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The Alcohol Policy Network of the Ontario Public Health Association would like to thank you for the opportunity for input on the regulation to implement Bill 43. A Coordinating Committee of public health professionals and others with an interest and expertise in the use of policy in the prevention of alcohol-related problems coordinate the Alcohol Policy Network, and have co-developed this response.

We are supportive of this initiative and applaud the attempt to get this posted at all alcohol distribution points, as a means of raising awareness. We do not expect such postings will be a sufficient or particularly effective way of decreasing FASD. This poster has characteristics of both public service announcements (PSA) and warning labels. In the recent book *Alcohol: No Ordinary Commodity*, international researchers looking into what is most effective in reducing alcohol-related problems found that "Despite their good intentions, PSAs are an ineffective antidote to the high quality pro-drinking messages that appear much more frequently as paid advertisements in the mass media." They stressed that "there is little evidence that alcohol warning labels have measurable effects on drinking behaviours" but that it is "possible that the impact of warning labels can be enhanced by combining it with other strategies, such as community-based campaigns to change alcohol policies or enforce regulations."

Awareness and information campaigns are not benign, and may have unintended side effects. One issue that this awareness campaign must be very sensitive to is the impact this information has on a woman who has consumed alcohol during pregnancy, including those who are unaware that they are pregnant. On the use of warning labels regarding drinking alcohol when pregnant, Capara, Soldin and Koren (2004) found:

"Labeling may lead to increased risk perception leading to considerations of terminations of wanted pregnancies in cases where low-risk women have consumed one or two drinks before becoming aware of their pregnancy. This increase in needless anxiety and stress may also theoretically result in increased fetal risk due to stress-related complications."
(Available at www.motherisk.org/JFAS/pdf/To_Label.pdf>)

We agree with the need for further information to be available to women who self-identify as having consumed alcohol during pregnancy as this awareness campaign develops. The Motherisk Helpline phone number and Best Start website are definitely worth including. We see the need for timely and sensitive alcohol-related pregnancy counseling services being available. It is critical that as this messaging goes through a legislative process, that the emphasis of the wording be of an educational nature, not one which blames, stigmatizes or puts unreasonable expectations on women who are knowingly or unknowingly pregnant.

Research demonstrates that mothers with babies affected by FASD normally have poor diet, lower socioeconomic status and lower education levels. A necessary comprehensive approach to FASD prevention requires addressing all the factors that increase alcohol consumption, including promotion by the industry and threats to social determinants of health. Policies that address these underlying issues are more complex, but must be implemented along with awareness campaigns for pregnant women and their partners.

Again, we thank you for this opportunity,

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