



Fetal Alcohol Network New Zealand

Kia ora everyone

I don't know about you but 2008 has hit me with a hiss and a roar. There are already lots of exciting things in the FASD pipeline. As usual the opportunities far outweigh the capacity and hence I start this update with a humble apology in relation to the first item below, that this important information didn't get to you before now – and I hope not too late for those interested. Please also take the time to read the other points on the list because they are important and are about all of us and the people we care about! In particular I would really like you to give some thought as to how you may be able to offer your support with the case presented at item number 6 below.

1/ National Drug Policy Discretionary Grant fund. On 31 January 2008, the Government's Interagency Committee on Drugs (IACD) announced their annual call for proposals to be submitted to the NDP www.ndp.govt.nz. Their stated closing date for proposals is 6 March. The fund was set up in 2004 to provide the Ministers involved with drug policy a pool of funding for research and new initiatives or projects that would fill the gaps in current work. FASD is one of the areas identified for special attention in 2008 as per the following categories:

- A. Prevalence, incidence, presentation and nature of harms related to individuals in the justice system
- B. Effective intervention initiatives and evaluations of existing services in NZ and internationally
- C. Screening, diagnostic tools and identification of possible guidelines for health professionals to use for diagnosis for FASD
- D. Attitudes and behaviours toward drinking and substance abuse during pregnancy
- E. Options for screening for FASD effects prior to schools, and what these outcomes could mean for education plans

I recognise this is very big expectation at ridiculously short notice, but if anyone is in a position to put forward a proposal we are here to help. Alcohol Healthwatch was successful in gaining a grant last year to survey primary care providers regarding their knowledge and practice regarding alcohol and other drug use during pregnancy and that project is already underway. This year we are hopeful that a proposal will be put forward to incorporate the first and the third of the areas identified on the list above. Please let me know if we can be of any assistance if you could make an application with a bit of help or extra time or wish to consider something for next year's fund.

2. Get your diary out! The next FANNZ meeting will be held on Friday March 28th 9.30am – 12.30 pm at the Seminar Room next to Alcohol Healthwatch which is on the 2nd Floor of the Gillies Ave Office Park, 27 Gillies Ave, Newmarket. Parking buildings are nearby or preferably utilise one of the regular bus and train services to Newmarket. We have lots to talk about but this meeting will be special because . **Dr Alice Home** from Canada, has kindly agreed to join us to talk about her work on parenting children with invisible disabilities like FASD. The mtg will with a shared lunch - which was delicious last time!

3. Keep your diary open! Community Alcohol and Drug Services (CADS) will be hosting a seminar on **Wednesday 16 April with Dr Therese Grant**, the Director of the Fetal Alcohol Drug Unit at the University of Washington Seattle, to share with us her knowledge and experience of the Parent-Child Assistance Program (P-CAP) that she leads. P-Cap is a programme that has been operating with great success over a number of years to improve outcomes for mothers and children affected by alcohol and other drug problems. Dr Grant is heading to Australia where she has been invited to speak and has kindly offered to share some of her time with us on her way.

Watch this space for programme and venue details. If you would like to be notified directly or would like further information please pass on your email details to me via the contact below.

4. Thanks to some financial manouverings and assistance from the Ministry of Health it has been possible for Alcohol Healthwatch to sponsor two medical practitioners wishing to develop a comprehensive approach to diagnostic protocols in NZ to attend the FASD adolescents and adults conference in Vancouver Canada in April and to do some follow-up diagnostic training in Seattle. This will provide an important step toward improving outcomes for affected individuals and their whanau/family. The training will initially have a particular focus on adolescents in the youth justice system.

5. Thanks to all the people in this network who made time in their busy lives to make a submission to the Food Standards Australia New Zealand (FSANZ) to require a pregnancy health advisory label on alcohol containers. I know of a number of key organisations made supportive submissions as well as Alcohol Healthwatch, including the College of Midwives, the Paediatric Society of NZ, the National Council of Women, the Royal College of GPs and ASH. If you know of others then please pass on our thanks and we would be glad to acknowledge their contribution in the next update. Key organisations across Australia were part of the information sharing loop through the good work of Sue Miers and Elizabeth Russell of NOFASARD. We are all hopeful that the time is right for a positive outcome but do not expect to see the next step for some weeks yet.

6. A family needs help in the education sector. I have had a call yesterday from a young Auckland mum seeking help and support in regards to her 7 yr old daughter at school that she suspects may be affected by FASD. She and her partner have been the child's legal guardians since she was 14 months old and the birth mother is known to them along with the knowledge of maternal exposure to alcohol. The child is described as a very sweet and loving child, and doing well academically at this point. However she is exhibiting impulsive and aggressive behaviour at school to the point of endangering other children. The school has arranged several meetings with a school councillor, have brought in an RTLB and have tried to find out from the child why she might be behaving this way and to change it all to no avail. The child is unable to articulate her feelings, the school is calling it 'bad behaviour' and the mum is questioning her ability to parent well (though she has another child who is not having any problems). What is worrying for this mother and one of the reasons she made contact is that she is sure this behaviour is related to the prenatal alcohol exposure but any attempts to raise this subject with the school is always met with resistance and denial even though they can offer no reasonable explanation for the behaviour. This situation is stressful and distressing for the family and the child is not being helped effectively.

I have provided some relevant information and moral support and advised her to seek a referral for a paediatric assessment via her GP. However, what they need right now is appropriate day to day support and intervention with the schooling. **In that regard if you are able to offer some advice or assistance in this case your help or suggestions would be most appreciated.**

I am also interested in hearing any general comments regarding this all too familiar scenario that invariably happens across multiple services and how best this network can go about influencing a more positive outcome for affected families – short of visiting every person they encounter. Remember that FASD is now on the national agenda so we have a better opportunity to address this at a structural level now than ever before.

7. One important piece of prevention-related research to share with you below, before signing off.

Remember the message from the young people with FASD in 2007, ***"Its our time: Go tell the world!"***. We can act on that in 2008 because the FANNZ message as always is ***"Everyone is part of the solution."***

Kind regards

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Preventing Alcohol-Exposed Pregnancies A Randomized Controlled Trial

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<http://www.cdc.gov/ncbddd/fas/publications/Preventing%20Alcohol-Exposed%20Pregnancies%20A%20Randomized%20Controlled%20Trial.pdf>

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on behalf of the Project CHOICES Efficacy Study Group

Background: Prenatal alcohol exposure is a leading preventable cause of birth defects and developmental disabilities in the United States.

Design: A randomized controlled trial (2002–2005; data analyzed 2005–2006) of a brief motivational intervention to reduce the risk of an alcohol-exposed pregnancy (AEP) in preconceptional women by focusing on both risk drinking and ineffective contraception use.

Setting/Participants:

A total of 830 nonpregnant women, aged 18–44 years, and currently at risk for an AEP were recruited in six diverse settings in Florida, Texas, and Virginia. Combined settings had higher proportions of women at risk for AEP (12.5% overall) than in the general population (2%).

Interventions: Participants were randomized to receive information plus a brief motivational intervention (*n*416) or to receive information only (*n*414). The brief motivational intervention consisted of four counseling sessions and one contraception consultation and services visit.

Main Outcome Measures:

Women consuming more than five drinks on any day or more than eight drinks per week on average, were considered risk drinkers; women who had intercourse without effective contraception were considered at risk of pregnancy. Reversing either or both risk conditions resulted in reduced risk of an AEP.

Results: Across the follow-up period, the odds ratios (ORs) of being at reduced risk for AEP were twofold greater in the intervention group: 3 months, 2.31 (95% confidence interval [CI] 1.69–3.20); 6 months, 2.15 (CI 1.52–3.06); 9 months, 2.11 (CI 1.47–3.03). Between-groups differences by time phase were 18.0%, 17.0%, and 14.8%, respectively.

Conclusions: A brief motivational intervention can reduce the risk of an AEP.