

Pregnancy, partners and alcohol warning labels

Research and public health messaging about harms to others from substance use may contribute to stigma for vulnerable groups, including pregnant women. A more restorative public health discourse could be achieved by widespread reframing of substance use during pregnancy as a responsibility shared by parents, family, friends and communities alike.

Wilkinson & Ritter [1] provide a thought-provoking commentary on substance use harm to others (HTO) research, policy and stigmatization of vulnerable populations. Of particular interest was a detected challenge of sorts, apparently aimed at researchers and advocates engaged in public health alcohol policy. The challenge appears in relation to alcohol policy and its role in the uneven experience of stigma by vulnerable groups. One of two examples provided concerned alcoholic beverage warning labels about drinking during pregnancy (warning labels). Framed as a 'mark' on alcohol policy, the rebuke is subtle, but the implication is that warning labels contribute to stigma experienced by pregnant women who drink alcohol.

For some, extending this line of thinking will lead to the conclusion that potential for perpetuating stigma is a rationale for pulling back or halting progress on warning labels or information dissemination on risks of alcohol use during pregnancy. In our view, this would be a dangerous conclusion—especially when the stakes are so very high. Even when motivated by the best intentions, limiting or withholding access to health information undermines self-determination, reduces health literacy and perpetuates confusion. Public policymakers would be remiss if they failed to prioritize the most vulnerable in their efforts to increase access to easily understandable, evidence-based health information.

That said, the challenge warrants a closer look for three reasons: first, although Wilkinson & Ritter do not cite evidence of stigma associated with warning labels, we are aware of one study suggesting they may lead some women to avoid prenatal care and have worse pregnancy outcomes [2]. Secondly, for reasons we expand on below, efforts aimed at reframing prenatal alcohol exposure from a 'women-only' issue to a responsibility shared by partners, families, friends and communities [3] could bring major gains in behaviour change. Thirdly, in July of this year, the Australia New Zealand Food Standards Code was amended to mandate specific pregnancy warning labels for all alcoholic beverages [4]. Acclaimed as a long overdue victory for public health, more than 150 organizations weighed in to back the policy, including the National

Closing the Gap Committee and the Australian Human Rights Commission [5]. The alcohol industry has 3 years to get its house in order but, not surprisingly, having been allowed to dictate their own 'voluntary' labelling terms for many years, vested interests have made their grievances with the new code widely known.

Mandated labels must show a silhouette of a pregnant woman (standing), holding a glass (poised to drink) and enclosed in a red circle with a strikethrough. From a physiological perspective, exclusive focus on a single female form makes sense. Alcohol consumption, however, is not bound to gender. It is a widely variable behaviour with complex social and psychological dimensions—and for better or worse, readily influenced by the drinking behaviours of others.

Although rarely a focus of public health discourse, drinking behaviours of partners can support or derail efforts to address prenatal alcohol exposure. For example, if a male live-in partner drinks alcohol while his female partner is pregnant, chances are higher that she will continue to use alcohol, particularly if he is a heavy or risky drinker. In contrast, women are more likely to follow health advice to reduce alcohol use if partners are supportive and actively involved in the pregnancy [6]. Qualitative research reveals how difficult abstaining during pregnancy can be when women lack support from their partners, family and friends [7]. Australian studies estimate that: on 40% of drinking occasions partners initiate maternal alcohol use; three-quarters of women who drink during pregnancy usually do so with their partner, and one-third of pregnant women believe they would be less likely to drink if their partner encouraged them to stop or if their partner also stopped drinking [6,8]. (All studies investigated female/male relationships, although similar effects may occur among same-sex couples.)

Accordingly, we issue an alternative challenge to the public health sector: Imagine a pregnant female silhouette and her partner standing side-by-side (holding hands optional), both raising their glasses as if to drink, both contained in a circle of red with a strikethrough. What are the chances?

Benefits to be gained by widespread promotion and adoption of a shared responsibility approach to substance use during pregnancy need not be limited to alcohol. Wilkinson & Ritter argue future illicit drug HTO research should resist an individualizing focus. We agree that such approaches will probably add to stigmatization of vulnerable women who use illicit drugs during pregnancy. As to the universality of this view and the feasibility of setting such limits on researchers, we have little to go on. We

might choose, however, to recognize the problems but pursue a more restorative public health discourse by reframing all harmful substance use during pregnancy as a responsibility shared by parents, family, friends and communities alike.

Declaration of interests

None.

Keywords Alcohol, alcoholic beverage warning labels, pregnancy, stigma, vulnerable populations, fetal alcohol exposure.

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