

FASD NEWSLETTER 2023

SUPPORTING FREE AND INFORMED CHOICES

FA fetal
SD alcohol
spectrum
disorders

talk about it for better action



Authors

Marianne Dessureault, lawyer, head of legal affairs and alcohol project lead, ASPQ

Marie-Alexia Masella, M.Sc., doctoral student in bioethics at the University of Montreal's École de santé publique

Maude Dubois Mercier, M.Sc., B. Sc. Inf, *Dialogues Alcool et Périnatalité* project lead, ASPQ

Sylvie Roy, Dt.P., FASD project lead, ASPQ

Revision

Anne-Marie Morel, M.Sc., chief advisor, ASPQ

Kim Brière-Charest, B.A., project director – Psychoactive substances, ASPQ

Acknowledgments

This project was made possible through the financial contribution of the Public Health Agency of Canada. The comments and opinions expressed in this document do not necessarily reflect those of the PHAC and do not engage its responsibility.

Legal notices

Reproductions for personal, private study or research purposes are authorized under section 29 of the Copyright Act. The *Association pour la santé publique du Québec* holds the exclusive intellectual property rights to this document. Information contained in this document may be cited, provided that the source is mentioned.

This document is available in electronic format (PDF) on the ASPQ's website: www.aspq.org

Association pour la santé publique du Québec (ASPQ)

The ASPQ is an autonomous association bringing together citizens and partners to make sustainable health a priority. Sustainable health is rooted in a long-term vision that, while providing health care to all, also keeps people healthy through prevention.

Our organization advises, investigates, raises awareness, mobilizes stakeholders and issues recommendations based on evidence, expert consensus, international experience and social acceptability.

Table des matières

How to support informed choices in order to prevent FASD	4
Five basic principles for talking about alcohol.....	6
Alcohol and pregnancy: The particular challenges of unplanned pregnancies	8
Quebec initiatives to prevent FASD	10
Advertisements targeting women: Cleaning up the public space to foster informed choices	11
The Senate takes an interest in FASD.....	12
Warning labels: A promising approach to support pregnant women	13
References	15



5455 avenue de Gaspé, bureau 200,
Montréal (Québec)
H2T 3B3
info@aspq.org | aspq.org

How to support informed choices in order to prevent FASD

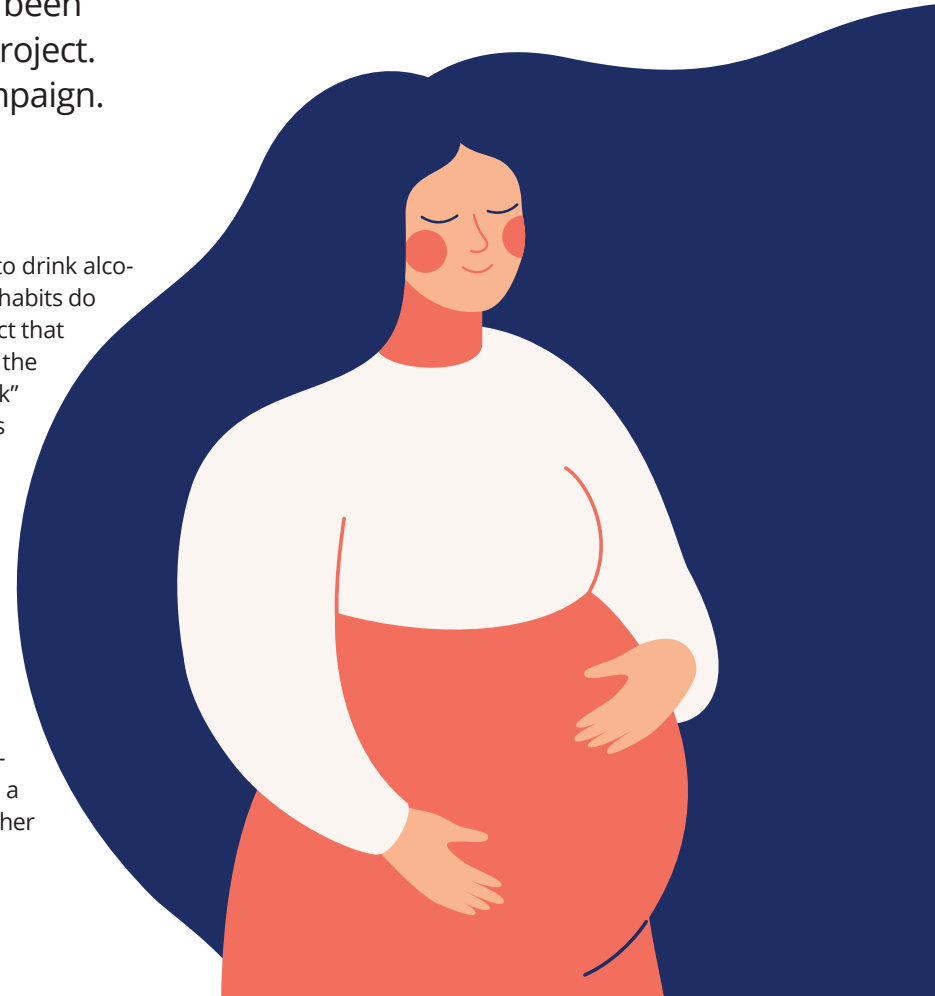
Since 2019, the *Association pour la santé publique du Québec* (ASPQ) has been launching various initiatives as part of its FASD: *More talk, more action* project. Among these was the ***During pregnancy, go alcohol-free*** awareness campaign. You can discover its many tools by visiting our bilingual website at fasd-alcoholfreepregnancy.ca.

While much progress was made over the last four years, many Quebecers still do not know what Fetal Alcohol Spectrum Disorder (FASD) is and how it can be prevented. How are we supposed to make informed decisions regarding alcohol consumption during pregnancy if we do not even know about FASD and its link with prenatal exposure to alcohol?

It is currently impossible to determine the exact number of people who have FASD in Quebec, but there is reason to believe that the prevalence of FASD is higher than the Canadian average, of 4%.^[1,2] Indeed, according to the latest available data, Quebec is undoubtedly the province where the rate of alcohol consumption during pregnancy is the highest.^[3,4] In addition, recent surveys have shown a constant increase in the number of Quebec women who consume alcohol.^[5] In 2017-2018, nearly 80% of Quebec women consumed alcohol, a proportion well on its way to catching up with that of Quebec men (84%).

Of course, the choice of whether or not to drink alcohol is up to the woman, but her drinking habits do not rest solely on her shoulders. It is a fact that alcohol is omnipresent in our lives: from the constant opportunities to “have a drink” to the powerful advertising strategies we are subjected to, the widespread availability of alcoholic products and to the social pressure to conform.^[6] Becoming pregnant doesn't suddenly make us insensitive to our environment. All these factors play a role in people's consumption habits.

On this subject, an ASPQ survey carried out by Léger in 2022 revealed that one in seven pregnant women had been offered alcohol during their pregnancy. In a survey conducted by Claudie Mercier on her



Instagram account in May 2023 among 3,483 people, more than six in ten women reported that at least one of their loved ones had encouraged them to consume alcohol during pregnancy (“C’mon, just a little drink, it’s no big deal”). Resisting such pressure is not easy for everyone.

Since several factors can influence alcohol consumption during pregnancy, how can we, collectively as a society and individually as professionals and loved ones, support women to help them make free and informed decisions?

Possible solutions to support freer and more informed choices

In our 2022 Newsletter entitled *Preventing together*, Annie Rivest, general director of SafERA, an organization dedicated to the problem of FASD, underlined that “Raising awareness about the effects of prenatal alcohol exposure and FASD in Quebec remains a major challenge in 2022”. Disseminating information and raising awareness are therefore among the keys to supporting informed choices.

Furthermore, the way we talk about alcohol in the public space also plays a role in generating interest, breaking taboos, and encouraging open and factual discussions on consumption. In this newsletter’s first article, our colleague Maude Dubois Mercier presents proven communication strategies and practices that were gathered among a variety of actors in the field of prevention and harm reduction as part of the *Dialogues Alcool*.

In the next article, with 30% to 60% of pregnancies being unplanned and 80% of women consuming alcohol, Marie-Alexia Masella presents recommended preventive measures that can be put in place to meet the challenge posed by this type of pregnancy.

Although much remains to be done in order to increase the visibility of FASD, two Quebec initiatives will be presented. Last October, the *CIUSSS de la Capitale-Nationale*’s Public Health Department published Quebec’s first intervention tool designed to help health and social services

professionals prevent prenatal alcohol exposure and its consequences. Montreal’s Regional Public Health Director has also relaunched an information newsletter which covers, among other topics, alcohol consumption during pregnancy.

Regulating alcohol marketing is a promising solution to help prevent FASD.^[7] Public policies are essential to create environments that encourage behaviours favourable to FASD prevention. A federal bill recently tabled in the Senate could possibly help in this regard: Bill S-253 respecting a national framework for fetal alcohol spectrum disorder. Our lawyer and head of legal affairs, Marianne Dessureault, summarizes it in this newsletter.

Adding warning messages on alcoholic beverage containers and warning signs at different alcohol points of sale would also be an interesting way to raise awareness about the risks of alcohol consumption.^[8]

Bill S-254 amending the Food and Drugs Act (warning labels on alcoholic beverages) could also support these structuring changes. This subject will be discussed in the article *Warning labels: A promising approach to support pregnant women* by Me Marianne Dessureault.

This captivating newsletter provides a wide array of information to help support pregnant women’s choices regarding alcohol consumption. We all have a role to play to better inform and support Quebecers about alcohol consumption, its effects and risks and to help prevent FASD. Please refer to our past FASD newsletters and other documents on our website for more information. ■

We hope you enjoy this newsletter!

References

1. Réseau de recherche Canada FASD (2021). « Trouble du spectre de l’alcoolisation fœtale ». <https://canfasd.ca/wp-content/uploads/publications/CanFASD-Brochure-FAQs.pdf>.
2. Lisa Graves et al (2020). « Guideline No. 405: Screening and Counselling for Alcohol Consumption During Pregnancy », *Journal of Obstetrics and Gynaecology Canada*, 42 (9), 1158-1173.e. [https://www.jogc.com/article/S1701-2163\(20\)30223-1/fulltext](https://www.jogc.com/article/S1701-2163(20)30223-1/fulltext).
3. Agence de la santé publique du Canada (2013). « Indicateurs de la santé périnatale au Canada 2013 : Un rapport du système canadien de surveillance périnatale » (Ottawa, ON, CAN).
4. Statistique Canada (2017-2018). « Enquête sur la santé dans les collectivités canadiennes – FMGD : Cycle 2017-2018 ». Adapté par l’Institut de la statistique du Québec.
5. INSPQ (2021). « Portrait de la consommation d’alcool au Québec et au Canada ». <https://www.inspq.qc.ca/substances-psychoactives/alcool/dossier/portrait-de-la-consommation-alcool-au-canada-et-au-quebec>.
6. Association pour la santé publique du Québec (2022). « L’Alcool au Québec : Une consommation soutenue par une norme sociale favorable ». https://aspq.org/app/uploads/2022/04/2022_alcool_facteurs_normes_qc_vf.pdf.
7. Association pour la santé publique du Québec (2022). « L’alcool au Québec: opinions de la population et des organismes sur la norme sociale et les politiques publiques ». https://www.aspq.org/app/uploads/2022/06/2022_opinions-pop-organisations-alcool_vf.pdf
8. Neufeld, M. et al. (2020). « Implementing Health Warnings on Alcoholic Beverages: On the Leading Role of Countries of the Commonwealth of Independent States. *International Journal of Environmental Research and Public Health*, 17 (21). <https://pubmed.ncbi.nlm.nih.gov/33172090/>

By **Maude Dubois Mercier**,
Dialogues Alcool et Périnatalité project lead

Five basic principles for talking about alcohol

Even though the impact that alcohol can have on the health of unborn babies are well documented, the subject is still seldom discussed, both in the public and private spheres.

Perhaps as a result of this, in 2020, 64% of adolescents, 50% of Quebecers and 28% of pregnant women were unaware of fetal alcohol spectrum disorder (FASD)¹. Awareness campaigns can be effective to inform the population and support informed decision-making, but they can also contribute to stigmatization and create a feeling of shame among pregnant women who use or have used drugs or for people living with FASD. In this context, women may be less inclined to discuss this subject with health professionals, take medical appointments related to their pregnancy or request support to reduce their alcohol consumption.

Another fact to consider: between 30% and 60% of pregnancies in Quebec are unplanned (to find out more, see the article *Alcohol and pregnancy: The particular challenges of unplanned pregnancies* by Marie-Alexia Masella). However, in 2017-2018, 80% of Quebec women aged 12 and over reported consuming alcohol and nearly 50% of them said they did so regularly.² In addition, in 2021, nearly 18% of Quebec women aged 18 to 34 reported having consumed alcohol excessively (4 drinks or more on the same occasion)³ at least once a month in the past year. In light of these facts, prevention efforts should

not be solely targeted at pregnant women, but all women of childbearing age.

One possible solution is to share responsibility with the entire population. All of society must be concerned about

How can we support informed choices regarding alcohol consumption among pregnant women and women of childbearing age without stigmatizing them?

this issue. And considering the fact that alcohol consumption benefits from a favourable social norm in Quebec, a collective reflection would be all the more beneficial for the health and well-being of the entire population.

This is the question that the people participating in the *Dialogues Alcool* project focused on: how can we support free and informed choices regarding alcohol without stigmatizing? More than 35 people from 11 regions of Quebec working in planning, programming, research, and other intervention sectors involved in preventing or reducing alcohol-related harm took part in one of several activities organized as part of the project.



- 1 Association pour la Santé Publique du Québec (2020). « Consommation alcool et grossesse ASPQ. Sondage auprès de femmes enceintes ou ayant récemment accouché, d'adolescent(e)s et de Québécois(e)s ». <https://www.aspq.org/priorite/trouble-du-spectre-de-lalcoolisation-foetale-tsaf/>
- 2 Institut national de santé publique du Québec : INSPQ - Expertise. (2019 [cité 14 juill 2020]). « Portrait de la consommation d'alcool au Québec et au Canada ». <https://www.inspq.qc.ca/substances-psychoactives/alcool/dossier/portrait-de-la-consommation-alcool-au-canada-et-au-quebec>
- 3 Statistique Canada (2021 [cité 30 nov 2021]). Tableau 13-10-0096-11. « Consommation abusive d'alcool, selon le groupe d'âge [Internet] ». <https://www150.statcan.gc.ca/t1/tbl1/fr/tv.action?pid=1310009611>

While several questions remain unanswered, these discussions led to the creation of a collaborative document: “Five basic principles supporting our collective communication efforts on alcohol.” This is intended to be a working and awareness tool for organizations involved in issues related to alcohol. Here are the highlights.

Convey a clear, transparent and nuanced message

The information transmitted to the public must be simple, scientifically accurate, and nuanced. The possible consequences of alcohol consumption are thus presented in a factual manner, without the intention of convincing. In the case of alcohol and pregnancy, this means stating that alcohol is toxic for the fetus and can therefore lead to malformations in various organs (e.g., heart, brain and kidneys) and FASD.

Focus on the person’s capacity to act and think for themselves (agency)

These messages appeal to people’s thinking, intelligence and engagement while contributing to the development of the public’s capacity for action. The dissemination of inspiring role models, practical solutions to mitigate

risks and decision support or self-assessment tools are some effective examples. Several awareness tools putting this concept into practice are available on the website www.fasd-alcoholfreepregnancy.ca.

Recognize the plurality of realities

The alcohol consuming population is very diverse. By adapting the message to the motivations, characteristics and environment of a particular audience, they are more likely to feel challenged and adopt behaviours more favourable to their health and well-being. For example, expecting a child is a period rife with worries and challenges for parents, which must be considered when developing communications with this audience.

Adopt a caring, egalitarian tone free from value judgment

Such messages demonstrate a positive consideration of the public, with its strengths and challenges, in order to empower people to make their own choices. Conversely, using a directive, imperative and guilt-inducing tone should be avoided. The same goes for the use of statements based on presumptions and undue generalizations, or a lexicon

with moral connotations. As mentioned earlier, this type of communication may discourage a pregnant woman from asking questions or seeking support that would benefit her and her unborn child.

Involve communities

Obstacles and possible solutions to a problem are known by the people who experience them. They are therefore essential actors and must be involved in the development of messages that are meaningful to them. Showing openness and listening is also a protective factor against mistakes which can hurt or break a bond of trust. Involving the pregnant woman, as well as her partner and those close to her, in the search for possible solutions will help increase the impact of communications on alcohol.

These concrete ideas can contribute to the effectiveness alcohol messaging and efforts to raise awareness about the effects of alcohol during pregnancy for the entire population. By increasing knowledge, the social pressure on pregnant women to consume should be relieved. It is often said that it takes a village to raise a child, but this saying is just as applicable to pregnancies. ■



Marie-Alexia Masella, M.A., doctoral student in bioethics at the University of Montreal's École de santé publique

Alcohol and pregnancy:

The particular challenges of unplanned pregnancies

The prevention of FASD and alcohol consumption during pregnancy is essential. Scientific research is clear: alcohol consumption during pregnancy can lead to malformations, through its action on the development of the embryo and fetus^[1-8]. Although several prevention campaigns have been developed, certain challenges remain in their creation, adaptation and implementation, particularly for one population: women experiencing an unplanned pregnancy.

Unplanned pregnancies

An unplanned pregnancy may refer to different situations^[9-12]:

- **Unwanted pregnancy:** a pregnancy that occurs at a time when the person did not want (or no longer wanted) a child.
- **Poorly planned pregnancy:** a pregnancy that occurs earlier or later than desired.

Conversely, a pregnancy is said to be planned when a couple makes the decision to have sexual relations in order to achieve a pregnancy as quickly as possible and successfully does so at the "right time"^[13-14].

Unplanned pregnancies are more common than one might think. Worldwide, the rate of unplanned pregnancies ranges between 30 and 60%^[5,8,9,15-24]. In Canada, these numbers are roughly the same^[24-27].

Women that are socio-economically disadvantaged (low education, low income), racialized, exposed to psychological, physical and sexual violence, experiencing a mental health disorder (depression, anxiety) or a disorder linked to substance use are more likely to experience an unplanned pregnancy^[6,9,12,13,23,27-32].

While there is no clear consensus in the literature, some studies associate unplanned pregnancies with higher risks of exposure to alcohol than planned pregnancies^[10,27,29,33-35]. Different explanations can be given to explain these results^[6,31,33,35,36]:

- Later discovery of the pregnancy;
- Not being able to benefit from advice and support from health professionals since prenatal follow-up did not start early;
- Less likely to engage in safe behaviours or have little knowledge about recommended behaviours to adopt during pregnancy;
- Non-cessation of alcohol consumption by women who wish to become pregnant.

Also, the occurrence of an unplanned pregnancy can cause different reactions in women. Thus, some continue their consumption after discovering their pregnancy^[37], or even increase it, because they do not know exactly how to react^[37-38] or have attachment issues towards the unborn child^[37].

According to the available literature, the majority of pregnant women, whether the pregnancy is planned or not, reduce or stop their consumption when they have confirmation of their pregnancy^[35-39].



Challenges in preventing prenatal alcohol exposure during unplanned pregnancies

To effectively prevent prenatal alcohol exposure in the context of an unplanned pregnancy, it is important to note the challenges people may face:

- **Delay before noticing pregnancy.** For women whose pregnancy was not planned or expected, there may be a longer delay between conception and knowing they are pregnant, which may increase the period of prenatal alcohol exposure [8,12,17].
- **Delay before starting medical follow-up.** Following the late discovery of their pregnancy or the ambivalence felt about it, there may be a delay in accessing information on alcohol consumption, generally transmitted by health providers at the start of the pregnancy [5,6,11,12,17,29,40].
- **Feeling of anxiety.** The recognition delay can cause anxiety and guilt in women who become aware of the potential consequences of their alcohol consumption [41].
- **Reactions from healthcare providers.** It can be tricky for professionals to approach this subject for two main reasons:
 - The way of presenting the recommendations so as not to create too much worry and anxiety in the pregnant person regarding alcohol consumption which may have already taken place at the start of pregnancy [42];
 - The knowledge and familiarity that each professional has on this subject and on how to approach it. For example, some people are embarrassed to discuss this subject with pregnant people for fear of stigmatizing them [6,17,43].

Recommendations

In addition to the recommendations available for the ethical prevention of alcohol consumption during pregnancy (for more details, consult the first FASD Newsletter), other recommendations specific to unplanned pregnancies can also apply.

First of all, different prevention models may be of interest to inspire practices in the field.

A. The *Four-Part Model of FASD Prevention, developed in Canada, aims to reduce the prevalence of FASD.*

It takes into consideration the contexts that women experiencing an unplanned pregnancy are more likely to experience. Interventions^[43,44] are divided into four levels of prevention:

- **Level 1:** Information related to alcohol consumption habits and promotion of healthy habits within the general population, particularly regarding pregnancy, by focusing on interventions in the community and warnings on alcoholic beverage containers.

- **Level 2:** Prevention of FASD among women of childbearing age and those around them, via brief interventions carried out by health professionals or social services before conception or during pregnancy^[43].
- **Level 3:** Support for women with an alcohol use disorder or a history of violence and sexual assault before conception, during pregnancy and postnatally^[43-44].
- **Level 4:** Support in the postnatal period so that women maintain the new behaviours adopted during pregnancy^[43,44].

B. *The Changing High-risk alcohol use and Increasing Contraception Effectiveness Study (CHOICE Project),*

developed in 2007 in the United States, is aimed at women who are not pregnant, but who could become pregnant, and who consume an excessive amount of alcohol. It aims to reduce or cease alcohol consumption and prevent the occurrence of unplanned pregnancies, including providing the opportunity to discuss contraceptive options. The program uses the motivational interview approach to generate engagement towards a change in behaviour based on objectives and personalized action plans determined with women. This program has demonstrated its effectiveness on numerous occasions and is increasingly used.

C. *The Reproductive life plan, developed in the 1980s, proposes a series of questions on women's health and their desire to have children.*

It promotes the empowermentⁱ of women in terms of reproductive choices and helps support their preferences in terms of fertility by offering an approach centred on their feelings, needs, choices, and desires

ⁱ Empowerment is a process that allows an individual to make choices, apply them and evaluate them in a manner consistent with their values, interests and any other personal factor that they consider relevant.

While being especially careful not to stigmatize, it is also necessary to identify the populations most at risk of unplanned pregnancies and prenatal exposure. Thus, it is possible to deploy appropriate support, in particular through adequate access to contraception and by taking into account the context in which the women live (poverty, racism, gender equality, etc.)ⁱⁱ [13,18].

Finally, it is essential to mention that more studies are needed on pregnancy planning and alcohol consumption. Currently, few studies, including in Canada, are interested in this subject. More research and interventions must be implemented in Canada and Quebec in order to adequately prevent the risks of alcohol consumption among pregnant people, through the development and implementation of adapted and relevant practices and recommendations, in both the preconception and prenatal stages.

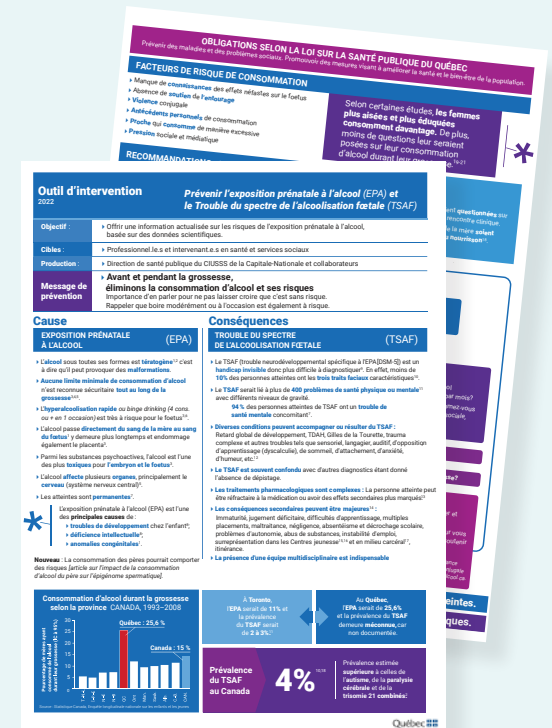
Preventing alcohol consumption among pregnant people with unplanned pregnancies is an important challenge that requires further attention. With approximately one in two pregnancies being unplanned and alcohol consumption being ubiquitous in our industrialized societies, ethical and adapted interventions must be developed and implemented to prevent prenatal exposure to alcohol. Front-line health professionals have an essential role to play with pregnant women in preventing alcohol-related harm and promoting healthy behaviours. We must continue our efforts in terms of research, studies and development of tools and recommendations to help professionals in their daily practice, which is what the ASPQ, CanFASD, and many other organizations are currently doing. ■

References on page 15

ii It is important for health professionals to know the factors that can lead women in general and pregnant women in particular to consume alcohol. CanFASD has published an **annotated bibliography of articles on FASD prevention (2022)**. This document presents the different factors that were studied and listed.

Quebec initiatives to prevent FASD

The *Prévenir l'exposition prénatale à l'alcool (EPA) et le Trouble du spectre de l'alcoolisation foetale (TSAF)* intervention tool helps inform professional health and social services teams and engage conversations with women before and during their pregnancy. This document is the result of a close collaboration between the Public Health Department of the CIUSSS de la Capitale-Nationale, the ASPQ and SafEra.



SIPPE is a pan-Quebec program that supports families in vulnerable situations from pregnancy to the child's entry into school. The Montreal Regional Public Health Director (DRSP) has relaunched the *Comment SIPPE'rendre* information newsletter for Montreal teams. The August 2023 edition covers alcohol during pregnancy, how to approach the subject and references to consult if necessary. ■

Advertisements targeting women: Cleaning up the public space to foster informed choices

Eager to expand their market, alcohol-based industries are increasingly targeting women, who, until recently, were statistically known to consume less than their male counterparts. Various marketing strategies adapted to this new audience have been put in place. Indeed, since the 1990s, the industry has adapted its strategies to reach more women, including the development of new products based on their preferences, the use of new media reflecting their lifestyle, gender stereotypes and, more recently, the dissemination of messages related to female empowerment or gender equality^[1].

In a context where advertising increasingly targets women and an increasing proportion of Quebec women choose to maintain their alcohol consumption during pregnancy, solutions to reduce advertising exposure and thus ensure truly free and informed choices by consumers must be offered. Prohibiting and better regulating advertisements in public spaces is one of these promising solutions.

Advertising: An influential factor?

Whether people are aware of it or not, advertising is very effective in increasing sales of products and services in the alcoholic beverage industry: just look at the millions of dollars invested in alcohol marketing each year. According to a Léger survey conducted on behalf of the ASPQ in June 2021, 84% of Quebec adults, both men and women, still claim that alcohol advertising does not influence them to drink.

That being said, among those saying they are influenced, 18-34-year-olds are the most likely to recognize it, followed by parents of children under 18.

However, several studies confirm that advertising increases alcohol consumption and certain groups are more sensitive to its effects and consequences, including children, adolescents, young adults, people struggling with addiction, and pregnant women. Exposure to alcohol marketing, including sponsorships and promotional items, influences the perception of alcohol consumption, as well as consumption habits and levels^[2-9].

Benefits from restrictions on advertising in public spaces?

Policies aimed at reducing this exposure by regulating advertising practices are known to be among the most cost-effective measures to counter their harmful effects^[10-12]. In May 2022, following its 75th World Health Assembly, the World Health Organization (WHO) reiterated its goal of making alcohol harm reduction a public health priority. To achieve this, and as recommended in its Global Strategy to Reduce the Harmful Use of Alcohol and Global Alcohol Action Plan 2022-2030, the WHO is focusing on alcohol marketing restrictions to reduce exposure to advertising and promotion^[13-14].

Restrictions, or even a ban, on alcohol advertising in public spaces therefore appear to be promising initiatives to reduce

exposure and harms related to alcohol consumption. This is why several jurisdictions, both in Canada and elsewhere in the world, have adopted regulations limiting advertising in public spaces, such as prohibiting it on public transport, on the side of the road, near schools or even outside shops.

In Quebec, there are no restrictions on the display or advertising of alcohol specifically in outdoor public spaces. *The Regulation respecting advertising, promotion and educational programs relating to alcoholic beverages*^[15] nevertheless regulates, to a certain extent, the distribution and content of advertising and promotional messages from liquor license holders (e.g., bars, restaurants, grocery stores, hotels, and manufacturers), without banning it outright in any specific space. It would be interesting to draw inspiration from other models in order to improve our policies to encourage the creation of environments favourable to the adoption of healthy lifestyle habits and free from the undue and unsolicited pressures created by advertisements in the public space.

On this subject, it is also possible to consult and view, on the ASPQ's web page, a [webinar on reducing advertising exposure in public spaces](#) as well as the collection of [Promising policies to reduce alcohol-related harm](#).



The ASPQ will also be publishing a case study on advertising regulations in public spaces towards the end of September 2023.

Finally, alcohol advertising and subsequent exposure play important roles in constructing the social norm favourable to alcohol consumption. Reducing exposure to alcohol advertising would help change the social norm surrounding alcohol consumption, and conversely promote the acceptability of non-consumption, particularly during pregnancy. This cultural norm of alcohol consumption is also a factor recognized as slowing down the cessation or reduction of alcohol consumption among pregnant women^[17].

Living in a society where alcohol advertising is limited could help support consumers and those around them by reducing temptations and the desire to consume. ■

References on page 16

The **Senate** takes an interest in FASD

By **Me Marianne Dessureault**, head of legal affairs and project lead, ASPQ

A bill addressing fetal alcohol spectrum disorder has been introduced in the Senate. This is definitely a bill to keep an eye on, as it could contribute to more prevention initiatives and support for those affected. Already, its tabling and the discussion surrounding it are helping to make elected officials aware of this avoidable disorder and to make it better known.

The importance it places on prevention is certainly welcome. Let's keep an eye on the legislative progress!

To learn more about Bill S-253 respecting a national framework on fetal alcohol spectrum disorder (FASD)

In Canada, 4% of the population is affected by FASD, making it the leading cause of neurodevelopmental disability in the country. Appropriate supportive measures to reduce the number of alcohol-exposed pregnancies should be considered. To do this, the Senate is studying a legislative request to create a national framework to support Canadians with FASD, their families and caregivers.

Introduced and tabled by the Honourable Mohamed-Iqbal Ravalia, Independent Senator from Newfoundland and Labrador, on October 19, 2022, the **bill** is still under review in the Senate. Following its second reading on June 1, 2023, the bill was referred to the Standing Senate Committee on Social Affairs, Science and Technology for further study. Once the bill is approved in the Senate, it will have to be studied by the House of Commons. These steps can take several months.

In brief, the bill proposes the following:

- Measures to meet the training and orientation needs of professionals for the prevention and diagnosis of FASD and to support the people affected;
- Measures to promote research, communication and information sharing between governments on prevention, diagnosis and support measures;
- National standards on the prevention and diagnosis of FASD and support for those affected;
- A strategy to raise awareness of the risks associated with alcohol consumption during pregnancy and FASD, in particular by recommending changes to the legislative and strategic frameworks concerning the consumption and marketing of alcohol;
- Any other measure that the Minister considers useful to prevent FASD, ensure that people who suffer from it receive the correct diagnosis, and improve their conditions and quality of life, but also those of their families and their caregivers.

By **Me Marianne Dessureault**, head of legal affairs and project lead, ASPQ

Warning labels:

A promising approach to support pregnant women

At the end of 2022, a bill was presented by the Honourable Patrick Brazeau, independent senator from Quebec, to amend the *Food and Drugs Act* to add an obligation to affix warning labels to alcoholic beverages on the risk of drinking alcohol during pregnancy (see the box below for more information)^[1]. The adoption of such a policy is a promising solution to be explored in order to improve public awareness about the impacts of alcohol consumption^[2].

Impacts and acceptability of such measures

In Canada, certain concepts related to alcohol consumption, such as what constitutes a standard drink and the impacts of alcohol on well-being, seems insufficiently or little known. Indeed, according to a Léger survey conducted on behalf of the ASPQ in 2020, in Quebec, at least two people in five consider that it is safe for the health of the fetus for the mother to consume one drink of alcohol per month, and a quarter consider it safe to have one drink per week. In addition, half of respondents said they were unaware of fetal alcohol syndrome disorder (FASD)^[3].

Interestingly, populations that are more sensitive to the effects of alcohol and marketing strategies, such as young people, those who consume excessively and pregnant women, also seem to be the most receptive to warning messages.

It has also been reported that warning labels about alcohol consumption during pregnancy promote dialogue between pregnant women who drink and their health care providers. The measure also seems to encourage the maintenance of non-consumption among those who drink little or nothing during their pregnancy^[4]. It is also estimated that the costs of implementing such a measure would be minimal or very low^[5].

This policy is also broadly supported by the Quebec population: 77% of Quebec adults, surveyed in June 2021 by Léger on behalf of the ASPQ, agree with the obligation to include prevention messages on the dangers of alcohol consumption during pregnancy on alcoholic beverage containers. Additionally, 80% also agreed that such messages should be broadcast at alcohol outlets.

Initiatives in Canada

In Canada, despite popular support, optimized warning labels on alcohol containers are non-existent in 11 of the 13 provinces and territories. In the only two territories where they are applied, "They do not follow recommended practices and are applied in accordance with in-store policy, not by a requirement on the manufacturer imposed by law"^[6].

For example, in the Yukon, stickers relating to alcohol consumption during pregnancy have been affixed to containers since the mid-1990s: *Warning: drinking alcohol during pregnancy can cause birth defects*. A pilot project funded by the Government of Canada in 2017 aimed to create a large, mandatory coloured label containing warnings in the form of pictograms and messages related to FASD, the number of standard glasses and cancer. The warning against alcohol-related cancer risks, however, was dropped following strong pressure from the alcohol industry^[7-9].

In Ontario, prevention messages related to alcohol during pregnancy are displayed inside points of sale. Coming into force on February 1, 2005, Sandy's Law requires all Ontario establishments serving or selling alcohol, including the LCBO (Crown Corporation) and grocery stores authorized to sell alcohol, to display, according to certain prescribed visual criteria, prevention and warning messages related to alcohol and pregnancy. Failure to comply with this provision constitutes an offence under the Liquor License Act and can be punishable, as an administrative sanction, by a fine. To learn more about this Ontario legislative model, you can consult the ASPQ [case study](#) on the subject.

As for Quebec, it is only on a voluntary basis that certain manufacturers affix warnings to the containers of their products in the form of text or pictograms. According to federal standards, certain information must nevertheless be included on the labels and packaging of alcoholic beverages, such as alcohol content, allergens and ingredients. Certain claims that can be made on these products are also subject to restrictions. However, no messages related to health or the risks of alcohol are imposed^[10].

Bill S-254

An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)

Presented and tabled on November 2, 2022, by the Honourable Patrick Brazeau, independent senator from Quebec (Repentigny), the **bill** is still being examined by the Senate. The second reading, completed on June 1, 2023, allowed the bill to be transferred to the Standing Senate Committee on Social Affairs, Science and Technology. It is expected that work will continue during the year in the hope that the bill can be studied by the House of Commons soon.

The preamble to the legislative text recognizes that there is a direct causal link between alcohol consumption and the development of fatal cancers. However, many Canadians are unaware of the negative impacts that alcohol consumption can have on health and that it can increase the risk of cancer. Based on the objective that it is essential for the public to have access to accurate and up-to-date health information to make informed decisions regarding alcohol consumption, adding a warning label on alcoholic beverages would be an effective way of making consumers aware of this health information.

It is therefore requested that the Food and Drugs Act be amended to add, after section 5, the following:

“5.1 No person shall sell a beverage that contains 1.1 per cent or more alcohol by volume unless the package in which it is sold bears, in the prescribed form and manner, a label warning against the risks of alcohol consumption to the health of consumers and showing, in addition to any other prescribed information,

- the volume of beverage that, in the opinion of the Department, constitutes a standard drink;
- the number of standard drinks in the package;
- the number of standard drinks that, in the opinion of the Department, should not be exceeded in order to avoid significant health risks; and
- a message from the Department that sets out the direct causal link between alcohol consumption and the development of fatal cancers.”

Initiatives elsewhere in the world

Several countries^[11] require that messages on health risks, risks during pregnancy or those when driving a car related to alcohol be affixed to all containers or certain types of alcohol, including Ireland^[12], South Korea^[13] and the United States^[14]. The European Parliament is also studying the issue.

Here is an example of a warning label in the United States (California):

GOVERNMENT WARNING: (1) According to the Surgeon General, women should not drink alcoholic beverages during pregnancy because of the risk of birth defects. (2) Consumption of alcoholic beverages impairs your ability to drive a car or operate machinery, and may cause health problems.

In this respect, Ireland is an example to follow. It recently adopted and implemented a public health law aimed at reducing alcohol consumption at the population level. Several measures are included in this law, including a mandatory warning on alcoholic beverage containers. Despite opposition from industry, the country moved forward, and the European Commission authorized the introduction of uniform warnings on alcohol products sold in Ireland^[16]. The debate is to be continued since the World Trade Organization (WTO) will also have to look into the matter^[17,18].

To learn more about Ireland's recent legislative adoption and its impact, consult the case study on the ASPQ website!

Finally, to be optimal, the warnings must also be clear, visible, simple and the message prominent^[19]. On the other hand, in order to ensure its effectiveness, the addition of warnings must also be considered within a more global strategy for adopting other public policies with a similar objective of reducing alcohol-related harm. Such a policy must therefore be accompanied by other measures aimed at reducing the harm linked to alcohol consumption. As part of a global strategy aimed at establishing environments favourable to healthy lifestyle habits and the reduction of harms linked to alcohol and the prevention of FASD, the obligation to display warnings on the various risks of alcohol on alcoholic beverage containers and in stores should be considered. This strategy could help make informed decisions when it comes to consuming alcohol and support parents and those around them before, during and after pregnancy. ■

REFERENCES

“Alcohol and pregnancy: The particular challenges of unplanned pregnancies”

References for article on page 7

- Action Canada pour la santé et les droits sexuels. (s. d.). « Grossesse non planifiée ? Voici vos options. » <https://www.actioncanadashr.org/sexual-health-hub/making-decision-about-pregnancy>
- Agence de la santé publique du Canada. (2013). « Indicateurs de la santé périnatale au Canada 2013 : Un rapport du système canadien de surveillance périnatale. » https://publications.gc.ca/collections/collection_2014/aspc-phac/HP7-1-2013-fra.pdf
- Altfed, S., Handler, A., Burton, D., & Berman, L. (1997). « Wantedness of pregnancy and prenatal health behaviors ». *Women & Health*, 26(4), 29-43. CINAHL. <http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=107282634&lang=fr&site=ehost-live>
- Backhausen, M. G., Ekstrand, M., Tydén, T., Magnussen, B. K., Shawe, J., Stern, J., & Hegaard, H. K. (2014). « Pregnancy planning and lifestyle prior to conception and during early pregnancy among Danish women. » *The European Journal of Contraception & Reproductive Health Care*, 19(1), 57-65. <https://doi.org/10.3109/13625187.2013.851183>
- Brown, S. S., & Eisenberg, L. (1995). « The best intentions : Unintended pregnancy and the well-being of children and families ». National Academy Press.
- CanFASD. (s. d.). « Trouble du spectre de l'alcoolisation foetale (TSAF). » Consulté 24 mai 2023, à l'adresse <https://canfasd.ca/wp-content/uploads/2018/06/ON-FASD-French-FAQ-card-2018-06-25.pdf>
- Carson, G., Cox, L. V., Crane, J., Croteau, P., Graves, L., Kluka, S., Koren, G., Martel, M.-J., Midmer, D., Nulman, I., Poole, N., Senikas, V., & Wood, R. (2010). « Directive clinique de consensus sur la consommation d'alcool et la grossesse ». *Journal of Obstetrics and Gynaecology Canada*, 32(8), S1-S36.
- Carson, G., Cox, L. V., Crane, J., Croteau, P., Graves, L., Kluka, S., Koren, G., Martel, M.-J., Midmer, D., Nulman, I., Poole, N., Senikas, V., & Wood, R. (2017). « Alcohol Use and Pregnancy Consensus Clinical Guidelines ». *Journal of Obstetrics and Gynaecology Canada*, 39(9), e220-e254. <https://doi.org/10.1016/j.jogc.2017.06.005>
- Cheng, D., Schwarz, E. B., Douglas, E., & Horon, I. (2009). « Unintended pregnancy and associated maternal preconception, prenatal and postpartum behaviors ». *Contraception*, 79(3), 194-198. <https://doi.org/10.1016/j.contraception.2008.09.009>
- Chudley, A. E., & Hicks, G. G. (Éds.). (2022). « Fetal Alcohol Spectrum Disorder : Advances in Research and Practice ». Springer US, 188. <https://doi.org/10.1007/978-1-0716-2613-9>
- Crawford-Williams, F., Fielder, A., Mikocka-Walus, A., & Esterman, A. (2015). « A critical review of public health interventions aimed at reducing alcohol consumption and/or increasing knowledge among pregnant women : Reducing alcohol use in pregnancy ». *Drug and Alcohol Review*, 34(2), 154-161. <https://doi.org/10.1111/dar.12152>
- Dozet, D., Burd, L., & Popova, S. (2023). « Screening for Alcohol Use in Pregnancy : A Review of Current Practices and Perspectives ». *International Journal of Mental Health and Addiction*, 21(2), 1220-1239. <https://doi.org/10.1007/s11469-021-00655-3>
- Edwards, E., & Werler, M. (2006). « Alcohol consumption and time to recognition of pregnancy ». *Maternal & Child Health Journal*, 10(6), 467-472. CINAHL. <https://doi.org/10.1007/s10995-006-0083-1>
- Fanslow, J., Silva, M., Robinson, E., & Whitehead, A. (2008). « Violence during pregnancy : Associations with pregnancy intendedness, pregnancy-related care, and alcohol and tobacco use among a representative sample of New Zealand women ». *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 48(4), 398-404. <https://doi.org/10.1111/j.1479-828X.2008.00890.x>
- Fletcher, O. V., May, P. A., Seedat, S., Sikkema, K. J., & Watt, M. H. (2018). « Attitudes toward alcohol use during pregnancy among women recruited from alcohol-serving venues in Cape Town, South Africa : A mixed-methods study ». *Social Science & Medicine*, 215, 98-106. <https://doi.org/10.1016/j.socscimed.2018.09.008>
- Floyd, R. L., Sobell, M., Velasquez, M. M., Ingersoll, K., Nettleman, M., Sobell, L., Mullen, P. D., & Ceperich, S. (2007). « Preventing Alcohol-Exposed Pregnancies ». *American Journal of Preventive Medicine*, 32(1), 1-10. <https://doi.org/doi:10.1016/j.amepre.2006.08.028>
- Graves, L., Carson, G., Poole, N., Patel, T., Bigalky, J., Green, C. R., & Cook, J. L. (2020). « Guideline No. 405 : Screening and Counselling for Alcohol Consumption During Pregnancy ». *Journal of Obstetrics and Gynaecology Canada*, 42(9), 1158-1173.e1. <https://doi.org/10.1016/j.jogc.2020.03.002>
- Green, P. P., McKnight-Eily, L. R., Tan, C. H., Mejia, R., & Denny, C. H. (2016). « Vital Signs : Alcohol-Exposed Pregnancies—United States, 2011–2013 ». 65(4).
- Hanson, J. D., Nelson, M. E., Jensen, J. L., Willman, A., Jacobs-Knight, J., & Ingersoll, K. (2017). « Impact of the CHOICES Intervention in Preventing Alcohol-Exposed Pregnancies in American Indian Women ». *Alcoholism: Clinical and Experimental Research*, 41(4), 828-835. <https://doi.org/10.1111/acer.13348>
- Hellerstedt, W. L., Pirie, P. L., Lando, H. A., Curry, S. J., McBride, C. M., Grothaus, L. C., & Nelson, J. C. (1998). « Differences in preconceptional and prenatal behaviors in women with intended and unintended pregnancies ». *American Journal of Public Health*, 88(4), 663-666. <https://doi.org/10.2105/AJPH.88.4.663>
- Holland, K., McCallum, K., & Walton, A. (2016). « I'm not clear on what the risk is' : Women's reflexive negotiations of uncertainty about alcohol during pregnancy ». *Health, Risk & Society*, 18(1-2), 38-58. <https://doi.org/10.1080/13698575.2016.1166186>
- Hollander, D. (2009). « Unintended Pregnancy Linked to Unhealthy Maternal Behaviors ». *Perspectives on Sexual and Reproductive Health*, 41(3), 192-192. https://doi.org/10.1363/4119209_1
- Jewell, D. (1990). « Prepregnancy and early pregnancy care ». *Baillière's Clinical Obstetrics and Gynaecology*, 4(1), 1-23. [https://doi.org/10.1016/S0950-3552\(05\)80209-3](https://doi.org/10.1016/S0950-3552(05)80209-3)
- Kost, K., Landry, D., & JE. (1998). « Predicting maternal behaviors during pregnancy : Does intention status matter? » *Family Planning Perspectives*, 30(2), 79-88. CINAHL Plus with Full Text. <https://doi.org/10.2307/2991664>
- Lobb, M. O. (1984). « The role of alcohol in unplanned pregnancy ». *Alcohol & Alcoholism*, 19(2), 151-152.
- Lundsberg, L. S., Pensak, M. J., & Garipey, A. M. (2020). « Is Periconceptional Substance Use Associated with Unintended Pregnancy? » *Women's Health Reports*, 1(1), 17-25. <https://doi.org/10.1089/whr.2019.0006>
- Mohllajee, A. P., Curtis, K. M., Morrow, B., & Marchbanks, P. A. (2007). « Pregnancy Intention and Its Relationship to Birth and Maternal » *Outcomes: Obstetrics & Gynecology*, 109(3), 678-686. <https://doi.org/10.1097/01.AOG.0000255666.78427.c5>
- Morse, J. E., & Moos, M.-K. (2018). « Reproductive Life Planning : Raising the Questions ». *Maternal and Child Health Journal*, 22(4), 439-444. <https://doi.org/10.1007/s10995-018-2516-z>
- Naimi, T. S., Lipscomb, L. E., Brewer, R. D., & Gilbert, B. C. (2003). « Binge Drinking in the Preconception Period and the Risk of Unintended Pregnancy : Implications for Women and Their Children ». *Pediatrics*, 111(Supplement_1), 1136-1141. <https://doi.org/10.1542/peds.111.S1.1136>
- Nelson, D. B., Zhao, H., Corrado, R., Mastrogianis, D. M., & Lepore, S. J. (2017). « Preventing Unintended Pregnancy Among Young Sexually Active Women : Recognizing the Role of Violence, Self-Esteem, and Depressive Symptoms on Use of Contraception ». *Journal of Women's Health*, 26(4), 352-360. <https://doi.org/10.1089/jwh.2016.5753>

31. Okulicz-Kozaryn, K. (2022). « Is Public Health Response to the Phenomenon of Alcohol Use during Pregnancy Adequate to the Polish Women's Needs? » *International Journal of Environmental Research and Public Health*, 19(8), 4552. <https://doi.org/10.3390/ijerph19084552>
32. Oulman, E., Kim, T. H. M., Yunis, K., & Tamim, H. (2015). « Prevalence and predictors of unintended pregnancy among women : An analysis of the Canadian Maternity Experiences Survey ». *BMC Pregnancy and Childbirth*, 15(1), 260. <https://doi.org/10.1186/s12884-015-0663-4>
33. Peadon, E., Payne, J., Henley, N., D'Antoine, H., Bartu, A., O'Leary, C., Bower, C., & Elliott, E. J. (2010). « Women's knowledge and attitudes regarding alcohol consumption in pregnancy : A national survey ». *BMC Public Health*, 10(1), 510. <https://doi.org/10.1186/1471-2458-10-510>
34. Popova, S., Dozet, D., Akhand Laboni, S., Brower, K., & Temple, V. (2022). « Why do women consume alcohol during pregnancy or while breastfeeding? » *Drug and Alcohol Review*, 41(4), 759-777. <https://doi.org/10.1111/dar.13425>
35. Pryor, J., Patrick, S. W., Sundermann, A. C., Pingsheng Wu, Hartmann, K. E., & Wu, P. (2017). « Pregnancy Intention and Maternal Alcohol Consumption ». *Obstetrics & Gynecology*, 129(4), 727-733. CINAHL Plus with Full Text. <https://doi.org/10.1097/AOG.0000000000001933>
36. Reid, N., Schölin, L., Erng, M. N., Montag, A., Hanson, J., & Smith, L. (2021). « Preconception interventions to reduce the risk of alcohol-exposed pregnancies : A systematic review. » *Alcoholism: Clinical and Experimental Research*, 45(12), 2414-2429. <https://doi.org/10.1111/acer.14725>
37. Roberts, S. C. M., Wilsnack, S. C., Foster, D. G., & Delucchi, K. L. (2014). « Alcohol Use Before and During Unwanted Pregnancy. » *Alcoholism: Clinical and Experimental Research*, 38(11), 2844-2852. <https://doi.org/10.1111/acer.12544>
38. Sanders, J., & Currie, C. L. (2014). « Looking further upstream to prevent fetal alcohol spectrum disorder in Canada ». *Canadian Journal of Public Health*, 105(6), e450-e452. <https://doi.org/10.17269/cjph.105.4692>
39. Santelli, J., Rochat, R., Hatfield-Timajchy, K., Gilbert, B. C., Curtis, K., Cabral, R., Hirsch, J. S., & Schieve, L. (2003). « The Measurement and Meaning of Unintended Pregnancy. » *Perspectives on Sexual and Reproductive Health*, 35(2), 94-101. <https://doi.org/10.1363/3509403>
40. Schölin, L., Watson, J., Dyson, J., & Smith, L. A. (2021). « Midwives' views on alcohol guidelines : A qualitative study of barriers and facilitators to implementation in UK antenatal care ». *Sexual & Reproductive Healthcare*, 29, 100628. <https://doi.org/10.1016/j.srhc.2021.100628>
41. Sobell, L. C., Sobell, M. B., Johnson, K., Heinecke, N., Agrawal, S., & Bolton, B. (2017). « Preventing Alcohol-Exposed Pregnancies : A Randomized Controlled Trial of a Self-Administered Version of Project CHOICES with College Students and Nonstudents ». *Alcoholism: Clinical and Experimental Research*, 41(6), 1182-1190. <https://doi.org/10.1111/acer.13385>
42. Statistique Canada. (s. d.). « Enquête sur la santé dans les collectivités canadiennes—FMGD, Cycle 2017-2018 ». Adapté par l'Institut de la statistique du Québec.
43. Stern, J., Salih Joelsson, L., Tydén, T., Berglund, A., Ekstrand, M., Hegaard, H., Aarts, C., Rosenblad, A., Larsson, M., & Kristiansson, P. (2016). « Is pregnancy planning associated with background characteristics and pregnancy-planning behavior? » *Acta Obstetrica et Gynecologica Scandinavica*, 95(2), 182-189. <https://doi.org/10.1111/aogs.12816>
44. Stockwell, T., Wettlaufer, A., Vallance, K., Callaghan, R., & Thomas, G. (2019). « Stratégies pour réduire les méfaits et les coûts liés à l'alcool au Canada : Une revue des politiques provinciales et territoriales ». 172.
45. Thomas, G., Gonneau, G., Poole, N., & Cook, J. (2014). « The effectiveness of alcohol warning labels in the prevention of Fetal Alcohol Spectrum Disorder : A brief review ». *The International Journal of Alcohol and Drug Research*, 3(1), Article 1. <https://doi.org/10.7895/ijadr.v3i1.126>
46. Vallance, K., Romanovska, I., Stockwell, T., Hammond, D., Rosella, L., & Hobin, E. (2018). « "We Have a Right to Know" : Exploring Consumer Opinions on Content, Design and Acceptability of Enhanced Alcohol Labels. » *Alcohol and Alcoholism*, 53(1), 20-25. <https://doi.org/10.1093/alcalc/agg068>
47. Vieira, C. S., Braga, G. C., Cruz Lugarinho, P. T., Stifani, B. M., Bettiol, H., Barbieri, M. A., Cardoso, V. C., & Carvalho Cavalli, R. (2020). « Sociodemographic factors and prenatal care behaviors associated with unplanned pregnancy in a Brazilian birth cohort study ». *International Journal of Gynecology & Obstetrics*, 151(2), 237-243. <https://doi.org/10.1002/ijgo.13305>
48. Wolfson, L., & Poole, N. (2023). « Supportive alcohol policy as a key element of fetal alcohol spectrum disorder prevention ». *Women's Health*, 19, 174550572311518. <https://doi.org/10.1177/17455057231151838>
49. Yaesoubi, R., Mahin, M., Martin, G., Paltiel, A. D., & Sharifi, M. (2022). « Reducing the Prevalence of Alcohol-Exposed Pregnancies in the United States : A Simulation Modeling Study. » *Medical Decision Making*, 42(2), 217-227. <https://doi.org/10.1177/0272989X211023203>
50. Yazdkhasti, M., Pourreza, A., & Pirak, A. (2015). « Unintended Pregnancy and Its Adverse Social and Economic Consequences on Health System : A Narrative Review Article ». *Iran Journal of Public Health*, 44.
51. Yermachenko, A., Massari, V., Azria, E., Clergue-Duval, V., Thurn, M., El-Khoury Lesueur, F., Jauffret-Roustide, M., & Melchior, M. (2020). « Unintended pregnancy prevention in women using psychoactive substances : A systematic review ». *Addictive Behaviors*, 107, 106393. <https://doi.org/10.1016/j.addbeh.2020.106393>
52. Young-Wolff, K. C., Slama, N., Sarovar, V., Conway, A., Tucker, L.-Y., Goler, N., Terplan, M., Ansley, D., Adams, S. R., & Armstrong, M. A. (2022). « Association of Pregnancy Intentions With Substance Use During Early Pregnancy ». *Journal of Addiction Medicine*, 16(1), 118-121. <https://doi.org/10.1097/ADM.0000000000000825>
53. Yu, P., Jiang, Y., Zhou, L., Li, K., Xu, Y., Meng, F., & Zhou, Y. (2022). « Association between pregnancy intention and smoking or alcohol consumption in the preconception and pregnancy periods : A systematic review and meta-analysis ». *Journal of Clinical Nursing*, 31(9-10), 1113-1124. <https://doi.org/10.1111/jocn.16024>

“Advertisements targeting women: Cleaning up the public space to foster informed choices”

References for article on page 10

1. Atkinson et al. (2019). « A rapid narrative review of literature on gendered alcohol marketing and its effects: exploring the targeting and representation of women », *Institute of Alcohol Studies*. <https://www.drugsandalcohol.ie/31219/>
2. Murray, R. L. et al. (2022). « The effect of alcohol marketing on people with, or at risk of, an alcohol problem : A rapid literature review », *University of Nottingham*. <https://www.alcohol-focus-scotland.org.uk/media/440167/the-effect-of-alcohol-marketing-on-people-with-or-at-risk-of-an-alcohol-problem-a-rapid-literature-review.pdf>
3. Cukier, S. et al. (2018). « Impact of exposure to alcohol marketing and subsequent drinking pattern among youth and young adults », *Cochrane Database System Review*, 8: CD013087. <https://pubmed.ncbi.nlm.nih.gov/30636928/>
4. Babor T.F. et al. (2017). “Toward a public health approach to the protection of vulnerable populations from the harmful effects of alcohol marketing”, *Addiction*: 112 (S1) :125-127, <https://onlinelibrary.wiley.com/doi/10.1111/add.13682>
5. Critchlow, N. et al. (2019). « Awareness of alcohol marketing, ownership of alcohol branded merchandise, and the association with alcohol consumption, higher-risk drinking susceptibility in adolescents and young adults: a cross-sectional survey in the UK », *BMJ Open*, <https://bmjopen.bmj.com/content/bmjopen/9/3/e025297.full.pdf>

6. Anderson, P. et al. (2009). « Impact of alcohol advertising and media exposure on adolescent alcohol use: a systematic review of longitudinal studies », *Alcohol and Alcoholism*, 44 (3), 229-243, <https://pubmed.ncbi.nlm.nih.gov/19144976/>
7. Jernigan, D. et al. (2016). « Alcohol marketing and youth alcohol consumption: a systematic review of longitudinal studies published since 2008 », *Addiction*, 112 (S1) : 7-20, <https://onlinelibrary.wiley.com/doi/full/10.1111/add.13591>
8. OCDE (2015). « Lutter contre la consommation nocive d'alcool : Politiques économiques et de santé publique », Paris : Éditions OCDE, https://read.oecd-ilibrary.org/social-issues-migration-health/lutter-contre-la-consommation-nocive-d-alcool_9789264244580-fr#page139
9. Jonathan K. Noel, Ziming Xuan & Thomas F. Babor (2019) : « Perceptions of Alcohol Advertising Vary Based on Psychological Characteristics », *Substance Use & Misuse*, DOI:10.1080/10826084.2018.1555258, <https://www.ncbi.nlm.nih.gov/pubmed/30648464>
10. OMS (2018). « Global status report on alcohol and health 2018 », <https://www.who.int/publications/i/item/9789241565639>
11. Health Bridge (2014). « The effect of alcohol advertising and promotion on alcohol consumption and alcohol related road accidents: a systematic review », https://healthbridge.ca/dist/library/The_effect_of_alcohol_advertising_and_promotion_on_alcohol_consumption_and_alcohol_related_road_accidents.pdf
12. WHO (2022). « Alcohol », <https://www.who.int/news-room/fact-sheets/detail/alcohol>
13. WHO : Alcohol, Drugs and Addictive Behaviours Unit (2022). « Towards an action plan (2022-2030) to effectively implement the Global strategy to reduce the harmful use of alcohol », <https://www.who.int/teams/mental-health-and-substance-use/alcohol-drugs-and-addictive-behaviours/alcohol/our-activities/towards-and-action-plan-on-alcohol>
14. OMS (2021). « Plan d'action mondial contre l'alcool 2022-2030 pour renforcer la mise en œuvre de la Stratégie mondiale visant à réduire l'usage nocif de l'alcool », https://cdn.who.int/media/docs/default-source/alcohol/alcohol-action-plan/first-draft/global-alcohol-action_plan_first_draft_fr.pdf?sfvrsn=e490c5de_5
15. Règlement sur la promotion, la publicité et les programmes éducatifs en matière de boissons alcooliques, RLRQ, c. P-9.1, r. 6, art. 2-10, <http://www.legisquebec.gouv.qc.ca/fr/document/rc/p9.1.%20r.%20>
16. Sylvie Roy (2022). « L'alcool au Québec : une consommation soutenue par une norme sociale favorable », *Association pour la santé publique du Québec*, https://aspq.org/app/uploads/2022/04/2022_alcool_facteurs_normes_qc_vf.pdf
17. Julie Hurier (2019). « Vécu de la consommation de tabac et d'alcool pendant la grossesse : étude qualitative auprès de femmes en post partum dans la Somme », *Médecine humaine et pathologie*, <https://dumas.ccsd.cnrs.fr/dumas-02175163/document>

“Warning labels: A promising approach to support pregnant women”

References for article on page 12

1. Projet de loi S-254, Loi modifiant la Loi sur les aliments et drogues (étiquette de mise en garde sur les boissons alcoolisées), 44e lég. (Can.), 1re session, 2021, <https://www.parl.ca/legisinfo/fr/projet-de-loi/44-1/s-254>
2. Neufeld, M. et al. (2020). « Implementing Health Warnings on Alcoholic Beverages: On the Leading Role of Countries of the Commonwealth of Independent States, *International Journal of Environmental Research and Public Health*, 17 (21), <https://pubmed.ncbi.nlm.nih.gov/33172090/>
3. Association pour la Santé Publique du Québec. (2020). « Consommation alcool et grossesse ASPQ. Sondage auprès de femmes enceintes ou ayant récemment accouché, d'adolescent(e)s et de Québécois(e)s », <https://www.aspq.org/priorite/trouble-du-spectre-de-l'alcoolisation-foetale-tsaf/>
4. Thomas, G. et al. (2014). « The effectiveness of alcohol warning labels in the prevention of Fetal Alcohol Spectrum Disorder: A brief review », *International Journal of Alcohol and Drug Research*, 3(1), 91-103. <https://doi.org/10.7895/ijadr.v3i1.126>
5. Gauthier, A. (2018). « L'efficacité des mises en garde sur les contenants de boissons sucrées en promotion de la saine alimentation. Synthèse de connaissances », *Institut national de santé publique du Québec*, https://www.inspq.qc.ca/sites/default/files/publications/2386_efficacite_mises_garde_contenants_boissons_sucrees.pdf
6. Institut canadien de recherche sur l'usage de substances (2019). « Stratégies pour réduire les méfaits et les coûts liés à l'alcool au Canada : Une revue des politiques provinciales et territoriales », *Université Victoria*, <https://www.uvic.ca/research/centres/cisur/assets/docs/report-cape-pt-fr.pdf>
7. Vallance, K. et al. (2017). « “We Have a Right to Know”: Exploring Consumer Opinions on Content, Design and Acceptability of Enhanced Alcohol Labels », *Alcohol and Alcoholism*, 2018, 53(1) 20-25 doi: 10.1093/alcalc/agx068
8. Austen, I. (2018). “Yukon Government Gives In to Liquor Industry on Warning Label Experiment”, *New York Times*, <https://www.nytimes.com/2018/01/06/world/canada/yukon-liquor-alcohol-warnings.html>
9. Vallance, K. et al. (2020). “Testing the Effectiveness of Enhanced Alcohol Warning Labels and Modifications Resulting from Alcohol Industry Interference in Yuko, Canada: Protocol for a Quasi-Experimental Study”, *JMIR Research Protocols*, 9(1), <https://pubmed.ncbi.nlm.nih.gov/31922493/>
10. Gouvernement du Canada (2021). Exigences en matière d'étiquetage des boissons alcoolisées, <https://inspection.canada.ca/exigences-en-matiere-d-etiquetage-des-aliments/etiquetage/industrie/exigences-en-matiere-d-etiquetage-des-boissons-alc/fr/a/1392909001375/1392909133296>
11. International Alliance for Responsible Drinking (IARD). (2019). « Beverage alcohol labeling requirements », <https://iard.org/science-resources/detail/Beverage-Alcohol-Labeling-Requirements>
12. Public Health (Alcohol) Act, Number 24 of 2018, Part 2, section 12 (Irlande), <https://www.irishstatutebook.ie/eli/2018/act/24/enacted/en/html>
13. 이다영 (2016). « Stronger warning labels introduced for alcohol », *The Korea Herald*, <http://www.koreaherald.com/view.php?ud=20160902000805>
14. The Alcoholic Beverage Labeling Act of 1988, Title 27, Subchapter, section 215 (États-Unis), <https://www.govinfo.gov/content/pkg/USCODE-2014-title27/pdf/USCODE-2014-title27-chap8-subchap11.pdf>
15. Etwareea, R. (2022). « Une étiquette Le vin nuit à votre santé est à l'étude au Parlement européen », *Le Temps*, <https://www.letemps.ch/economie/une-etiquette-vin-nuit-sante-letude-parlement-europeen>
16. Conlon, C. (2022). Alcohol labelling is about letting consumers know the truth. *Journal Irish Examiner*. <https://www.irishexaminer.com/opinion/commentanalysis/arid-41048657.html>
17. O'Leary, N. (2023). « Ireland's alcohol warning label plan triggers US concern at WTO meeting », *The Irish Times*, <https://www.irishtimes.com/ireland/2023/06/21/irelands-alcohol-warning-label-plan-triggers-us-concern-at-wto-meeting/>
18. WTO (2023). « Members discuss cybersecurity, intangible digital products, raise over 60 trade concerns », https://www.wto.org/english/news_e/news23_e/tbt_23jun23_e.htm
19. Gauthier, A. (2018). « L'efficacité des mises en garde sur les contenants de boissons sucrées en promotion de la saine alimentation. Synthèse de connaissances », *Institut national de santé publique du Québec*, https://www.inspq.qc.ca/sites/default/files/publications/2386_efficacite_mises_garde_contenants_boissons_sucrees.pdf



FA fetal
SD alcohol
spectrum
disorders

talk about it for better action