



**LEGISLATIVE ASSEMBLY**  
**FOR THE AUSTRALIAN CAPITAL TERRITORY**

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STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING  
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## Submission Cover Sheet

Review of ACT health programs for  
children and young people

**Submission Number: 05**

**Date Authorised for Publication: 06 July 2021**



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Standing Committee on Health and Community Wellbeing  
ACT Legislative Assembly  
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## **Review of health programs for children and young people**

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June 2021

## Introduction

The Alcohol, Tobacco and Other Drug Association ACT (ATODA) represents the Alcohol Tobacco and Other Drug (ATOD) sector in the ACT. Members include specialist alcohol and other drug treatment organisations, distinguished drug experts with deep knowledge of the criminal justice system and population health; the group representing families and friends who have lost loved ones to drugs; and the peer-based organisation for people with lived experience of drug use in the ACT.

ATODA welcomes this Review and its Terms of Reference. Given our sector's particular areas of expertise, this submission focuses on:

- *item 1b) preventative programs and associated programs for Foetal Alcohol Spectrum Disorder (FASD)*, with consideration given to availability of treatment for women with alcohol dependency issues, the impact of social stigma on uptake to programs, and alcohol supply.
- *Item 1d) other relevant matters arising*. We note that the National Action Plan for the Health of Children and Young People 2020-2030 (page 19) recognises, '*All young people face specific risks in relation to alcohol, tobacco and other drug problems*', and therefore provide commentary on prevention and education programs.

## Access for pregnant women to treatment for alcohol dependency

No woman wants her child to have FASD. FASD often results from three possible pathways: (i) lack of awareness about FASD and/or the connection between drinking and risk; (ii) consumption of alcohol prior to being aware of pregnancy; (iii) consumption of alcohol during pregnancy by a woman who is dependent on alcohol and is unable to abstain from drinking.

In assessing how to minimise all three pathways, it is important to avoid stigmatising women and mothers. Conversely, it is important to examine how society and families can contribute to alcohol consumption, or abstinence, during pregnancy. For instance, the more alcohol a society consumes, the more likely women are to consume alcohol during pregnancy. As a society, we encourage alcohol consumption. This results in a high baseline level of drinking, significant rates of harmful alcohol use including intensive drinking episodes, and commencement of drinking at an early age. The Australian Institute of Health and Welfare notes that 'harmful levels of consumption are a major health issue, associated with increased risk of chronic disease, injury and premature death'.<sup>1</sup>

Support from partners, families and friends is a key factor in assisting a woman to abstain. Conversely, partners and families can contribute to drinking during pregnancy in a variety of ways. Unfortunately, rates of domestic violence increase during pregnancy, and this can lead women to initiate or increase their alcohol use to cope.<sup>2</sup> Not all expectant fathers know the risks of perinatal alcohol consumption. Anecdotally, some expectant fathers may, in their ignorance, pressure their partners to drink, excluding them from social activities if they are no longer 'fun' drinkers.

The risks to future cognitive, behavioural and physical health of the foetus from maternal alcohol intake during pregnancy are understood in their broad details. As far as ATODA is aware, information about the risks of FASD during initial maternal and prenatal screening is provided to all pregnant mothers attending public health facilities in the ACT. However, anecdotally, a minority of women who drink may indicate that they do not consume alcohol during a discussion with a health professional. This is due to wanting to avoid stigma, and in some groups, there may be fears of babies being removed if the expectant mother admits to drinking. A patient indicating that they do not drink to a health professional might end the

discussion about alcohol consumption, meaning that these women are not informed of the dangers.

For most women who do not have a dependence and are not experiencing harms related to their alcohol use, information provided during routine antenatal visits combined with support from their family and friends normally results in avoidance of alcohol for the remainder of the pregnancy.

However, a minority of women in the ACT have a dependence on alcohol. It is therefore critical that they receive prompt referral to specialist alcohol treatment during maternal and prenatal screening programs. ATODA's members include all the non-government and government organisations providing this treatment in the ACT. They report that the referral system is working well, and that pregnant women are prioritised for treatment. Evidence from regular service user satisfaction surveys conducted by ATODA indicates a high level of satisfaction with these services; in a 2018 survey, people accessing ACT alcohol and other drug (AOD) services reported: reduced substance use (75% of people receiving services); improved general health (81%); and improved mental health (73%).<sup>3</sup>

ATODA's members report that referral for treatment for women planning future pregnancies who continue to have an alcohol dependence is also prioritised. This treatment is provided mainly by non-governmental service providers. The main sources of funding for these organisations are government service grants for overall delivery of AOD services by the ACT Health Directorate, the Commonwealth-funded Canberra Health Network, and in many cases their own philanthropic funding and/or in-kind (voluntary) staff contributions.

Provision of services to pregnant women, and those planning pregnancies, will continue to be prioritised but this contributes to pressure on an already underfunded and oversubscribed AOD service system. ATODA's submission to the Legislative Assembly's inquiry on the Decriminalisation of Drugs of Dependency Bill (2021), pages 21-24, provides detailed evidence on the current levels of high demand for services, underfunding of non-governmental service providers, and the resulting long waiting times for treatment.

### **Factors influencing treatment-seeking**

Alcohol is one of the most heavily marketed products in the world:<sup>4</sup> 42% of presentations to AOD treatment services in the ACT are for alcohol as the primary drug of concern.<sup>5</sup>

The average national waiting time from the onset of drinking at problematic levels to seeking treatment for alcohol dependence is 18 years<sup>6</sup>. A key factor reducing seeking of treatment is stigma and discrimination that many people experience from the health services sector. Many of the campaigns and messaging to reduce drinking by pregnant women aim to do so in a sensitive way that does not demonise pregnant women for their drinking habits. Some also point out the importance of partner and community support to assist them to avoid drinking.

However, there is sometimes a tendency in the media, and occasionally in some public health messaging, to shame women who consume alcohol while pregnant. This is unhelpful given what we know about the link between stigma, discrimination and reduced seeking of treatment. Educating and empowering expectant fathers and families on their roles supporting expectant mothers to not drink is an area where many media stories and campaigns could improve.

More broadly, it is important to note that yesterday's teenage drinker prone to intensive drinking episodes can become tomorrow's heavy drinker with an alcohol dependency. Early intervention with supportive, high-quality treatment is key to assisting young women

experiencing dependence issues. It is critical this is provided prior to pregnancy for reasons including:

- The sooner someone with alcohol dependence seeks treatment the better the treatment outcomes are likely to be.
- The risk of harm from heavy drinking to the foetus at the earliest stages of pregnancy when women may be unaware of the pregnancy.

This highlights the critical need to address the underfunding of AOD treatment in the ACT. AOD treatment has been demonstrated to be highly cost effective, with interventions costing less than the health services they allow society to avoid. In other words, every alcohol treatment dollar invested saves the health system more than a dollar later.<sup>7</sup> The overall savings to society, including due to additional productivity, are even greater.

### **Factors influencing alcohol supply**

There are several reasons why reducing the overall amount of alcohol consumed in the ACT is important for the health of children and young people. First, given the period of heightened risk to the foetus before women know they are pregnant, it is important to minimise the typical consumption of all people in the ACT. Second, a lower societal baseline level of alcohol consumption also makes it easier for pregnant women to cease alcohol consumption, and for their families and friends to support them to do this. Finally, aside from pregnancy, it also helps reduce the social pressure on young people to drink or drink heavily. This is especially important given the profound influence of alcohol on brain development which occurs for several years after a person's 18<sup>th</sup> birthday.

The National Alliance for Action on Alcohol has highlighted nine policy areas for state and territory governments to reduce a population's risk from alcohol harm:<sup>8</sup>

1. A whole-of-government strategic plan for the prevention and reduction of alcohol-related harm
2. Regulating physical availability
3. Modifying the drinking environment
4. Drink driving countermeasures
5. Education and persuasion
6. Treatment and early intervention
7. Data management and research
8. Transparent and independent policy
9. Restrictions on marketing.

ATODA would be pleased to provide advice on how the ACT Government could improve its policies in any of these areas. The final report from the Senate Community Affairs References Committee into *Effective approaches to prevention and diagnosis of Fetal Alcohol Spectrum Disorder (FASD)*<sup>9</sup> also has a number of pertinent suggestions.

Previous submissions on the alcohol regulation regime in the ACT, e.g., the NSW/ACT Alcohol Policy Alliance submission to the ACT Liquor Act Issues paper,<sup>10</sup> have pointed to the links between the alcohol industry's reliance on heavy drinkers for most of its profits, the significant influence of the industry within the Territory's Liquor Advisory Board, and slow progress towards adopting evidence-based improvements to policy.

### **Youth programs for alcohol, tobacco prevention and education**

Alcohol is by no means the only drug which can impede a young person's health. The *National Action Plan for the Health of Children and Young People 2020-2030*, page 19, notes that 'There is a strong relationship between experience of mental health conditions and risky behaviours, although one is not an inevitable outcome of the other. All young

people face specific risks in relation to alcohol, tobacco and other drug problems, with engagement in risky behaviours higher among young people than the broader population, and the adolescent brain more susceptible to damage from alcohol, tobacco, and other drug use.<sup>11</sup>

ATODA is not aware of the extent and nature of school drug education initiatives in the ACT but has yet to hear that the approaches taken reflect what has recently been learned about efficacy and cost-effectiveness in school drug education. It is recommended that an expert review of the ACT school drug education programs – for public release – is commissioned including: the current extent and nature of these programs, and the degree to which they reflect contemporary good practice (as evidenced from the evaluation research). Its findings should inform development and implementation of a modern, evidence-informed school drug education program for the ACT.

Two non-government services provide specialist alcohol and other drug treatment and support for young people, and it is important that these programs are continued and expanded where appropriate. High-quality, specialised services for young people aged 13-17 experiencing withdrawal and other AOD issues are provided by the Ted Noffs Foundation. These are detailed in the ACT Alcohol, Tobacco and Other Drug Services (ATODS) Online Directory, [www.directory.atoda.org.au](http://www.directory.atoda.org.au), and include the:

- Adolescent Drug Withdrawal Unit which provides up to 14 days of non-medicated residential support for young people aged 13-17 years experiencing withdrawal from AOD.
- Program for Adolescent Life Management (PALM) which provides up to 3 months residential rehabilitation for the same age group, as well as a range of other services according to need including Viral Hepatitis and Sexual Health Support, structured harm reduction group education and strategies, and screening for mental health issues and referral.
- Outreach AOD services to youth, aged between 10 and 25 years.

Gugan Gulwan Aboriginal Youth Corporation also provides a wide range of alcohol, tobacco and other drug support, referral, advocacy, education, and case management for Aboriginal and Torres Strait Islander young people aged 12 to 25 years. They also provide outreach services and court support for young people, and support and case management for families and carers of young people.

The Police and Court Drug Diversion Services (Alcohol and Drug Services, Canberra Health Services) also provides programs that aim to divert people apprehended for AOD use or AOD related offences from the judicial system into the health system (ATODS Online Directory). Diversion efforts are a sound investment in young people and the ACT economy, especially given the cost of the criminal justice system.

### **About ATODA**

ATODA is the peak body for the alcohol, tobacco and other drug (ATOD) sector in the ACT. Its purpose is to lead and influence positive outcomes in policy, practice and research by providing collaborative leadership for intersectoral action on the social determinants of harmful drug use, and on societal responses to drug use and to people who use drugs.

ATODA's vision is a healthy, well and safe ACT community with the lowest possible levels of alcohol, tobacco and other drug related harms. Underpinning ATODA's work is a commitment to health equity, the social and cultural determinants of health, and the values

of collaboration, participation, diversity, respect for human rights, social justice and reconciliation between Aboriginal and Torres Strait Islander people and other Australians.

ATODA represents the ACT's specialist alcohol and other drug (AOD) treatment organisations, both NGOs and the ACT Government specialist treatment service. Membership also includes distinguished drug academics with expertise in the criminal justice system and the health effects of drug use; the group representing families and friends who have lost loved ones to drugs; and the organisation which advocates for people who use drugs in the ACT.

## References

- 1 Australian Institute of Health and Welfare. Alcohol risk and harm. (2020). <https://www.aihw.gov.au/reports/australias-health/alcohol-risk-and-harm>.
- 2 Taft, A. & Hooker, L. in *Psychosocial Resilience and Risk in the Perinatal Period* (eds G Thomson & V Schmied) Ch. 7, (Routledge, 2017).
- 3 Alcohol Tobacco and Other Drug Association ACT (ATODA). Service Users' Satisfaction and Outcomes Survey 2018: a census of people accessing specialist alcohol and other drug services in the ACT. (Alcohol Tobacco and Other Drug Association ACT (ATODA), Canberra, 2020).
- 4 Jernigan D. The extent of global alcohol marketing and its impact on youth *Contemporary Drug Problems* **37**, 57–89 (2010).
- 5 Australian Institute of Health and Welfare (AIHW). Alcohol and other drug treatment services in Australia 2019-20: key findings. (AIHW, Canberra, 2021).
- 6 Chapman, C., Slade, T., Hunt, C. & Teesson, M. Delay to first treatment contact for alcohol use disorder. *Drug and alcohol dependence* **147**, 116-121 (2015).
- 7 Rehm, J. T., & Barbosa, C.,. The cost-effectiveness of therapies to treat alcohol use disorders. *Expert Review of Pharmacoeconomics & Outcomes Research* **18(1)**, 43-49 (2018).
- 8 National Alliance for Action on Alcohol (NAAA). *2018 Alcohol Policy Scorecard: Benchmarking Australian governments' progress towards preventing and reducing alcohol-related harm*, <http://actiononalcohol.org.au/wp-content/uploads/2019/03/NAAA-2018-Alcohol-Policy-Scorecard-March-2019.pdf> (2019).
- 9 The Senate Community Affairs References Committee. Effective approaches to prevention, diagnosis and support for Fetal Alcohol Spectrum Disorder. (Commonwealth of Australia, 2021).
- 10 NSW/ACT Alcohol Policy Alliance. NSW/ACT Alcohol Policy Alliance Submission to the Two Year Review of the ACT Liquor Laws and Licensing Fees. (NSW/ACT Alcohol Policy Alliance, 2013).
- 11 Commonwealth of Australia. National Action Plan for the Health of Children and Young People 2020-2030. (Department of Health, Commonwealth of Australia, Canberra, 2019).