

24 February 2016

FASD Action Plan  
Ministry of Health  
PO Box 5013  
Wellington 6145

By email: [FASD\\_PLAN@moh.govt.nz](mailto:FASD_PLAN@moh.govt.nz)

## **Taking Action on Fetal Alcohol Spectrum Disorder**

Dear Sir/Madam

The New Zealand Medical Association (NZMA) wishes to provide feedback on the above consultation. The NZMA is New Zealand's largest medical organisation, with more than 5,500 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. Our submission has been informed by feedback from our Advisory Councils and Board.

The NZMA welcomes the Government's commitment to developing an action plan to address Fetal Alcohol Spectrum Disorder (FASD). This was one of the key recommendations in the NZMA policy briefing on reducing alcohol-related harm.<sup>1</sup> We are generally supportive of the approach proposed in the draft action plan. However, we submit that there needs to be greater emphasis on a comprehensive public health approach to reducing alcohol-related harms such as FASD. We also believe that the draft plan should give greater priority to the prevention of FASD.

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<sup>1</sup> Available from [http://www.nzma.org.nz/\\_data/assets/pdf\\_file/0017/42542/Alcohol-Briefing18.may.FINAL.pdf](http://www.nzma.org.nz/_data/assets/pdf_file/0017/42542/Alcohol-Briefing18.may.FINAL.pdf)

While cursory mention is given to addressing the factors that drive hazardous alcohol consumption, it is our view that modifying the environmental factors promoting alcohol consumption is central to tackling FASD and other alcohol-related harms. For example, we believe that tackling FASD needs to address the easy availability of cheap alcohol and its sophisticated marketing, often targeted at young women. While doctors and other healthcare professionals have a key role to play in advising all women who are pregnant or considering pregnancy against drinking any alcohol, we contend that Government is in the best position to enact the legislative, regulatory and policy measures necessary to modify the current ‘alcogenic’ environment that promotes a culture of excessive drinking. This environment is not conducive to supporting women to be alcohol-free during pregnancy.

We support a consistent primary health care response—one of the building blocks for action referred to in page 17 of the consultation—but we believe that consistency is needed for **all** health service providers across **all** settings. The paragraph citing the Wouldees 2009 study is misleading, as it implies that few primary care providers are using validated screening tools to ask women about their alcohol consumption. This study included a range of health professionals across diverse settings. Of the 241 health professionals in the study, two-thirds were midwives while the remaining third included obstetricians, general practitioners and practice nurses. The clinical services in the study included hospital maternity services, independent midwife practices, private consultant practices, and fertility, family planning and sexual health clinics.

All health professionals need to be vigilant for alcohol consumption in their patients. Raising awareness about alcohol harms—and inculcating validated screening tools into routine practice—must extend way beyond usual primary health care providers (typically general practitioners and practice nurses) to primary community midwifery and other primary health care services as well as to secondary health care services. We also suggest that it would be useful to include specific references to validated screening instruments in the draft action plan, and append these for readers’ easy access.

We strongly support the plan’s identified need to improve the evidence base. This should be a high priority. There are no current data on the extent of FASD in New Zealand, though 600 to 3,000 babies with FASD are estimated to be born here each year.<sup>2</sup> We agree that the action plan needs to be evidence-based, and that all interventions need to be evaluated for effectiveness. While there are no data on the costs of FASD to New Zealand, these are likely to be considerable, given the lifetime and cross-sectoral impacts. Accordingly, we suggest that an investment approach be taken when formulating measures to tackle FASD.

Given that alcohol exposure is likely to have the most severe impact during the first 8 weeks of pregnancy (when many women are unaware of being pregnant), we believe there is a need for improved collection of population-wide data on alcohol consumption in women, in addition to collecting data from women who already know they are pregnant. An example of routine collection of simple alcohol data is the question “*Did the patient consume alcohol within two hours of the accident?*” on ACC45 forms.

We suggest that the draft action plan give more attention to ensuring that all children with FASD are correctly diagnosed and receive the appropriate services. Currently, many children

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<sup>2</sup> Sellman D, Connor J. In utero brain damage from alcohol: a preventable tragedy. N Z Med J. 2009 Nov 20;122(1306):6–8

with FASD are not diagnosed as such. Others are diagnosed as having mental health disorders or neurodevelopmental disorders. For children with features of FASD that fall in between these two diagnostic paradigms, publically funded interventions or services are often limited.

Finally, the draft action plan is conspicuously silent on the issue of funding to support the many ambitious objectives proposed. Given the estimated extent of FASD in New Zealand and the current dearth of services in some regions, we submit that the plan identify appropriate funding as an essential element to ensuring the successful implementation of the various proposed actions.

We hope our feedback has been helpful and look forward to learning the outcome of this consultation.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Stephen Child', written in a cursive style.

Dr Stephen Child  
NZMA Chair