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I make this is a submission to the *Newcastle CBD Liquor Licence Conditions Review* in my role as an ambassador for NOFASD Australia. The aim of this NGO is to advocate for the prevention of Fetal Alcohol Spectrum Disorder and the support of families with affected children.

If the embryo or fetus is exposed to alcohol from the mother drinking, depending on the gestational age, the outcome is the high risk of a permanent cognitive deficit ie brain damage with intellectual disability. The effects range from Fetal Alcohol Syndrome with the child being born with severe damage to brain growth with a characteristic facial (dysmorphic) appearance, a small head, small body, and behavioural problems that lead to institutional care in 60% of cases (prison or mental health institution), through to subtle deficits of learning and behaviour in a child of normal appearance which are typically diagnosed as “ADHD” or “autistic spectrum”. Hence the use of the inclusive term Fetal Alcohol Spectrum Disorder (FASD).

Paediatric experts in the field now consider that this is the single most common cause of mild intellectual impairment, that FASD affects half of those in youth detention (data from a study conducted in the Banksia Hill centre in Perth), and that it is entirely preventable from women not drinking alcohol when pregnant.

What is missing with respect to the Newcastle debate is the role of hours of supply to the pattern of binge drinking and hence for the risk for FASD. Women medical students in their early 20s estimate that between one quarter to half women aged 18 to 22 years indulge in weekend binge drinking in Newcastle. I don't think it is possible the get accurate data on the risk for FASD using conventional epidemiological methods, but given that half of pregnancies are unplanned, and the high likelihood of unplanned impregnation occurring when the woman is inebriated, then the line between the dots of causality becomes clear.

In other words, binge drinking = risk for unplanned unprotected sex = risk for FASD.

The table documents the extent of the problem. This extrapolates data on prevalence from the US (May PA. “Prevalence and characteristics of FASD”. Pediatrics 2014; vol. 134) for Australia.

FASD Prevalence statistics – May et al 2014 (2.4-4.8% mean 3.6) overlayed on ABS population and birth data for Australia. Vulnerable out of home care children prevalence is 16.9% - Lange et al 2013.					
Range	Total Pop ABS2016	If prevalence 2.4	If prevalence 3.6	If prevalence 4.8	If prev 10
2016 births Aus	311,104	7,466	11,200	14,932	31,110
Total Pop Aus	24 130,000	579,120	868,000	1.158,240	241,300

Comparative data Autism Spectrum Disorder is 1.5 % of population.

The minimum estimate of prevalence shows the staggering load of morbidity: 7 500 children born each year with intellectual disability from a preventable cause. The lifetime cost to the community for the required support for these children, and later as adults, reaches \$ millions per capital.

If this seems fanciful, then the Lililwan Study of the prevalence of FASD in the remote Fitzroy Valley of the Kimberley provides evidence of its validity. In this study, conducted by Dr. James Fitzpatrick under the auspices of the University of Sydney (Professor E. Elliott) when I was Senior Regional paediatrician, Kimberley, we documented a severe level of cognitive and behavioural deficit in one quarter of children born in 2002-03, and some psychometric deficit in an additional 5% (paper attached).

In conclusion, as a Child Specialist and advocate for children, I strongly advocate that the present *Newcastle CBD Liquor Licence Conditions* remain as they are because any change will have the certain effect of increasing the risk of more babies in Newcastle being born with preventable brain damage.

Yours Sincerely.



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