National Organisation for Fetal Alcohol Spectrum Disorders

31 October 2014

Professor Ian Harper
Competition Policy Review Secretariat
The Treasury
Langton Crescent
PARKES ACT 2600

Dear Professor Harper

SUBMISSION TO THE COMPETITION POLICY REVIEW

Thank you for the opportunity to provide a submission to the *Competition Policy Review Draft Report* (Draft Report). NOFASD Australia is concerned that the recommendations made in the Draft Report will greatly increase the availability of alcohol in Australia and lead to significant increases in alcohol harms. As a national non-government organization and the peak body representing the interests of individuals, their families and supporters, NOFASD Australia endorses the submission prepared by the Foundation for Alcohol Research and Education (FARE).

NOFASD Australia also submits that alcohol is a consumable product that evokes contestable issues, values and beliefs. As FARE indicates, alcohol "requires special laws and restrictions about where it can be sold, when it can be sold and who can consume it." These regulations reflect the harm that alcohol can cause and are both in the public interest and for the public's benefit. Alcohol should not be subject to same economic principles as other consumables because when you increase the availability this does not result in significant harm in the community. If these products did lead to harm, we argue that the products would immediately be removed from sale.

The Draft Report states that the aim of Competition Policy is to "*improve the welfare of Australians"* and this is the major point which NOFASD Australia takes exception. As stated in the FARE submission, the "previous review of Competition Policy resulted in vast increases in number and types of premises selling alcohol across Australia. This has contributed to alcohol-related harms which include 15 deaths (62% increase in ten years) and 430 hospitalisations each day." Among these harms we most fervently draw your attention to Fetal Alcohol Spectrum Disorder, not as a related harm but as a direct harm.

Increased public awareness is perceived to lead to better choices rather than to be understood as one of a suite of activities to reduce alcohol harms. The increased availability of alcohol perpetuates and mobilises a bias of 'product safety' based on a premise of public trust that an unsafe consumable would otherwise not be so readily available or accessible.

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Public awareness campaigns which may caution against use by certain population groups simply do not equate with the powerful imagery of those who drink to excess. In respect to fetal alcohol exposure, we are continually demythologising public misperceptions of the safety of alcohol outside the first trimester of pregnancy and the minimum amount to cause adverse fetal outcomes.

Maloney, Hutchinson, Burns, Mattick and Black (2011)[1] found "29 percent of women who were pregnant in the past 12 months" had used alcohol and most women (95%) had "reported a reduction in the quantity of their alcohol use while pregnant or breastfeeding." Older age, higher educational attainment and increased time engaged in breastfeeding "were significantly associated with alcohol use." What the data suggests is one third of pregnant women continue to consume alcohol in pregnancy and 5 percent had not reduced their intake.

The paucity of incidence and prevalence data on the numbers affected by FASD in Australia is an outcome of the lack of public attention to the risks of alcohol consumption in pregnancy, a required shift in public attitude and behaviour in the use of alcohol and an under-ascertainment of FASD by clinicians.[2] What is known is that Australia has a higher per capita consumption of pure alcohol than either the United States or Canada, the two countries from which much of the evidence and resources on FASD is reliant. For example, recent research by Philip May and associates[3] predict a prevalence rate of between 2.4 and 4.8% and the most predictive "maternal risk variables in this community are late recognition of pregnancy, quantity of alcoholic drinks consumed 3 months before pregnancy, and quantity of drinking reported for the index child's father." In respect to our submission to the Competition Policy Review, it is these predictive factors which are most critical and are a consequence of global marketing, access and availability of alcohol.

According to the World Health Organization (2011)[4], alcohol consumption "is the world's third largest risk factor for disease and disability" and "in middle-income countries, it is the greatest risk. Alcohol is a causal factor in 60 types of diseases and injuries and a component cause in 200 others… Alcohol is also associated with many serious social issues, including violence, child neglect and abuse, and absenteeism in the workplace. Yet, despite all these problems, the harmful use of alcohol remains a low priority in public policy, including in health policy. Many lesser health risks have higher priority" (2011:x). The scant attention in the WHO report perhaps indicates the absence of reliable evidence on prevalence and certainly indicates the lack of global awareness of the harm of alcohol use to others in the pre-birth period.

> *Examples of harm caused to others includes prenatal conditions caused by a mother's drinking and injuries from violence caused by an intoxicated assailant. The scope of such social harm stretches beyond these examples. In Australia, a country of 21 million, more than 10 million people have been negatively impacted in some way by a stranger's drinking* (WHO, 2011:35).

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[1] Maloney, E., Hutchinson, D., Burns, L., Mattick, R., Black, E., "Prevalence and predictors of alcohol use in pregnancy and breastfeeding among Australian women." *BIRTH* 38:1, March 2011.
[2] O'LEARY CM; (2004) "Fetal Alcohol Syndrome: diagnosis, epidemiology, and developmental outcomes." Journal of Paediatric Child Health 2004; 40(1-2):2-7.
[3] May PA, Baete A, Russo J, et al "Prevalence and Characteristics of Fetal Alcohol Spectrum Disorders" *Pediatrics peds.2013-3319; published ahead of print October 27, 2014, doi:10.1542/peds.2013-3319*
http://pediatrics.aappublications.org/content/early/2014/10/21/peds.2013-3319
[4] WHO "Global status report on alcohol and health"
http://www.who.int/substance_abuse/publications/global_alcohol_report/msbgsruprofiles.pdf

The science of fetal alcohol exposure is clear. Alcohol can cause damage to the unborn child at any time during pregnancy and the level of harm is dependent on the amount and frequency of alcohol use (see Wargowski, 2013 at https://www.youtube.com/watch?v=ARPgT26dg24). Characteristic features (physical, developmental and/or neurobehavioural) within the FASD spectrum are seldom apparent at birth (unless the facial and growth factors related to Fetal Alcohol Syndrome are observable) and may not be noticed until the child reaches school age when behaviour and learning difficulties become problematic.

Fetal Alcohol Syndrome may well be considered by health professionals as the most serious end of the spectrum as is the only diagnosis which carries observable signs. However, many more individuals will present with neurobehavioural symptoms which will mean lost opportunities for identification and more importantly, for appropriate supports to be invested.

It may well be the case that the Competition Policy Review Committee will not accept the prevention of FASD as within their mandate. However, it is time for all government entities, systems and appointed policy committees to acknowledge the current and future risk for Australia if we do not address the over-supply of alcohol as a contributing factor in the pervasive acceptance and use of alcohol in our communities. A 'line in the sand' must be drawn for limiting access to and availability of this most pervasive and toxic legal drug and a change in the assumption that the majority of drinkers consume alcohol safely. They clearly do not.

As siblings, parents, grandparents and community members, NOFASD Australia urges the Competition Policy Review Committee to consider the ramifications of their recommendations.

Thank you once again for the opportunity to raise these important issues with you.

Yours sincerely

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