



26 February 2016

Submission to the Ministry of Health:

Taking Action on Fetal Alcohol Spectrum Disorder (FASD)

The New Zealand College of Public Health Medicine thanks the Ministry of Health for the opportunity to make a public submission on the development of an Action Plan to address fetal alcohol spectrum disorder (FASD).

The New Zealand College of Public Health Medicine (NZCPHM) is the professional body representing the medical specialty of public health medicine in New Zealand. We have 227 members, all of whom are medical doctors, including 190 fully qualified Public Health Medicine Specialists with the majority of the remainder being registrars training in the specialty of public health medicine.

Public Health Medicine is the branch of medicine concerned with the assessment of population health and health care needs, the development of policy and strategy, health promotion, the control and prevention of disease, and the organisation of services. The NZCPHM strives to achieve health gain and equity for our population, reducing inequalities across socioeconomic and cultural groups, and promoting environments in which everyone can be healthy.

NZCPHM is supportive of the need for an Action Plan for FASD and considers FASD to be one of many cumulative long term impacts associated with drinking alcohol¹. Plans which support a health early start for children are particularly welcomed². It is noteworthy that FASD and its consequences are preventable therefore public health action is required.

The College calls for action to strengthen measures to change New Zealand's drinking culture and reduce the hazardous consumption of alcohol. Reducing harm from alcohol was identified as a priority in the College's Briefing to the Incoming Minister in 2014³ and should be identified as a priority in this Action Plan. The actions proposed by the College to address this issue include;

- Increase the price of alcohol
- Raise the purchase age of alcohol
- Reduce accessibility to alcohol
- Reduce marketing and advertising of alcoholic beverages
- Increase drink-driving counter-measures
- Increase treatment opportunities for heavy drinkers.

The first outcome proposed in the Action Plan- '*women are supported to have alcohol free pregnancies*'- is supported by NZCPHM's view to have universal approaches to improving the health of women who are likely to become pregnant as this will contribute to improved outcomes for

mothers and babies⁴. Integrating assessment of a woman's reproductive risks into her routine care reduces unintended pregnancy and improves preconception wellness^{5,6}. Any pre-conception assessment should include a focus on education about the harms of alcohol⁷.

The Action Plan highlights that most women are unaware they are pregnant when they are drinking but will stop when they find out⁸. Again, this reinforces the necessity of making changes to New Zealand's *overall* drinking culture. The NZCPHM recommends that a range of specific actions addressing supply, demand, and risk minimisation are included in the Action Plan, with particular emphasis on measures that will change New Zealand's hazardous drinking culture

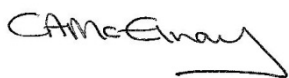
The Action Plan identifies the need for "clear, unambiguous and consistent messages" and briefly mentions the role of messaging from the alcohol industry. Alcohol is a legal drug being legally sold to consumers. As such, consumers are entitled to sufficient information to enable them to consume the product safely. The information should focus on intoxication and drinking in unsafe contexts, such as pregnancy⁹. NZCPHM calls for a greater emphasis on the role of marketing and product labelling to be included in the Action Plan because of the high levels of alcohol advertising and other promotions, including heavy discounting by supermarkets.

The links between alcohol advertising and/or media exposure to alcohol and increased alcohol consumption have been clearly established¹⁰. New Zealand's sporting culture means society is regularly exposed to high levels of alcohol advertising through alcohol brands sponsoring national and regional sports teams. The NZCPHM strongly recommends that the Action Plan should prioritise the implementation of more stringent measures regarding the marketing and advertising of alcoholic beverages, particularly sponsorship of sporting events and teams.

The Action Plan does not specify how it will focus efforts on those populations in New Zealand that experience disproportionate alcohol-related harms. These include children, young people, Māori, Pacific peoples and population groups that experience high deprivation¹¹. The NZCPHM calls for the Action Plan to identify actions for specific population groups to achieve health equity.

Thank you for the opportunity for the NZCPHM to submit on the Action Plan to address FASD. We hope our feedback is helpful, and would welcome the opportunity to assist the Ministry in any way.

Yours faithfully,



Caroline McElnay, President, NZCPHM

¹New Zealand College of Public Health Medicine. Submission to Law Commission Review: Alcohol in our lives. Wellington: New Zealand College of Public Health Medicine, 2009. Available at:

http://www.nzcpmh.org.nz/media/31330/2009_10_29_law_commission_liquor_review_final.pdf

² New Zealand College of Public Health Medicine, Health Promotion Forum of New Zealand and Public Health Association. Declaration of the Inaugural New Zealand Population Health Congress. Auckland: New Zealand College of Public Health Medicine, Health Promotion Forum of New Zealand and Public Health Association, 2012. Available

at:http://www.nzcpmh.org.nz/media/81448/declaration_of_the_nz_pop_hlth_congress_oct_2014_final.pdf

³ New Zealand College of Public Health Medicine. Briefing to the Incoming Minister – Prescription for a healthier New Zealand, 2014. Wellington: New Zealand College of Public Health Medicine. Available at http://www.nzcphm.org.nz/media/80019/2014_09_24_nzcphm_bim_-_prescription_for_a_healthier_new_zealand.pdf

⁴ New Zealand College of Public Health Medicine. Policy statement on First 1000 Days of Life. Wellington: New Zealand College of Public Health Medicine, 2013. Available at http://www.nzcphm.org.nz/media/64578/2013_08_first_1000_days_policy_statement.pdf

⁵ Moos M, Bangdiwala S, Meibohm A, Cefalo R. The impact of a preconceptional health promotion program on intendedness of pregnancy. *Am J Perinatol.* 1996;13(2):103-108

⁶ Moos M, Dunlop A, Jack BW, et al. Healthier women, healthier reproductive outcomes: recommendations for the routine care of all women of reproductive age. *American Journal of Obstetrics and Gynaecology.* 2008;199(6):S280-S289

⁷ Flenady V, Middleton P, Smith G, et al. Stillbirths: the way forward in high-income countries. *Lancet.* 2011;377:1703–1717

⁸ Ministry of Health. 2015a. Alcohol Use 2012/13: New Zealand Health Survey. Wellington: Ministry of Health.

⁹ New Zealand College of Public Health Medicine. Submission to Law Commission Review: Alcohol in our lives. Wellington: New Zealand College of Public Health Medicine, 2009. Available at: http://www.nzcphm.org.nz/media/31330/2009_10_29_law_commission_liquor_review_final.pdf

¹⁰ New Zealand College of Public Health Medicine. Submission to Law Commission Review: Alcohol in our lives. Wellington: New Zealand College of Public Health Medicine, 2009. Available at: http://www.nzcphm.org.nz/media/31330/2009_10_29_law_commission_liquor_review_final.pdf

¹¹ New Zealand College of Public Health Medicine. Policy statement on Alcohol. Wellington: New Zealand College of Public Health Medicine, 2013. Available at http://www.nzcphm.org.nz/media/58923/2014_11_28_health_equity_policy_statement__revised_.pdf