

The effectiveness of alcohol warning labels for reducing drinking in pregnancy: A brief review

Gerald Thomas, PhD, Jocelynn L. Cook, PhD., MBA, Nancy Poole, MA and Ginny Gonneau, (BA)

Issue:

Fetal Alcohol Spectrum Disorder (FASD) is prevalent in many countries around the world. One approach to FASD prevention is the use of alcohol warning labels (AWLs) to provide information about the risks associated with alcohol consumption during pregnancy. Although AWLs are a policy option commonly supported by the general public, their effectiveness for changing behaviour among high-risk maternal drinkers has not been documented in the research and their use remains controversial.

Background:

Alcohol Warning Labels (AWLs) have been used by a number of countries to increase awareness of the risks of alcohol consumption during pregnancy. Several jurisdictions, including the United States, France, Russia, South Africa, and the Yukon and Northwest Territories have regulations requiring warning labels related to drinking alcohol during pregnancy and/or other risks. Other countries, such as the United Kingdom and Australia, have chosen to work with industry to encourage the voluntary placement of consumer information and health warning labels on alcoholic beverages. (For information on country specific information on AWLs see <http://www.icap.org/table/HealthWarningLabels>)

Only a few countries that have implemented AWLs have systematically evaluated their effectiveness for changing attitudes and behaviour, and this evidence is mixed. For example, there is some evidence suggesting that AWLs can be helpful for stimulating efforts to avert another's drunk driving (1). However, other studies report that AWLs may be ineffective for changing drinking behaviour especially among high-risk maternal drinkers (2). In addition, some experts suggest that placing strong and poorly nuanced warnings on beverage containers has the potential to create harm among some women who have consumed alcohol in the time between conception and becoming aware that they are pregnant (3). Given the limited evidence for effectiveness in changing high-risk behaviour and the potential for creating harm, any proposal to introduce AWLs to address maternal alcohol use needs careful consideration.

Findings

Experts studying the effectiveness of health warning messaging have identified a number of factors that can enhance their effectiveness including size and appearance of labels, their placement on product, and simplicity of messaging. Providing information about standard drink size in AWLs can also be important in helping people understand how much alcohol they are consuming and thereby contribute to safer alcohol use. There is evidence that several behaviours related to drinking can be influenced by

warning labels. For instance, AWLs have been shown to play a role in stimulating conversations between pregnant women who are drinking and health care providers, and they can play a part in helping pregnant women who drink lightly abstain from alcohol (4). However, existing research does not show that AWLs, when used in isolation, are effective for changing judgments/beliefs about alcohol, or reducing alcohol consumption among maternal drinkers who consume heavily and frequently.

Conclusions

Although universal prevention efforts, such as public service messages and alcohol warning labels, alone have not been shown to be very effective for reduce the risky consumption of alcohol in pregnancy, research suggests that when combined and integrated with other educational, policy and programmatic initiatives, AWLs can help shift social norms and reduce risks (5). The value of universal prevention efforts such as AWLs is that they can play a part in shifting cultural norms around alcohol use. For example, they can help establish a general social understanding that alcohol is a hazardous commodity and should be treated with caution by everyone, including pregnant women and those attempting to conceive (6). The role that AWLs can play in shifting the drinking culture more generally and reducing the prevalence of heavy drinking among women of child bearing age is worth considering in future studies. The confluence of prime childbearing years and increasing heavy drinking in young adulthood makes *reducing risky drinking across the population* of critical importance. Universal prevention interventions, such as warning labels and public messaging campaigns are an important part of any multi-faceted strategy related to prevention of FASD, but must be carefully designed to be most effective.

Observations/recommendations:

- FASD public messaging campaigns embodying advances in prevention messaging science and practice, coupled with better label design, could improve the ability of warning labels to contribute to changing cultural norms and behaviour around alcohol. Selective and indicated prevention initiatives serving the needs of women of childbearing ages who drink, and pregnant women drinking at risky levels, should be pursued simultaneously and integrated with these universal prevention programs such as AWLs to maximize effectiveness.
- On the matter of AWL messaging specifically for FASD prevention, it is important that the language of these messages be considered carefully so as to not create unintended consequences and stress among women who consume lightly in the time between conception and becoming aware that they are pregnant. If warnings about drinking in pregnancy are worded such that they imply ANY alcohol use can cause serious harm to the fetus, some fear that women who drank lightly during the first few weeks of their pregnancy may choose to abort even though the chances of serious effects are very small. For this reason and to avoid stigmatizing and marginalizing women who drink in pregnancy, the wording of AWLs related to drinking alcohol during pregnancy should be very carefully considered and supplemental information about the known risks of birth defects from alcohol consumption should be conveyed in conjunction with such warnings so that unintended and potentially harmful consequences are minimized.
- Multiple measures across *all three* types of prevention (universal, selective, and indicated) are required to shift cultural norms, understandings and behaviours related to maternal alcohol consumption. Together, carefully planned and implemented combinations of these levels of prevention could decrease drinking during pregnancy, promote maternal health and reduce the

number of children born affected by FASD.

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