

SUBMISSION TEMPLATE

Policy options targeted consultation paper: *Pregnancy warning labels on packaged alcoholic beverages*

Overview

This submission template should be used to provide comments on the policy options targeted consultation paper: *Pregnancy warning labels on packaged alcoholic beverages*.

Contact Details

Name of Organisation:	National Alliance for Action on Alcohol (NAAA)
Name of Author:	Co-Chairs: Jane Martin & Dr John Crozier
Phone Number:	02 6171 1312
Email:	naaa@phaa.net.au
Website:	Actiononalcohol.org.au
Date of submission:	14 June 2018
If we require further information in relation to this submission, can we contact you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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Submission Instructions

Submissions should be received by 5pm AEST on 14 June 2018. The Food Regulation Standing Committee reserves the right not to consider late submissions.

Please complete the attached template for your submission. Note that submissions may not be drawn upon in preparing the decision regulation impact statement (DRIS) to recommend a preferred policy option to the Australia and New Zealand Ministerial Forum on Food Regulation (the Forum) if they:

- are not supported by evidence;
- do not directly answer the questions in the Policy options targeted consultation paper; and/or
- do not use this template.

Please do not change the template.

Where possible, submissions should be lodged electronically. Please send your submission to: FoodRegulationSecretariat@health.gov.au with the title: *Submission in relation to pregnancy warning labels on packaged alcoholic beverages*.

Or mail to:

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If you need to attach documents to support your submission, please make it clear which question/s they relate to.

Consultation questions

Please insert your comments against the consultation questions below. These questions correspond to specific sections of the Consultation Paper. If you cannot answer the question or it doesn't apply, please write "nil response" or "not applicable".

1: Are these appropriate estimates of the proportion of pregnant women that drink alcoholic beverages? Do you have any additional data to show changes in drinking patterns during pregnancy over time? Please specify if your answers relate to Australia or New Zealand.

This response is in relation to Australia.

NAAA's position is that these estimates of the proportions of pregnant women who drank alcohol during pregnancy are appropriate and consistent with national data available in the 2013 and 2016 National Drug Strategy Household Survey (NDSHS).¹

NAAA would also like to make note that there is still a significant proportion of women that drink during pregnancy. The NDSHS states that between 2013 and 2016 the proportion of pregnant women who abstain from alcohol only increased from 53% to 56%, however this rise was not statistically significant.¹

2: Are these appropriate estimates of the prevalence and burden (including financial burden) of FASD in Australia and New Zealand? Please provide evidence to support your response.

NAAA believes that these estimates of the prevalence and burden of FASD in Australia and New Zealand are appropriate.

Research conducted in 2010 on behalf of Food Standards Australia New Zealand into the cost-benefit analysis of FASD prevention activities states that although there are no reliable estimates for the incidence of FASD in Australia and New Zealand. However, international estimates of the prevalence of FASD are that 1 per cent of all pregnant women deliver a child with FASD. In Australia this translates to 2,599 children per year and 581 children in New Zealand. This has an estimated cost of AU\$66 million in Australia and NZ\$16 million per annum.²

Further international economic analysis on the burden of FASD are set out below:

- Popova, S., Stade, B., Bekmuradov, D., Lange, S., Rehm, J. (2011). What do we know about the economic impact of Fetal Alcohol Spectrum Disorder? A systematic literature review. *Alcohol and Alcoholism* 46(4), 490-497. doi.org/10.1093/alcalc/agr029
- Popova, S., Lange, S., Bekmuradov, D., Mihic, A., Rehm, J. (2011). Fetal Alcohol Spectrum Disorder prevalence estimates in correctional systems: A systematic literature review. *Canadian Journal of Public Health* 102(5), 336-340.
- Lange, S., Shield, K., Rehm, J., Popova, S. (2013). Prevalence of Fetal Alcohol Spectrum Disorders in child care setting: A meta-analysis. *Pediatrics* 132(4). doi: 10.1542/peds.2013-0066
- Popova, S., Lange, A., Burd, L., Rehm, J. (2012). Health care burden and cost associated with fetal alcohol syndrome: Based on official Canadian data. *PLoS One* 7(8), e43024. doi.org/10.1371/journal.pone.0043024

3: Do you have evidence that the voluntary initiative to place pregnancy warning labels on packaged alcoholic beverages has resulted in changes to the prevalence of FASD, or pregnant women drinking alcohol, in Australia or New Zealand? Please provide evidence to justify your position.

NAAA does not have any evidence regarding this.

4. Variation in labelling coverage and consistency and some consumer misunderstanding associated with the current voluntary pregnancy warning labels in Australia and New Zealand were identified as reasons for possible regulatory or non-regulatory actions in relation to pregnancy warning labels on alcoholic beverages.

Are there any other issues with the current voluntary labelling scheme that justify regulatory or non-regulatory actions? Please provide evidence with your response.

NAAA is concerned with the coverage, consistency and consumer awareness/understanding of the current voluntary labelling. NAAA notes that:

- Voluntary implementation by the alcohol industry was found to be inadequate by the House of Representatives Standing Committee on Social Policy and Legal Affairs into FASD and the Western Australian Legislative Assembly Education and Health Standing Committee Inquiry into Improving Educational Outcomes for Western Australians of all ages.
- The 2016/2017 evaluation paper, as detailed in the Consultation Paper, found that less than half of all alcohol products carry a pregnancy warning label with concern for low uptake on products in the premium/craft beer categories.³
- There is a lack of consistency in the labelling in Australia and New Zealand as a result of no agreed standard for voluntary labels. The size, colour, position and pictogram on the labels has resulted in the message lacking clarity and consistency.
- In 2016 testing of the DrinkWise label “*It is safest not to drink while pregnant*” found that 38% of those surveyed misinterpreted the label believing it meant it was okay to consume alcohol during pregnancy, compared with only 23% misinterpreting the alternative option “*Don’t drink pregnant*”.⁴ Furthermore, the current scheme inappropriately links consumers to industry websites for health information such as “*Get the facts DRINKWISE.ORG.AU*”.

5: Has industry undertaken any evaluation of the voluntary pregnancy warning labels? If so, please provide information on the results from these evaluations.

NAAA is not aware of any such evaluation.

6: Considering the potential policy options to progress pregnancy labelling on alcoholic beverages and address the implementation issues:

a) Are there additional pros, cons, and risks associated with these options presented that have not been identified? Please provide evidence to support your response.

Option 1a: Voluntary – status quo

NAAA is concerned that maintaining the status quo on voluntary labelling would see the continuation or decline in:

- Coverage and consistency given that the 2016/2017 evaluation stated that in Australia 48 percent of packaged alcoholic beverages displayed some type of warning label, noting this may decrease when the possibility of regulatory action subsides.³
- Lack of prominence of the labels noting that 80 per cent of pregnancy labels were located on the back,⁵ the average size of the label being 6.7mm in diameter⁶ and cluttered with other contradictory information such as ‘Cheers’, ‘Drinkwise’ or ‘Enjoy responsibly’.
- Size and inappropriate information considering less than 0.5 per cent of alcohol products displaying the pictogram and text together⁷ and rely on the consumer to go to industry websites such as DrinkWise or Cheers for further information instead of Government sources.

Option 1b: Voluntary – self-regulated by industry

NAAA believes that self-regulation by the alcohol industry would not result in consistent, effective and widespread coverage and has the following risks:

- The alcohol industry has had six years to implement pregnancy warning labels on products and as stated above, this has resulted in less than half (48 per cent) of packaged alcohol beverages displaying warning labels.
- Lack of Government and civil society organisations input into the label design resulting in a lack of consistency and consumer misunderstanding of the messages.⁸
- The alcohol industry has a history of ineffective voluntary regulation. A 2003 review by the National Committee for Review on Alcohol Advertising (NCRAA) found the Alcohol Beverages Advertising Code (ABAC) does not address public health concerns, lacks transparency and insufficient reporting of complaints and is compromised by the time taken to resolve complaints.⁹

Option 1c: Voluntary – with government style guide

The primary risk of the alcohol industry using a government style guide is around the potential lack of uptake and the risk the alcohol industry will actively resist proposed labels that effectively point out the dangers of alcohol to pregnant women. Furthermore, the Health Star Rating (HSR) is a useful example of low uptake of a voluntary labelling system supported with an agreed style guide. The two-year review found that only 14.4 percent of eligible food products displayed the HSR¹⁰ and there were significant inconsistencies in labelling across product ranges and/or categories.¹¹

Option 2: Mandatory – with government developed label

NAAA believes that mandatory government developed pregnancy warning labels are the only way to achieve the coverage, consistency, prominence and comprehension to warn pregnant women of the dangers of drinking alcohol during pregnancy.

An additional positive element to those outlined in the Consultation Paper includes the effectiveness of mandatory labelling as part of a broader suite of activities addressing the risks of alcohol consumption during pregnancy.

NAAA does not agree with the argument around cost of compliance to the industry and the trade implications of mandatory pregnancy warning labels because alcohol manufacturers already regularly change their labels and other countries such as France and the United States of America require mandatory warning labels.

b) Are there other potential policy options that could be implemented, and if so, what are the pros, cons and risks associated with these alternate approaches? Please provide evidence to support your response.

Nil response.

7: Which option offers the best opportunity to ensure that coverage of the pregnancy warning labelling is high across all types of packaged alcoholic beverages, the pregnancy warning labels are consistent with government recommendations and are seen and understood by the target audiences? Please justify your response.

NAAA believes that mandatory Government pregnancy warning labels on packaged alcoholic beverages is the only way to achieve coverage, consistency and comprehension by target audiences across all packaged alcohol products.

Coverage

In Australia, less than half (48 per cent) of all packaged alcoholic beverages display some type of pregnancy warning label.³ Alcohol producers have demonstrated that they can apply mandatory pregnancy warning labels on exported products such as France and the United States. As identified in the Consultation Paper, a survey conducted in New Zealand in 2014 and 2016 with the alcohol industry found that the alcohol industry are not adopting voluntary pregnancy warning labels because they only comply with mandatory labelling requirements and therefore, would not provide the pregnancy warning label messaging unless it became mandatory.⁸

Consistency with government recommendations

Considering the inconsistencies in size, position and messaging of the current voluntary labelling, mandatory pregnancy warning labels, developed by government, is the only way to achieve consistency across all packaged alcohol products. The following research by Sambrook Research International (2009) and Hall & Partners (2018) determines the importance in consistency of warning labels, while research by Stockwell (2006) demonstrates the application of mandatory warning schemes in increasing awareness and aiding effectiveness:

- Sambrook Research International (2009). [A review of the science base to support the development of health warnings for tobacco packages](http://ec.europa.eu/health/tobacco/docs/warnings_report_en.pdf). A report prepared for European Commission, Directorate General for Health and Consumers. Retrieved 14/05/2018 from: http://ec.europa.eu/health/tobacco/docs/warnings_report_en.pdf
- Hall & Partners (April 2018). *Understanding of consumer information messaging on alcohol products: Focus group testing report*. Canberra: Australia.
- Stockwell, T.R. (2006). *A review of research into the impacts of alcohol warning labels on attitudes and behaviour*. British Columbia, Canada: Centre of Addictions Research of BC, University of Victoria. Retrieved 14/05/2018 from: <https://dspace.library.uvic.ca/bitstream/handle/1828/4785/Alcohol%20Warning%20Labels%202006.pdf?sequence=1>

Comprehension by the target audience

NAAA believes that mandatory pregnancy warning labels on packaged alcohol products should be developed based on evidence and consumer testing to ensure comprehension of the message to not drink alcohol while pregnant. Recent research commissioned by the Foundation for Alcohol Research and Education (FARE) and undertaken by Hall & Partners on consumer understanding of the DrinkWise pregnancy warning label demonstrated that the current message is not fully understood, and leaves room for interpretation as to whether alcohol consumption during pregnancy is safe. In particular, the text requires updating in order to be comprehended by the target audience (and consistently used alongside the pictogram).¹²

8: Do you support the use of a pictogram? If so, do you have views on what pictogram should be used (e.g. pregnant woman holding beer glass or wine glass), and also, what colour/s should be used, and why? Do you have any views on size, contrast, and position on the package? Please provide research or evidence to support your views.

NAAA supports the use of a pictogram in combination with text.

FARE commissioned research by Hall & Partners (2018) aimed to investigate consumer understanding and interpretation of the two commonly used DrinkWise consumer information messages. The study consisted of eight focus group discussions with key target groups: four with women who are pregnant or trying to conceive and four with key influencers (two with partners of women who were pregnant or trying to conceive and two with female peers). Each group comprised between six and eight participants.

The research recommended the following changes to the current warning label:

“Enhance the visual impact of the label, for example by:

- increasing the size of the warning on the product/label
- using a contrasting colour, ideally red to signify danger
- using bold text
- using borders and/or white space to help the warning stand out from other information
- locating the warning next to commonly viewed information, such as the number of standard drinks.”¹²

The research found that while the current pictogram conveyed the message of ‘do not drink alcohol when pregnant’ and the circle image with a strikethrough was understood, familiar and easily identifiable, the current pictogram and text were not prominent enough to grab attention and the lack of colour contrast resulted in it being lost among other information on the label. Additionally, the research found that the colour red was considered most appropriate due to its common use to convey danger/warning.¹²

NAAA recommends that size, design and positioning should be based on consumer testing to determine messaging on the labels which will result in effective understanding by the target audience.

10: Do you have views on what colour should be used for text, and whether green should be permitted? Do you have any views on size, contrast, and position on the package? Please provide research or evidence to support your views.

Please see answer to question 8 above.

11: Should both the text and the pictogram be required on the label, or just one of the two options? Please justify your response.

NAAA’s position is that the label should include both the text and pictogram. Hall & Partners (2018) research found that labels are most effective when they combine text and pictogram.¹²

In addition, NAAA recommends the use of clear messaging such as “warning” and text should be attributed to a Government source. Consumer testing should be conducted to ensure the target market understands the message.

12: Are you aware of any consumer research on understanding and interpretation of the current DrinkWise pictogram and/or text? What about other examples of pictogram and/or text?

Research commissioned by FARE and conducted by Hall & Partners (2018) on consumer understanding and interpretation of the DrinkWise labels found that:

- The current pictogram is understood by consumers but does not challenge existing beliefs
- The accompanying text was considered to be weak and ambiguous. For some, it reinforced the belief that small amounts of alcohol during pregnancy was okay
- The pictogram and (revised) text should be used in combination in order to maximise the effectiveness of the message
- The warning messages need to be larger and have greater contrast to the background
- Use of the signal word ‘warning’ was considered to be helpful in attracting attention and signalling severity
- Red was considered the most appropriate colour for the prohibition symbol as it is commonly used to convey danger/warnings
- Other examples of pictograms and text were viewed by participants and considered to be more emotionally resonant than the current label. Text warnings were considered to be more thought-provoking and emotionally resonant if they focused on the consequences of drinking while pregnant.¹²

13: Describe the value of pregnancy warning labels. Please provide evidence to support your views.

Alcohol is a teratogen, a substance that can harm an unborn baby. As discussed in the Consultation Paper, other teratogens are either completely banned from use in products which are designed to be consumed by people, or are illegal, or only used when there is no better alternative, or under medical supervision, or carry a warning label on packaging.⁸

Pregnancy warning labels are an essential part of a broader suite of activities to reduce alcohol consumption in pregnancy. They would effectively increase awareness levels of the potential harm caused by consuming alcohol during pregnancy,¹³ stimulate conversations about the risks of consuming alcohol¹³ and reduce levels of FASD.²

FASD is the leading cause of preventable developmental disability in Australia and alcohol consumption during pregnancy can lead to negative impacts including miscarriage, still births, low birth weight and FASD. Research shows there is low understanding among Australians of the need to not drink alcohol during pregnancy.¹⁴

14: Which is the option that is likely to achieve the highest coverage, comprehension and consistency? Please provide evidence with your response.

NAAA believes that mandatory pregnancy warning labels are the only way to achieve the highest coverage, comprehension and consistency. Please see answer to question 7 above.

15: Which option is likely to achieve the objective of the greatest level of awareness amongst the target audiences about the need for pregnant women to not drink alcohol? What evidence supports your position?

Mandatory pregnancy warning labels would achieve the greatest level of awareness amongst the target audiences and the wider community about the need for pregnant women to not drink alcohol. Mandatory labels ensure the highest coverage, consistency and comprehension of pregnancy warning labels that is necessary to achieve the greatest level of awareness.

Research into the introduction of mandatory alcohol warning labels in the USA shows increased awareness of the messages following the introduction of the labels.¹³

16: More information is required on the benefits of each of the regulatory options. Do you have any information on the benefits associated with each option in relation to social, economic or health impacts for individuals and the community? Please provide evidence with your response.

The Consultation Paper outlines the significant impact of FASD on individuals, the social, health and economic costs to families and the cost to the wider community. Mandatory pregnancy warning labels based on evidence and consumer testing would provide a clear and easy to understand warning to not drink alcohol to those who are pregnant, or planning a pregnancy, as well as supporting the establishment of cultural norms as well as wider networks and environments that support and reinforce not drinking alcohol in pregnancy.

The current voluntary labels provide limited benefits due to lack of coverage, lack of prominence, poor positioning of the labels and lack of understanding/comprehension.

Mandatory pregnancy warning labels as part of a broader suite of activities to address alcohol consumption in pregnancy and FASD are a cost-effective strategy to raise awareness and understanding with a high audience reach and low implementation costs. The cost of implementing mandatory pregnancy warning labels is outweighed by the health, economic and social cost of FASD.

17: To better predict cost to industry associated with each option, can you provide further information that could inform the cost to industry associated with each of these approaches, particularly costings from a New Zealand industry perspective? Please provide evidence to support your response.

Nil response

18: For Australia, is the estimated cost of \$340 AUD per SKU appropriate for the cost of the label changes? To what extent do these cost estimates capture the likely impacts on smaller producers? Should the cost estimates be adjusted upwards to capture disproportionate impacts on smaller producers?

Not applicable

19: Is the number of active SKUs used in the cost estimation appropriate? What proportion of SKUs on the market is from smaller producers?

Not applicable

20: Should there be exemptions or other accommodations (such as longer transition periods) made for boutique or bespoke producers, to minimise the regulatory burden? If so, what exemptions or other accommodations do you suggest?

NAAA believes that all producers should be subjected to the same regulation and should be given 12 months to implement mandatory pregnancy warning labels, including boutique or bespoke producers. Alcohol is a potent teratogen, and it is appropriate that all producers are subject to regulation.

21: To better predict the proportion of products that would need to change their label to comply with any proposed change, information on the type of pictogram and text currently used is required. Do you have evidence of the proportion of alcohol products that are currently using the red pictogram, and what proportion of products are using an alternate pictogram (e.g. green)? Do you have evidence on the proportion of alcohol products that are currently using the beer glass pictogram, or the wine glass pictogram? Please specify which country (Australia or New Zealand) your evidence is based on.

Nil response

22: What would be the cost per year for the industry to self-regulate? Please justify your response with hours of time, and number of staff required. Please specify which country (Australia or New Zealand) your evidence is based on.

Not applicable

23: For each of the options proposed, would the industry pass the costs associated with labelling changes on to the consumer? Please specify which country (Australia or New Zealand) your evidence is based on.

NAAA does not know whether the alcohol industry would pass on the costs of labelling changes to the consumer. However, NAAA would like to note that increasing the price of alcohol is an effective means to reducing alcohol consumption.¹⁵

24: If you identified an alternate policy option in question 5, please provide estimates of the cost to industry associated with this approach.

Not applicable

25: Based on the information presented in this paper, which regulatory/non-regulatory policy option do you consider offers the highest net benefit? Please justify your response.

NAAA believes the mandatory approach option to pregnancy warning labels offers the highest net benefit, delivering the objectives of providing a clear and easy to understand trigger to remind pregnant women to not drink alcohol and providing information to the wider community to support and encourage pregnant women not to drink alcohol.

REFERENCES

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