Labeling of Containers and the Prevention of Drinking in Pregnancy

Claire D. Coles, Ph.D.

Alcohol use during pregnancy can lead to fetal alcohol syndrome (FAS) and to other conditions that affect intelligence and behavior. The United States Surgeon General has advised women to abstain from drinking during pregnancy. However, not all women are aware of the dangers of drinking during the time they are pregnant and some of those who are aware have difficulty stopping drinking. Prevention efforts are most effective when they are multilevel, aimed at a number of different audiences. Some efforts are directed at pregnant drinkers themselves (“indicated” prevention) while others (“universal”) are aimed at promoting the health and well-being of all individuals in the community, through media campaigns and social policy.

One effort at universal prevention was the passage of a “labeling” law. US Public Law 100-690 (1988) required as of 1989 that all containers of alcoholic beverages in the United States be labeled with “clear” “nonconfusing” language describing alcohol-related hazards. This label, which was required on all containers of sprits, wine and beer, read, “GOVERNMENT WARNING: (1) According 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.” Social policy advocates and legislators hoped that labeling alcohol containers would influence women to stop or reduce drinking.

Whether or not this law has had the desired effect, was the focus of research by several investigators, notably Janet Hankin, Ph.D., and her colleagues at Wayne State University in Detroit and L. Kaskutas and her colleagues at Berkley, California. These
investigators examined the following questions: 1) Do warning labels reduce drinking?; 2) Are container labels equally effective with high risk and low risk women?; 3) Are adolescents positively affected by warning labels?

Results of research on these issues are decidedly “mixed”. Although heavy drinkers are more aware of labels and there seems to be some, initial, effect on reported drinking levels among low-risk women, longer-term results have been less satisfying. In general, labels are not effective with the most at risk women and do not affect drinking in pregnancy. Another study by McKinnon, et al. in 2000, which focused on adolescents found, “There is no beneficial change attributable to warning labels in beliefs, alcohol consumption, or driving after drinking.” Kaskutas, after a review of the research on universal prevention methods, concluded, “changes in drinking during pregnancy” were not “associated with exposure to any of the assessed messages (labels, posters, advertisements, and conversations..with health care professionals)”.

These results are disconcerting for the prevention specialist. They suggest that, to prevent the negative outcomes associated with maternal substance abuse, more direct and focused prevention methods are necessary. These efforts include encouraging drinking women to postpone pregnancy and well as providing access to treatment for women who are unable to abstain during the time they are pregnant.

For further information regarding this article please contact the Maternal Substance Abuse and Child Development Project, Emory University School of Medicine, Department of Psychiatry and Behavioral Sciences, Emory West Campus, 1256 Briarcliff Road N.E., Suite 323-West, Atlanta GA, 30306. You can email us at
The Maternal Substance Abuse and Child Development Project is funded in part by the Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD).

References:

