

2024 FASD BULLETIN

Time to take stock



FA fetal
SD alcohol
spectrum
disorders

talk about it for better action

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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.

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Time to Take Stock

By **Maude Dubois Mercier**, perinatal project lead, ASPQ

The *FASD: More talk, more action* project is coming to an end after five years. Five years during which we explored various topics around FASD, alcohol and pregnancy, using an action research approach to help identify and better understand the challenges surrounding these issues. Due to the subject's complexity, our approach welcomed a wide diversity of voices, including health professionals, caregivers, researchers, people born with FASD, and their loved ones.

Their knowledge and experience were essential to help us gain insight into the current situation in Quebec, considering the lack of data on alcohol consumption among pregnant women in the province. The Association pour la santé publique du Québec (ASPQ)'s reports published at the start of the project, in 2020, were based, among other things, on data dating back more than 15 years, for lack of anything better. It is difficult to develop projects tailored to a specific population when its needs are not documented.

In addition to being outdated, the available data on pregnant women's alcohol consumption habits shows significant variations. All studies conclude nevertheless that alcohol is consumed during pregnancy despite recommendations and that this behaviour remains more prevalent in Quebec than elsewhere in Canada (See *Beyond Variations*).

Another obstacle raised throughout the project is the discomfort felt by health professionals and caregivers when broaching the subject of alcohol during pregnancy. According to a Léger-ASPQ survey conducted in 2024, 50% of respondents reported that alcohol consumption was not discussed during their pregnancy checkups. Being informed about the possible impacts of alcohol consumption during pregnancy is known to be a protective factor against FASD. The mentioned sources of discomfort were mainly social representations and beliefs around women and alcohol

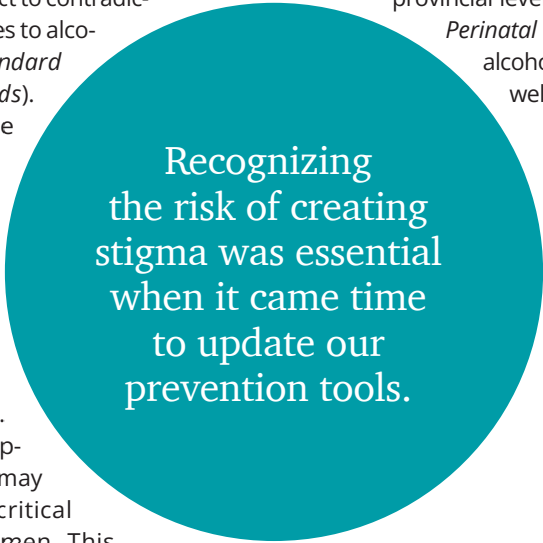
use. (See *Discomfort Among Professionals: An Obstacle to Prevention*). Indeed, women's alcohol consumption, and more particularly alcohol use disorders, remain taboo subjects that clash with the socially acceptable image of femininity and motherhood. Presumptions and preconceptions may then hinder discussions about alcohol and pregnancy.

Moreover, women are subject to contradictory pressures when it comes to alcohol consumption (See *Standard Drinks and Double Standards*). On the one hand, they are expected to engage in reasonable drinking, or even abstinence, unlike men. On the other hand, the marketing environment and popular representations on social networks (e.g., the "Wine Mom") encourage them to drink more. In brief, women's consumption habits, whatever they may be, are subject to more critical judgment than those of men. This climate stigmatizes women and undermines prevention and support.

Finally, recognizing the risk of creating stigma was essential when it came time to update our prevention tools (See *Inform With Sensitivity*). In order to support an informed decision without stigmatizing, the information transmitted must be accepted by and tailored to the people who receive it. Communications in public spaces should focus on piquing curiosity and creating interest (See *Improving Tools to Maximize Their Impact*). **Our new toolkit** includes a list of available tools along with suggested contexts of use.

The creation of new tools, along with the update of our website and existing tools, were based on a process of continuous evaluation throughout the project (See *5 Years of Learning*). The feedback we obtained and the lessons we learned make it possible to set the table for future initiatives around FASD, alcohol and pregnancy. Actions are still necessary to raise awareness among the population and bring about lasting changes in alcohol consumption habits during pregnancy. On this topic, a number of bills are currently being discussed by the Senate (See *Senate Bills Under Review*). At the provincial level, one of the objectives of the new *Quebec's Perinatal and Early Childhood Action Plan* addresses alcohol consumption during pregnancy. The ASPQ welcomes the inclusion of this priority.

For the past 5 years, the *FASD: More talk, more action* project, along with everyone who works to prevent FASD in Quebec, have aimed to create momentum for a successful future. Let's keep the ball rolling! ■



Recognizing
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Beyond Variations

By **Maude Dubois Mercier**, perinatal project lead, ASPQ

The prevalence of alcohol consumption during pregnancy varies considerably from one health survey to another, which makes it difficult to have a clear picture of the issue. However, two observations deserve further attention.

Lack of recent data

Within the last five years, only two surveys have addressed pregnant women's alcohol use habits. Before these, the latest data available was more than ten years old. Results point to a significant drop in consumption, but we still lack enough data to confirm the trend.

Is this drop due to an increased social desirability bias or were questions simply worded differently? More data is absolutely necessary to have a fair picture of the situation.

However, we know that alcohol is still consumed during pregnancy in many cases, so there is still a lot of work to be done.

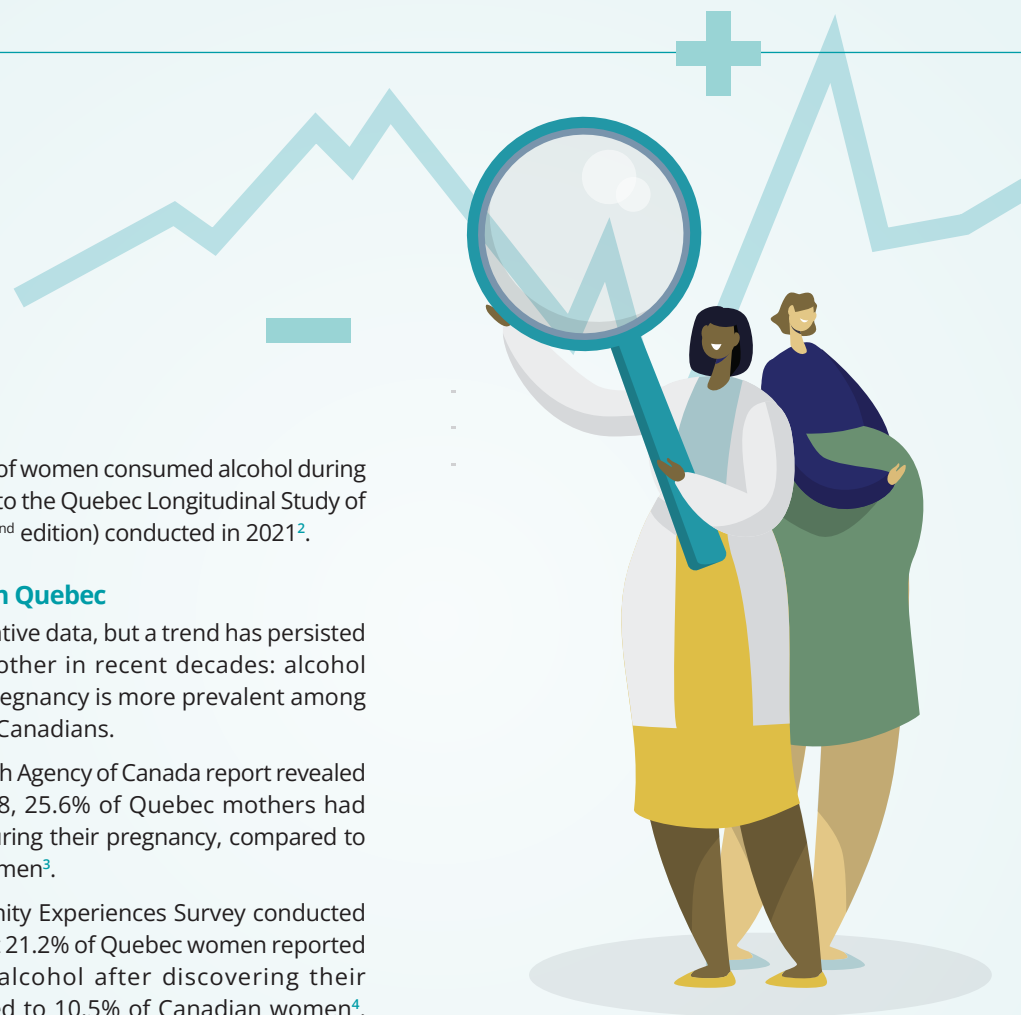
- In Canada, among women aged 25 to 44 who had given birth in the previous five years and had already consumed alcohol, 18% reported having consumed alcohol during their last pregnancy according to the 2019 Canadian Alcohol and Drugs Survey (CADS)¹.

- More recently, 12.5% of women consumed alcohol during pregnancy according to the Quebec Longitudinal Study of Child Development (2nd edition) conducted in 2021².

Greater prevalence in Quebec

We lack recent comparative data, but a trend has persisted from one study to another in recent decades: alcohol consumption during pregnancy is more prevalent among Quebecers than other Canadians.

- In 2013, a Public Health Agency of Canada report revealed that, from 1993-2008, 25.6% of Quebec mothers had consumed alcohol during their pregnancy, compared to 15% for Canadian women³.
- The Canadian Maternity Experiences Survey conducted in 2006 indicated that 21.2% of Quebec women reported having consumed alcohol after discovering their pregnancy, compared to 10.5% of Canadian women⁴. This is the only study of its kind to make this distinction about the moment of pregnancy discovery.
- In 2017, the Canadian Community Health Survey (CCHS) measured the proportion as 11.6% in Quebec and 4.2% in Canada.⁵



The current gap between Quebec and Canada must be studied in order to better understand Quebec's unique situation. It will then be possible to paint a more accurate picture of the situation and implement actions adapted to the population's needs in order to better promote their health and well-being.

1 Public Health Agency of Canada. Canadian Alcohol and Drugs Survey. 2019. <https://www.canada.ca/en/health-canada/services/canadian-alcohol-drugs-survey/2019-summary.html>

2 Institut de la statistique du Québec. Naître en pleine pandémie au Québec. Gouvernement du Québec. 2023. <https://statistique.quebec.ca/fr/document/naitre-pandemie-quebec>

3 Bartholomew S, Deb-Rinker P, Dzakpasu S, Système canadien de surveillance périnatale, Agence de santé publique du Canada. Indicateurs de la santé périnatale au Canada 2013 : un rapport du Système canadien de surveillance périnatale. 2013.

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5 Public Health Agency of Canada. Canadian Community Health Survey. 2017. <https://health-infobase.canada.ca/phi/Description?dom=1&ind=3&MS=3&MSID=3>

Summary table of the prevalence of alcohol consumption during pregnancy

	Quebec	Canada	Period	Notes
Public Health Agency of Canada	25.6 %	15 %	1993-2008	
Survey on breastfeeding in Quebec	34 %	-	2005-2006	Respondents were mothers of children aged between 6 months and less than 7 months at the time of the survey.
Canadian Maternity Experiences Survey	21.2 %	10,5 %	2006	Respondents were women who consumed alcohol during pregnancy after it was discovered.
Canadian Community Health Survey	11.6 %	4,2 %	2017	
Canadian Alcohol and Drugs Survey	-	18 %	2019	Respondents were women aged 25 to 44 who had given birth in the previous five years and had consumed alcohol in the past.
Quebec Longitudinal Study of Child Development (2nd edition)	12.5 %	-	2021	

In short, the variation in results might question the credibility of these surveys and hinders the implementation of strategies regarding alcohol consumption during pregnancy.

Focusing on this fact, however, misses an important point: **all these studies conclude that alcohol is consumed during pregnancy despite the official recommendation to avoid any and all alcohol consumption during pregnancy.** Furthermore, this behaviour is more prevalent in Quebec than elsewhere in Canada.

The disparities between survey results should serve to reinforce the importance of regularly monitoring alcohol consumption habits during pregnancy.

Of course, certain surveys have been polling the population on the subject for several years. However, no data was collected between 2008 and 2017. This period of statistical silence certainly played a role in the absence of structuring initiatives in Quebec. We have some catching up to do. ■



Discomfort Among Professionals: An Obstacle to Prevention

By **Frédérique Maire**, psychoactive substances research analyst, ASPQ

A Léger-ASPQ survey conducted in 2024 reveals that 25% of the population feels uncomfortable discussing alcohol consumption during pregnancy¹. This discomfort is also felt by health professionals, which explains, among other things, why the subject was only discussed in 50% of pregnancy routine checkups¹. However, pregnancy monitoring offers a golden opportunity to raise awareness among women and their loved ones. As a matter of fact, **discussing alcohol consumption and providing information on its impact during pregnancy is a protective factor against FASD²**.

It is therefore important to better understand health professionals' feelings of discomfort in order to better prevent the impacts of alcohol during pregnancy. Indeed, research has looked into this phenomenon and solutions have been suggested.

CAUSES

Lack of training, tools and guidelines

Lack of training is identified as one of the biggest causes of discomfort. Professionals may feel poorly equipped to address the subject adequately^{3,4}. Many of them have little or no knowledge of the consequences of alcohol consumption during pregnancy^{5,6}, do not know when and how to approach the issue, and are not informed about existing specialized resources to which they can direct their patients if needed⁷.

Healthcare providers are particularly worried about not knowing how to respond to their patients' reactions and responses, whether it involves disclosure of alcohol consumption^{4,7,8,9}, a refusal to continue the conversation, silence or even confirmation of non-consumption⁷. Professionals consider that the issue of alcohol consumption habits goes beyond the scope of their practice¹⁰ and their role⁷ and that others are more qualified to address it³.

Generally, there is a lack of consensus⁵ and international⁶ guidelines on the prevention of FASD. The same can be said about communication practices around alcohol consumption habits among women and people who are pregnant or of childbearing age.

Fear of breaking trust

Health professionals may consider that alcohol consumption habits are a private matter and that people are free to behave how they see fit⁷. Thus, they are afraid of being seen as intrusive^{3,4,8,11} and that their questions could be perceived as inappropriate^{12,13}. Their patients could feel judged^{5,15} or suspected of consuming alcohol during pregnancy⁷. They are also worried about hurting their patients, making them feel guilty or scaring them by mentioning the possible consequences of alcohol consumption on the unborn child^{3,4,8}. Since approximately 50% of pregnancies are unplanned¹⁴, many women may have consumed alcohol before discovering their pregnancy.

Professionals then fear a breach of trust which would harm the therapeutic relationship^{3,4,7,8,11}.

Social representations and beliefs

Social representations associated with alcohol consumption can influence healthcare staff's reluctance to initiate discussions about alcohol with patients¹². In Quebec, alcohol is omnipresent in the public, social and cultural spheres. Questioning women about their consumption can be seen as questioning the cultural and social practices³ of a society in which alcohol consumption is accepted and normalized^{4,16}. Health professionals' personal consumption can also lead them to feel uncomfortable questioning their patients on this subject¹⁸.

Women's alcohol consumption, and more particularly alcohol use disorders, are taboo subjects that clash with the socially acceptable image of femininity and motherhood^{12,13}.

Professionals can therefore assume that:

- Patients are already informed of the risks associated with alcohol consumption during pregnancy⁵,
- Their patients cannot possibly have a substance use disorder, because they do not match the image they have of people living with this problem¹⁷.

More broadly, many health professionals do not believe that discussing recommendations regarding alcohol consumption during pregnancy will help change their patients' habits⁵. This statement is based on the belief that women struggling with a substance use disorder prefer to hide it rather than talk about it honestly¹⁰.

Finally, some health professionals still maintain that low alcohol consumption during pregnancy is acceptable¹⁸. This belief particularly targets patients who appear to come from a socio-economically advantaged background. Indeed, professionals more often perceive them to be reasonable and responsible⁵ and therefore less predisposed to develop consumption disorders. However, generally in Quebec, women with a high socioeconomic status consume more alcohol¹⁹.

The discomfort felt is understandable, but it is crucial to overcome this barrier to promote health and well-being of mothers and their unborn children. Professionals play an essential role in awareness and prevention about the impacts of may alcohol on pregnancy. However, they must be supported by an environment that facilitates it. Whether it be policies, training or specific resources, but health professionals cannot do it alone. ■

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RECOMMENDATIONS

Discomfort among health professionals is well documented and many possible solutions have been put forward.

- Establish standard FASD prevention guidelines across all healthcare facilities⁶.
- Establish mandatory training for all healthcare providers working with pregnant women and people of childbearing age on:
 - the risks associated with alcohol consumption during pregnancy²⁰,
 - existing support resources⁶,
 - best communication practices^{7,17},
 - beliefs, in order to reduce the risk of stigmatization^{17, 18, 21, 22, 23}.
- Establish general public awareness programs on the effects of stigmatization of alcohol consumption among women in order to encourage support from those around them^{20,24}.
- Invest in research aimed at developing prevention and intervention strategies adapted to the challenges health professionals face when addressing alcohol consumption during pregnancy.

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Standard Drinks and Double Standards

By **Gabrielle Desjardins**, Alcool au féminin project lead, ASPQ

Even before pregnancy, women face various social pressures related to alcohol. To prevent alcohol consumption during pregnancy, it is crucial to act at the root and address all sources of influence, whether commercial, cultural or social, in order to support a free and informed choice.

Alcohol consumption among women is marked by a double standard^{3,4}. According to an ASPQ-Léger survey conducted in 2023, 60% of the population considers that women are perceived more negatively than men when they drink alcohol⁵. In fact, women are faced with stricter standards than men regarding their consumption. **This disparity creates an environment where women face conflicting pressures:** on the one hand, they are encouraged to consume alcohol moderately or not at all, and on the other hand, they are exposed to cultural and social influences that normalize alcohol consumption⁶, notably through the “Wine Mom” phenomenon. This concept, popularized on social networks, conveys the idea that wine consumption is an acceptable and even valued way to cope with the challenges of motherhood⁷.

This idealization vision of mothers’ drinking neglects to highlight the hidden aspects of this practice. Mothers who drink alcohol face increased stigma, with their ability to be good mothers questioned by society⁷. This judgment is even more pronounced among pregnant women, who are subject to strict social expectations during pregnancy⁸. **This duality harms FASD prevention efforts. It is therefore essential to understand it in order to adapt prevention interventions and increase their impact.**

Alcohol marketing

Alcohol marketing fuels these contradictory social pressures by targeting women and encouraging them to consume. Alcohol brands advertise their products by perpetuating or challenging gender stereotypes. Some messages base their advertisements on the social roles associated with women (household chores, motherhood, weight control, etc.)^{6,9}. Others opt for messages focused on women’s empowerment and gender equality to echo feminist or progressive ideas^{6,9}.

In addition, the feminization of alcoholic beverages is observed both in the content and in the container, with products displaying pink hues, names evoking sexuality and representations of women evoking seduction or desire. By attributing a symbolic value to their product, alcohol brands succeed in influencing the alcohol consumption behaviour of their customers⁶.

Strengthening autonomy

Marketing strategies influence women by taking various forms: advertising, media, culture, peers, social pressure, and even personal experiences.

To prevent alcohol consumption during pregnancy, we need to understand and act on these influences that can encourage women to drink. Therefore, prevention must start early. By addressing all women of childbearing age, prevention strategies must involve supporting women’s autonomy and strengthening their critical thinking. By giving them the tools to critically analyze the influences in their environment that lead them to drink, women can make a more informed choice for their health and well-being.

A LITTLE HISTORY

A few years after the end of Prohibition in Quebec in 1937, women were banned from taverns¹. It wasn’t until 1979 that women were once again allowed into taverns¹. Since 1979, the world of alcohol consumption has changed drastically. In the fight for social equality of the second feminist wave, women are increasingly entering public spheres such as employment, and have more opportunities to engage in traditionally masculine activities, including alcohol consumption². We’re seeing a rise of alcohol use among women, but the definition of femininity in society remains the same². The conception of “respectable” femininity is associated with a certain degree of passivity, restraint and control over her own body. However, as the years go by, more and more women drink alcohol and move away from this feminine ideal². Gradually, women use alcohol to emancipate themselves from their role of mother and wife, and create an identity outside their parental roles. Alcohol takes then a symbolic role in the construction of their social identity².





Creating supportive environments

Raising awareness of the risks associated with alcohol consumption during pregnancy must be part of FASD prevention strategies¹⁰.

To do so, it could be useful to address gender and that means understanding and questioning how social expectations act on women and their consumption¹⁰. Nearly 80% of the general population agrees that mothers are judged differently from fathers when they consume alcohol¹¹. This finding highlights the difference in expectations regarding

parental responsibilities, which can stigmatize mothers and affect their mental health⁷. Indeed, the differentiated perception of alcohol consumption can contribute to the stress and anxiety experienced by mothers⁷. By combining these elements, a gender transformative approach to prevention can help create supportive environments for women in general. ■

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Inform with Sensitivity

By **Maude Dubois Mercier**, perinatal project lead, ASPQ

Disseminating information in public spaces can have several benefits for health-related communications. For example, one can quickly reach a large audience to raise awareness of a little-known health issue. It is for this reason that this strategy was used in the fetal alcohol spectrum disorder (FASD) awareness campaign.

However, this approach must be taken with caution. In public spaces, a wide variety of people with diverse experiences come into contact with unsolicited information. Unintentionally, this can cause negative effects such as a feeling of stigmatization, anxiety, guilt or even shame.

This raises a question: how can we take advantage of general public communication strategies while limiting the risks of adverse effects?

Clinical interventions

FASD touches on several issues. On the one hand, the majority of Quebec women consume alcohol. In 2017-2018, 79% of women aged 12 and over reported consuming alcohol, and nearly 50% did so regularly¹.

On the other hand, in Quebec, 30% to 60% of pregnancies are unplanned². By crossing this data with the previous one, some women will inevitably have drunk alcohol before discovering they are pregnant. It is therefore important to be sensitive to the fact that, during a discussion about alcohol and pregnancy, they may experience fear, shame or guilt.

That said, **the fear of causing undesirable effects should not slow down the dissemination of information, especially if it is requested.** Depriving a person of information prevents

them from making an informed decision adapted to their needs. By the same token, they are deprived of the power to act on their health and well-being, which is a right. Remember that 47% of Quebecers and 28% of pregnant women are unaware of FASD³.

So, knowing we can cause harmful effects both by informing and not informing, what is the best approach?

It is entirely possible to discuss FASD, alcohol and pregnancy without stigmatizing.

An informed decision is based, in particular, on access to information and open, nuanced and transparent communication. These notions are key to resolving this dilemma. Health professionals and stakeholders have an essential role to play.

A decision is informed if a person has access to relevant, accurate and understandable information.



Here are some ideas to guide preventive clinical interventions.

- Using non-judgmental, open questions demonstrates interest in others and promotes a trust relationship. Conversely, directive, imperative and guilt-inducing tones should be avoided because they can discourage people from asking questions or seeking support. For example, you can ask: *How often do you drink alcohol? I ask this question to everyone because it is recommended to drink without alcohol throughout pregnancy. Do you feel this recommendation will be difficult for you to follow?*
- A behaviour is adopted because it is perceived to be useful, because it is beneficial. Taking an interest in the reasons behind a person's alcohol consumption habits allows interventions to be adapted to their needs and demonstrates a sensitivity that promotes the adoption of new habits.
- The information transmitted must be wanted. To make sure it is, you can ask: *Would you like information on alcohol and pregnancy?*

Tools to help with communicating information are available to the care team on the fasd-alcoholfreepregnancy.ca website (infographics, posters, video clips, testimonials). In a clinical context, information can be more detailed, because the person benefits from a health professional's or a caregiver's support who will know how to welcome their reactions and adapt the message to their reality.

Public spaces

Unlike individual interventions, communications in public spaces cannot adapt their messaging to each individual, nor can we ensure everyone consents to receiving this information.

General Public and Pregnant People

Public spaces

- Alcohol causes impacts during the pregnancy. (Poster)
- During pregnancy, go alcohol free. (Bookmark)
- It's important! (Silent video capsule)

USAGE EXAMPLES

- Health and social services establishment (e.g.: waiting room, office)
- Perinatal resource centre
- Community organization
- Birthing centre
- Social media

Desired or Guided Information

- Living with Fetal Alcohol Spectrum Disorder (FASD) (Testimony of a young adult born with FASD)
- It's important! (Silent video capsule)
- FASD infographic
- Alcohol causes impacts during the pregnancy (Website: fasd-alcoholfreepregnancy.ca)

USAGE EXAMPLES

- Pregnancy monitoring and social services during pregnancy
- Prenatal classes
- Activity in a perinatal resource centre
- Activity in a community organization
- Health and social services appointments

Tools for youth

- Charly often loses her way. (Poster)
- Charly has a hard time making friends. (Poster)
- Charly has difficulty expressing herself. (Poster)
- Charly often loses her way. (Video capsule)
- Charly has a hard time making friends. (Video capsule)
- Charly has difficulty expressing herself. (Video capsule)

USAGE EXAMPLES WITH YOUTH AUDIENCES

- Health and sexuality courses
- Activity in a youth centre
- Activity in a community organization
- Health and social services appointments

Communications in public spaces must above all pique curiosity. Upon contact with the messages, a person will decide whether or not to seek more information. For example, they may search the web or discuss it with a health professional or caregiver. As part of the *FASD: More talk, more action* project, a poster, a bookmark and a silent video capsule were specially designed for this purpose.

The right message at the right time

The awareness tools developed as part of the *FASD: More talk, more action* project are including in a toolkit, which includes information about how to use them depending on the audience and the communication context. The toolkit is available on the fasd-alcoholfreepregnancy.ca website. ■



Updating Tools to Maximize Their Impact

By **Maude Dubois Mercier**, perinatal project lead, ASPQ

EAs part of the *FASD: More talk, more action* project's final year, all of its tools have been revised. On the one hand, this revision made it possible to integrate lessons learned from past years thanks to feedback from people from various backgrounds (e.g., healthcare, education, substance use, general public). During the updating process, an emphasis was put on reducing the risk of creating stigma, which has been found to hinder prevention and support efforts.

Reviewing and completing the Website

If you already visited the fasd-alcoholfreepregnancy.ca website in recent years, you will find it retains the same visual flavour, but its structure and content have been remodeled. From now on, the home page is called "Get informed." It brings together general information on FASD, alcohol and pregnancy aimed primarily at pregnant women and people as well as the general public. Frequently asked questions cover the information most often requested by the public.

The old "Professionals and caregivers" page is now called "Support" to include all those who support women and pregnant people.

According to a Léger-ASPQ survey (2024), 1 in 3 women are offered alcohol during pregnancy. It is therefore essential to raise awareness among loved ones to help them become allies.

It also includes a section where professionals and caregivers can find clinical information on FASD and concrete interventions to address alcohol and pregnancy with various clientele.

Specialized resources to support pregnant women and people as well as their loved ones regarding their alcohol consumption habits are now easier to find, with a dedicated page entitled "Find help." This section can be useful both to the general public and to professionals and stakeholders who wish to help their clients find help.

Finally, the "Resources" page brings together all the tools, bulletins and reports created as part of the project. A section also offers non-alcoholic drinks.

Additional tools

To meet an ever-wider variety of needs, new information tools were developed to complete those already available. A toolkit was created to present each tool and specify their use (See *Inform With Sensitivity*).

Video capsules

For those who are looking to get a quick overview of the issues surrounding FASD, alcohol and pregnancy, two short silent video capsules were created. One addresses the importance of support from those around you and can be shown in public spaces such as waiting rooms in health and social service establishments. The other addresses FASD and can be used when the information is desired or in an intervention context.

New online training

A 20-minute training course is now available on the fasd-alcoholfreepregnancy.ca website. It addresses:

- key notions about FASD, alcohol and pregnancy,
- a portrait of the situation in Quebec,
- recommendations and good practices, and
- application and issues.

Messages designed to pique curiosity

The project's poster and bookmark have been reworked with a message specifically designed for use in public spaces. The slogan "During pregnancy, go alcohol-free" thus became "Alcohol has impacts during pregnancy." Even if the focus groups that evaluated the campaign demonstrated a good appreciation of the original slogan, which turned a gesture to be avoided into a positive one, its connotation was deemed more imperative than informative.

Now, these two tools seek to pique the public's curiosity to know more and open conversations on the subject.

In short, the additions and modifications made in recent months demonstrate a continued commitment to improving the effectiveness of awareness and prevention efforts around FASD. The approach would not have been possible without the experience of those who used our tools in their practice. The ASPQ would like to take this opportunity to thank them again for their feedback. ■

5 Years of Learning

By **Claire David**, project evaluator

This article takes a look at what was learned over four years of evaluating the project, in particular by observing the repercussions and impacts of the campaign and its tools on its target audiences, i.e.:

- young people aged 14-25,
- the general public,
- professionals and caregivers in the health sector,
- professionals and caregivers in the education sector.

An awareness campaign seen and appreciated by young people

The *During pregnancy, go alcohol-free* campaign to raise awareness about alcohol consumption during pregnancy and FASD in Quebec was a great success. It generated nearly 13 million impressions. Aimed primarily at young girls and women aged 14 to 25, the campaign was broadcast in a range of media popular among this population.

Young women aged 14 to 25 appreciated the campaign (79%), understood it well and retained the message (70%), described it as educational (90%), clear and easy to understand (88%), credible (88%) and caring (87%). Although changes in perception, attitude or behaviour only take place in the long term, just over 7 out of 10 young women emphasize that the campaign has made them aware of the importance of supporting and encouraging young women around them not to drink during pregnancy (81%), to explain to them why (76%), to provide alcohol-free options when they are pregnant or plan to be (75%). This is also the case for men where the campaign encouraged them to support pregnant women around them by not drinking alcohol themselves (68%). All of these are good indicators that the campaign has indeed raised awareness among the target audience.

However, the work is not over. For example, while the majority of young women are aware of the need to stop consuming alcohol during pregnancy, they are not aware of the concrete consequences on the unborn baby's health (e.g., FASD). In addition, false perceptions die hard, with strong alcohol being perceived as more dangerous for the fetus than other types of alcohol.



FASD Awareness

In 2024, half of the population has heard of FASD (51%), an increase of 5% since 2020 (46%). Among women who are pregnant or have been pregnant in the last 4 years, 70% have already heard of FASD, a result comparable to 2020 (72%). Familiarity with FASD is particularly high among those who drank alcohol weekly before pregnancy (81%), those who discussed the subject of alcohol consumption during their pregnancy follow-up (80%), and those who benefited from the support of those around them to remain sober during pregnancy (74%).

A downward trend

According to a Léger-ASPQ survey of 2024, 23% of women who are pregnant or have given birth in the last four years consumed alcohol weekly before their pregnancy. Since 2020, weekly alcohol consumption has decreased by 8% among this population.



The official recommendation

In 2024, 60% of pregnant women and new mothers are aware that Quebec's Ministry of Health and Social services recommends not consuming alcohol during pregnancy. This is an increase of 14% compared to the results obtained in 2020 (46%).

Entourage is a key factor

Support from one's social circle plays a crucial role in avoiding alcohol during pregnancy. Seven out of ten women felt the support of those around them in their desire to maintain sobriety. This support proves decisive not only in raising awareness of the risks of alcohol on the fetus, but also in avoiding consumption throughout pregnancy. For example, **92% of women who felt supported stopped drinking completely, compared to 80% of those who received less support.** Supported women are also more likely to discuss alcohol consumption with health professionals and feel more comfortable doing so. They are also more informed about FASD than those who lacked support. In addition, 30% were offered alcohol during their pregnancy. This proportion rises to 57% among those who lacked support and 49% among those who had other pregnant women consuming alcohol in their entourage. Finally, 5% say they are more inclined to drink on social occasions.

It is likely that the more people know about FASD, the greater the support will be for abstinence among pregnant women. Also, this awareness should be increased during pregnancy follow-ups since half (48%) of women report not having discussed alcohol consumption with healthcare staff.

Raising awareness in targeted sectors

In parallel with the overall media campaign, the project specifically targeted the health and social services, community and education sectors. Workshops, presentations, awareness materials and publications were distributed.

- Nearly 1800 professionals from the health and social services sector attended a presentation,
- 84 education organizations were reached,
- 3000 tools were distributed,
- More than 20 publications appeared in major daily newspapers, professional journals, organizational newsletters, etc.

Despite the extent and enthusiastic reception of the project and its tools in the targeted sectors, it proved very difficult, if not impossible, to obtain data about the actual use of the tools and their impacts, if any.

A barrier to raising awareness in targeted sectors is the complexity of reaching professionals and caregivers. Indeed, their availability and workload did not match the constraints, requirements and schedule of the project. This is without taking into account the impacts of the pandemic.

This observation is not new. Innovative methods and procedures must be considered to improve our ability to reach these environments in order to document the impact on the targeted groups.

Adapting the message

Some community resources working with people struggling with consumption problems reported confusion and anxiety among women exposed to the campaign's messages without context. This contrasts by perinatal professionals who felt that the message and tools were suitable for future parents.

In addition, the awareness campaign's messages and tools were created for young people aged 14 to 25 mainly, but were seen by the entire population even though they may not be suitable for all audiences. This highlights the complexity of the subject and the diversity of factors that must be weighed when creating such a campaign.



The fasd-alcoholfreepregnancy.ca Website

One year after its launch in 2022, around twenty health and social services professionals have spoken out about their satisfaction and their use of the site. All found it useful, more than half gained new knowledge about FASD and suggested it to their network, and all plan to consult it again. Additional and larger amounts of data would have been desirable to know the real use of the tools in practice and their impacts. However, despite multiple reminders, few survey responses were collected.

In this fifth and final year of the project, all the tools offered have been updated to facilitate their adaptation and use. In addition, this update was made with a specific concern to reduce the risks of stigmatization which can hinder prevention and support efforts.

A new questionnaire was distributed to gather opinions on the updated tools. We learned that:

- 72% of respondents consider the equipment turnkey,
- 62% of respondents believe that the material allows them to be more comfortable discussing alcohol and pregnancy with their clients,
- 79% of respondents have suggested the site to others or intend to do so.

Training health and social services professionals

A survey of 38 health and social services professionals reveals that most professional health training courses only address FASD and alcohol consumption during pregnancy for approximately one hour during the entire course. To compensate for this lack of training, professionals recommend creating a collection of documents which would contain information on FASD, notably prevention strategies, screening, diagnosis, management and support. These documents could be presented briefly during classes, so that students can explore them further on their own and use it in their practice.

Education and health environments during the pandemic

We cannot ignore the impacts that the pandemic had on the campaign's reach. The health and education communities have been under constant pressure, which has been a major barrier. In fact, they were very rarely available to collaborate in the distribution of material, to attend the presentation of this material and to participate in the subsequent evaluation questionnaires. Consequently, although the material was distributed on a large scale in these environments, no conclusive data provides an overview of its impact. Also, the strike in the health and education sectors in the winter of 2023-2024 had an impact on the follow-up with certain employees.

Furthermore, it should be noted that compliance with certain ethical conditions did not make it possible to collect data directly from young adolescent girls aged 12 and 13, also a target of the project.

What happens next?

The project's success and positive impact leads us to consider future actions, including:

- continue raising awareness among young people and future parents,
- include the social circle in awareness messages,
- create messages and tools adapted to audiences in situations of greater vulnerability with the collaboration of stakeholders. ■

Senate Bills Under Review

By **Marianne Dessureault**, lawyer and head of legal affairs, ASPQ

Bill S-253: A national framework for fetal alcohol spectrum disorder

Bill S-253 is still awaiting study and discussion by the Senate Committee on Social Affairs, Science and Technology. At the time of writing, no meeting date has been scheduled regarding the bill. These are necessary steps before the third reading by the Senate and the transfer of the bill to the House of Commons, which has the final say on whether or not bills are adopted into law. These steps can take several months.

Organizations and individuals interested in commenting on the bill can submit briefs or comments by writing to the committee office: soci@sen.parl.gc.ca.

Remember that this bill, tabled in the Senate in October 2022 by the Honourable Mohamed-Iqbal Ravalia, proposes a national framework including the following elements:

- measures to address the training, education and guidance needs of health care and other professionals regarding the prevention and diagnosis fetal alcohol spectrum disorder and support measures for those who are impacted by it;
- measures to promote research and intergovernmental information-sharing in relation to the prevention and diagnosis of fetal alcohol spectrum disorder and support measures for those who are impacted by it;
- national standards for the prevention, diagnosis of fetal alcohol spectrum disorder and for support measures for those who are impacted by it;

- a strategy to increase awareness of the risks of alcohol consumption during pregnancy and the consequences of fetal alcohol spectrum disorder, including by recommending changes to legislative and policy frameworks related to alcohol consumption and marketing;
- any other measures that the Minister considers appropriate to prevent fetal alcohol spectrum disorder, ensure that individuals with fetal alcohol spectrum disorder are properly diagnosed, and promote better outcomes for those individuals, their families and their caregivers.

Bill S-254: Warning label on alcoholic beverages

Introduced and tabled on November 2, 2022 by the Honourable Patrick Brazeau, Bill S-254 aims to require labels on containers of alcoholic beverages warning about the health risks of alcohol consumption. The Senate Committee on Social Affairs, Science and Technology, mandated to study the bill, has not yet set a date to discuss it. These debates in the Senate are essential before the bill can be sent to the House of Commons, which has the power to adopt the final bill into law.

It is still possible to comment on the bill by submitting briefs or comments to: soci@sen.parl.gc.ca.

To find out more about this bill and the effects of warnings on consumption, you can consult the **2023 FASD Bulletin** and the **ASPQ case study** on the use of preventive messages in Ontario (Sandy's Law). ■



Participation of the ASPQ in a **pan-Canadian assessment** on **FASD**

By **Maude Dubois Mercier**, perinatal project lead, ASPQ

In October 2023, the **Public Health Agency of Canada** mandated the **Canadian Academy of Health Sciences (CAHS)** to undertake an assessment process on FASD in Canada. This will be finalized in September 2024 with a public report. The Association pour la santé publique du Québec (ASPQ) is part of the assessment committee, which brings together professionals across Canada from various fields as well as affected people and their loved ones.

Throughout this year, a series of events are being organized to create a comprehensive picture of FASD in Canada, in terms of prevention as well as diagnosis and support.

The approach includes, among other things:

- a review and analysis of the literature,
- surveys and interviews with various stakeholders (e.g., organizations, government representatives, stakeholders, professionals, people born with FASD and their loved ones),
- an iterative process of validating results with stakeholders.

This project aims to identify the issues and promising avenues for the prevention and support of people affected by FASD in Canada, which will provide us with new avenues of intervention. ■

Stay tuned!



FA fetal
SD alcohol
spectrum
disorders

talk about it for better action

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