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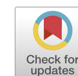
Letter

Childproofing Australia's future health: Preventing alcohol harms



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Having led the way in tobacco control, Australia has done less well with alcohol. Australians love their grog and according to the Australian Bureau of Statistics consumed 9.4 l of pure alcohol per person aged 15 years or over in the year 2016–17. That places us sixth for consumption amongst 18 developed OECD (Organisation for Economic Co-operation and Development) countries.

I'd never imagined that alcohol would have a profound effect on my paediatric practice. However, a focus of my work for several decades is foetal Alcohol Spectrum Disorder (FASD). FASD results from the brain injury inflicted by prenatal alcohol exposure and is characterised by severe neurodevelopmental problems [1].

One great privilege of my career has been collaborating with Aboriginal people in remote Australia to address this wicked, but preventable problem [2]. This is challenging in such settings because diagnosis is difficult, requiring a multi-disciplinary team, and the origins of child health are complex. Nevertheless, opportunities for clinician-researchers like me to partner with Aboriginal communities can provide the scaffolding required to enable communities to architect their own future.

Addressing community priorities, understanding the origin of disease, and taking a 'no shame, no blame' approach with women has been key. In remote towns like Noonkanbah, Yieli and Wangkatjungka in Western Australia's Fitzroy Valley, I have witnessed first-hand the impact of historic trauma - dislocation from land and language, removal of children, systemic racism; and disadvantage – climate, overcrowding, lack of health services and employment opportunities - on alcohol use and harms from prenatal exposure. I have admired the determination of courageous Bunuba, Gooniyandi and Walmadjari women leaders to make life better for their children through promoting alcohol restrictions, the Marulu strategy and Lililwan project [2,3]. Their positive response to high rates of prenatal alcohol exposure and FASD (19%) include innovative programs such as Jandu Yani U (positive parenting training) [4], the Bigiswun Kid project (to address adolescent needs) [2] and Marrura-U (to develop telecare and novel service models) [2], which are testament to their drive and capability.

But, FASD is not an Indigenous problem and society-wide strategies for diagnosis and prevention are crucial. We have made gains in Australia – including a national information Hub, FASD Research Australia (www.fasdhub.org.au), Register, and Guide to Diagnosis [1], a FASD Strategic Action Plan [5], and support for families (www.nofasd.org.au). Nevertheless, we have a way to go: implementation of our Plan, community awareness, and development of a FASD-informed workforce. After a decades-long battle we have recently secured political support for mandatory warning labels about alcohol harms in pregnancy that are evidence-based and clearly visible on alcohol beverages. This is an urgent issue: about 60% of Australian women drink in pregnancy and during COVID-19 alcohol sales, stress and drinking rates in women have escalated. Disregarding the economic and social costs of harms to the unborn child, the alcohol industry is in strong opposition. All prevention efforts must be underpinned by legislation proven to

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minimise harm, such as pricing, restricted opening hours, advertising controls. The effort to prevent FASD requires political will and continued advocacy by paediatricians.

Author's contribution

This letter reflects my personal experience and opinion

Declaration of interests

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