

MINISTERIAL COMMITTEE ON DRUG POLICY

28 APRIL 2008

AGENDA ITEM 5
(HON DAMIEN O'CONNOR)

**CHILD AND MATERNAL HEALTH ACTION PLAN ON ALCOHOL AND
OTHER DRUGS**

Purpose of the paper

1. The purpose of this paper is to update the Ministerial Committee on Drug Policy (MCDP) on the development of the *Child and Maternal Health Action Plan on Alcohol and Other Drugs* (the action plan), which aims to address Fetal Alcohol Spectrum Disorder (FASD) and the effects of maternal drug use.
2. Please note that this is a working title designed to reflect the broad areas proposed for the action plan and may be subject to change.

Background

3. In June 2006, the Inter-Agency Committee on Drugs (IACD) agreed that a cross-agency working group made up of interested IACD agencies should be set up to discuss the development of a whole of government action plan to address FASD in New Zealand.
4. Cross-agency membership on the working group comprises the Ministry of Health (Chair), Alcohol Advisory Council (ALAC), Department of Corrections and the Ministries of Education, Justice, and Social Development/Child Youth and Family. The Ministry of Health and ALAC are jointly leading this project.
5. I, Hon Damien O'Connor, the Associate Minister of Health with the alcohol portfolio and a Minister of the MCDP, have agreed to the development of an action plan and have publicly announced my support for the project.

Discussion

Fetal Alcohol Spectrum Disorder

6. FASD is an umbrella term used to describe the spectrum of disabilities (and diagnoses) associated with prenatal exposure to alcohol. The irreversible damage to neural development associated with FASD adversely impacts all further development resulting in lifelong consequences for the individual, their family/whanau and society. The

disabilities associated with FASD are 100 percent preventable if women abstain from alcohol during pregnancy.

7. Alcohol Healthwatch estimate that at least 173 babies are born with FASD every year in New Zealand based on overseas incidence rates of 3 per 1000 live births. This can be compared to Downs Syndrome at 1 per 1000 and cerebral palsy at 1-2.6 per 1000.

The Action Plan

8. At the 25 March 2008 IACD meeting, the IACD agreed to the recommendations of the IACD working group (the group responsible for the development of the action plan) on the timeframe for the development and consultation of the action plan.
9. The IACD agree to the development of a broad action plan that will focus on FASD but could also consider other drugs under each action. The action plan would prioritise the effects of alcohol use during pregnancy due to the high risk of harm and high prevalence of alcohol consumption in New Zealand in comparison to other drugs. Consequently, the IACD agree that the action plan be developed under the auspices of the *National Drug Policy 2007-2012 (NDP)*.
10. The IACD agreed that the IACD working group would develop a discussion document for targeted consultation in 2008 with relevant agencies and an Expert Advisory Group, which has been established to inform the development of the action plan. The discussion document would outline a possible framework for evidence-based goals and objectives and offer options for specific actions to inform the draft action plan. The goals of the action plan would focus on prevention, identification/diagnosis and management of FASD and the effects of others drugs. It is intended that the actions would not be time limited.
11. The IACD noted that the IACD working group plans to consult with specialist groups who have an interest in FASD on the draft action plan in early 2009 and finalise the action plan by mid-2009.

Pregnancy Health Advisory Labels

12. ALAC's application to Food Standards Australia New Zealand seeking the introduction of pregnancy health advisory labels on alcoholic beverages in New Zealand argued that the implementation of pregnancy health advisory labels is considered to be a key part of the forthcoming action plan to address FASD.
13. FSANZ released their Initial Assessment Report for public consultation in December 2007. The Ministry of Health provided a submission to FSANZ in support of ALAC's application. Comments made by submitters will be reviewed and reported in the Draft Assessment Report when it is published by FSANZ in 2008.

Recommendations

14. I recommend that the Ministerial Committee on Drug Policy:

Note the development of the *Child and Maternal Health Action Plan on Alcohol and Other Drugs*, which aims to address Fetal Alcohol Spectrum Disorder (FASD) and the effects of maternal drug use.