Unravelling the pathways of alcohol exposed pregnancies in New Zealand

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Background: Foetal Alcohol Spectrum Disorder (FASD), a consequence of maternal drinking is currently a topical issue in New Zealand. One in two pregnancies in NZ maybe alcohol exposed with the majority of women drinking prior to recognising pregnancy. Understanding the pathways for alcohol exposure is critical to design and implement public health interventions and policy measures, which was the aim of the current study.

Methods: Data for the study were collected using a cross-sectional survey design. Names and addresses of 3250 women aged 18 to 35 years were extracted from the electoral roll and were invited to participate in the survey. Descriptive statistics (proportions and 95% CI) were used to calculate prevalence estimates and survey adjusted chi-squared tests were used to report statistically significant group differences.

Results: The survey received responses from 1075 women giving a response rate of 37.5%. About 24% of women (n = 263) were either “currently pregnant” at the time of the survey or “had a baby in the three years” preceding the survey. Nine percent were “planning a pregnancy” at the time of the survey and 68% were none of the above categories. About 40% of sexually active women not planning pregnancy (n = 515) were using “less” or “least” effective contraception and the majority (61%; 95% CI 56.9-65.0) were risky drinkers ([AUDIT-C ≥ 3]. Among pregnant women, 50% had some alcohol prior to recognising pregnancy and stopped and 10% drank prior to recognising pregnancy and also continued to drink on recognising pregnancy.

Conclusions: Prevalence of periconceptional alcohol consumption in New Zealand is likely to be 60-70% and continues to be a serious public health issue. Women who were not intending to become pregnant and women who are planning a pregnancy are both likely to be at risk for an alcohol exposed pregnancy albeit through different pathways.
Sunbeds and the second hand market in New Zealand

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Background: Excessive exposure to ultraviolet radiation (UVR), whether from sunlight or from artificial sources, such as sunbeds, is the primary, potentially preventable cause of skin cancer. Australia has banned the commercial provision of sunbed services and New Zealand (NZ) has restricted access to those aged 18 years or older. As a result of tightening regulation, it is of concern that: 1. ex-commercial sunbeds can be sold on the second-hand market, and 2. consumers will continue to be exposed to excessive levels of UVR from sunbeds purchased second-hand.

Aim: To quantify and describe the sunbeds available for sale on TradeMe©, NZ’s largest auction site for second-hand goods.

Methods: From November 10th 2015 to 28th April 2017, inclusive, TradeMe© was monitored to estimate the number of sunbeds or sunlamps and, in particular, ex-commercial sunbeds, being sold in the domestic market. The TradeMe© website category “Health and Beauty – sun care & tanning”, was regularly scanned for listings of sunbeds/sunlamps. Re-listings were excluded. This process is ongoing.

Results: There were 229 sunbeds or sunlamps for sale on Trade Me during the 18 month monitoring period. Of these, about one quarter had previously been used commercially. Approximately half (n=114) were sold, with the prices achieved being generally low, ranging from $1 to $1500 with a mean of $179. A number of concerns arose from reviewing the description of the devices including: claimed health benefits of sunbed use, the sale of beds with damaged timing devices and the lack of information available (even when requested) on device age or past history. No safety information of any kind was provided on reducing the risk of using these products.

Conclusions: Sizeable numbers of second-hand sunbeds are being on-sold to NZ consumers. This is a completely unregulated environment, with unjustified health claims being regularly made and no information provided on reducing the risk of product use.
Raising awareness of the availability and benefits of HPV (human papillomavirus) immunisation in the Bay of Plenty

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HPV immunisation presents a significant opportunity to protect the public from cancers, in particular cervical cancer, caused by HPV. However, uptake is not high so far.

In the Bay of Plenty, Toi Te Ora – Public Health Service (Toi Te Ora) found that the offer of HPV immunisation through the school based programme by parents and caregivers in 2015 was declined for 37% of year 8 female pupils. In response, a communications campaign was developed and delivered aiming to raise awareness of the programme to improve consent form return rates, and parental permission for immunisation.

The local campaign ran in early 2016 focussing on increasing awareness among parents and caregivers of the start of the annual HPV school based programme, prompting them to read, consider the information, sign and return consent forms to school.

The public funding of the HPV immunisation was significantly expanded in 2017 to include both males and females, up to the age of 26. To take advantage of this opportunity, a campaign, featuring local young people was delivered by Toi Te Ora that focussing on increasing the awareness among males and females aged 16 to 26 years, of the chance to reduce their cancer risk.

The presentation will focus on Toi Te Ora’s experience from both campaigns. In particular:
- developing key messages;
- audience selection;
- selection of media channels;
- stakeholders and influencers support and engagement;
- examples of marketing collateral developed;
- media coverage;
- social media advertising and engagement.
Development of the Canterbury Health System Alcohol-related Harm Reduction Strategy

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Alcohol-related harm remains a prevalent public health issue in the Canterbury region despite implementation of the Sale and Supply of Alcohol Act 2012. In response, Community and Public Health have between October 2016 and June 2017, led the development of a Canterbury Health System Alcohol-related Harm Reduction Strategy.

This strategy aims to tackle harm at all levels. A wide range of activities to reduce alcohol-related harm already occurs across the health system, from preventative measures such as alcohol licensing, health promotion, and advocating for policy and legislative change - to clinical services, such as identification and treatment across a number of clinical and community settings for alcohol-related injuries and disease. The Strategy is the first attempt to bring together representatives from across the Canterbury Health System in order to link all of these activities with an overarching vision, a set of focus areas and specific objectives.

This presentation will explore the process of strategy development, highlighting the importance of actively engaging with partners to create a common vision and understand the differing challenges and opportunities in addressing alcohol-related harm across various parts of the health system.

It also briefly covers key components of the strategy, such as; acknowledgement of a life-course approach to effectively address alcohol-related harm; the importance of using reliable data collection methods to measure harm and monitor performance; creating strong links with partners outside of health by contributing to broader plans such as the Christchurch Alcohol Action Plan; working with Council, Police and other agencies around creating safer environments and changing societal perceptions around alcohol use.