively impact on sexual and reproductive health. Reported sexual assaults have also risen for women over the three WRC periods (2003, 2005 and 2007 respectively for this indicator).

Indigenous Women's Report Card (IWRC) – first volume to be released late 2009
Rates of alcohol use–alcohol consumption levels are based on the daily consumption of alcohol. For females low risk is to consume 25ml or less, risky is the consumption of more than 25ml and less than 50ml, high risk is the consumption of more than 50ml (one standard drink is 12.5ml of alcohol)[17]. 25.0% of Indigenous females reported consumption totals that were at the low-risk level and 16.3% were risky or high risk[18].

[17] ABS (2009) National Health Survey: Summary of Results, 2007-08 cat. No.4364.0
[18] ABS (2009) National Aboriginal and Torres Strait Islander Survey, 2005-05 cat. No. 4715.0