



ALCOHOL USE DURING PREGNANCY  
AND AWARENESS OF  
FETAL ALCOHOL SYNDROME AND  
FETAL ALCOHOL SPECTRUM DISORDER

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Results of a National Survey

**FINAL REPORT**

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## 1.0 INTRODUCTION

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Fetal Alcohol Syndrome (FAS) is the leading cause of developmental disability among Canadian children. The new term, Fetal Alcohol Spectrum Disorder (FASD), is an umbrella term used to describe a number of disabilities associated with prenatal exposure to alcohol. Progress has been made in understanding FASD in Canada and internationally in recent years.

FASD has no cure, but it can be prevented. A major factor in this prevention is a well-informed and knowledgeable public, and, particularly, well-informed prospective parents.

In February 2006, Environics Research Group Limited was retained by Public Health Agency of Canada (PHAC) to conduct a survey of population segments, to measure knowledge of the effects of alcohol use during pregnancy, and awareness of Fetal Alcohol Syndrome and Fetal Alcohol Spectrum Disorder. The population segments included women, aged 18 to 40, and male partners of women, aged 18 to 40, who would be key target groups of a campaign to raise awareness and knowledge of Fetal Alcohol Syndrome and Fetal Alcohol Spectrum Disorder.

This survey follows a baseline survey conducted by Environics in November 1999 (n=1,205) and another in March 2002 (n=1,207), examining these issues with the same population segments, on behalf of Health Canada. This report makes reference to the findings of these previous studies, where applicable. Only changes that are statistically significant have been discussed in the report.

The survey was designed to include approximately equal numbers of respondents (360) in each of the ten provinces, and a ratio of 75 percent women and 25 percent male partners. Environics conducted the nation-wide survey of 3,633 respondents, including 2,724 women and 909 men, between March 1 and April 30, 2006.

The results for the total sample are weighted to reflect the actual populations of each of the provinces, as well as by age group for women, consistent with the weighting of the 2002 survey. The 2002 survey used 1996 census data and the 2006 survey used 2001 census data.

The margin of error for the full sample of women is  $\pm 1.9$  percentage points, 19 times in 20; the margin of error for the sample of men is  $\pm 3.3$  percentage points. The margin of error for each province (n= approximately 360) is  $\pm 5.2$  percentage points.

The survey examined knowledge and beliefs about alcohol use during pregnancy, awareness of FAS and FASD, recall of information and advertising about the impact of alcohol, preferred information sources and effectiveness of information initiatives, support for initiatives to provide information about the risks of alcohol use, and the expected behaviours of women and partners of women, during pregnancy.

This report presents the findings of the survey. The survey methods and the English and French questionnaires used in the survey are appended to this report. Detailed statistical tables are presented under separate cover.

## 2.0 SUMMARY OF FINDINGS

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The major findings of the survey are:

- A slight majority (52%) say, top-of-mind, that cutting down or stopping using alcohol is among the most important thing pregnant women can do to increase the likelihood of having a healthy baby.
- When asked specifically about specific actions, there has been a clear decline since 2002 in the proportions who believe that most of these actions are one of the most important things that pregnant women can do to increase the likelihood that their baby will be born healthy. A clear majority (58%, down 5 points) strongly believe that cutting down or stopping alcohol use is one of the most important things that pregnant women can do to increase the likelihood that their baby will be born healthy. This view is down among both men (52%, down 7) and women (60%, down 4) since 2002, and is lower among women in the lowest socio-economic groups and those living in rural areas.
- A large majority (76%) are aware that *any* alcohol use during pregnancy is harmful to the baby; this view has increased progressively since 1999 among both men (68%, up 4 points from 2002, and 9 from 1999) and women (79%, up 9 points from 2002 and up 11 from 1999).
- There continues to be unanimous belief that the more alcohol pregnant women consume, the more likely the baby will be harmed and the more serious the effects.
- Majorities are also aware of the impact of small amounts of alcohol use. There have been progressive declines since 1999 in the numbers of men (45%, down 8 points from 2002 and down 12 from 1999) and women (34%, down 12 points from 2002 and down 15 from 1999) who think that a small amount of alcohol use during pregnancy can usually be considered safe. Awareness of the impact of small amounts of alcohol use is lower in Quebec and Ontario.
- Majorities are aware of the impact of specific amounts of alcohol use, but respondents are divided about the harmful effects of extremely small amounts of alcohol consumption – one or two drinks during the course of the pregnancy. Awareness of the harm done by all amounts has increased.
- There is unanimous belief that alcohol use during pregnancy can lead to life-long effects and that effects will not disappear as the child grows older. However, a sizable minority of almost four in ten believe that the effect of alcohol on the development of the fetus is unclear, and this view is higher in Quebec. Since 2002, there have been increases in the proportions of both men and women who do *not* believe this statement; this indicates that knowledge about the effects of alcohol on the development of the fetus has increased over the past four years.
- Although there is a very high level of recognition of the terms Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Spectrum Disorder (FASD), there is far less detailed knowledge as to what FAS and FASD actually involves. Recognition of the terms and more detailed knowledge remain lower in Quebec, but there has been a huge increase in recognition among Quebec women (up 25 points since 2002, and up 41 since 1999).
- A large majority are also familiar with alcohol-related birth defects, but once again, detailed knowledge of what these defects are is more limited. Quebec women are less likely than those in the rest of the country to express awareness of alcohol-related birth defects and to have detailed knowledge of what these defects are.

- A large majority recall seeing information about the effects of alcohol use on a baby during pregnancy, and recall among both men and women has increased since 2002. Quebec women remain less likely to recall this information, but this proportion is up 16 points since 2002.
- One-half recall advertising about alcohol use during pregnancy, FAS, FASD, or alcohol-related birth defects. Among those who recall this advertising, the largest proportion saw the advertising on television. Most do not recall the sponsor of this advertising, but the largest proportion (just over one in ten) mention the federal government or Health Canada.
- Television or other media, and a doctor or doctor's office are seen as the best sources of information about the effects of alcohol during pregnancy.
- Large majorities think sending information to doctors and health care professionals (72%), television advertising (69%), and placing posters in waiting rooms and clinics (67%) are very effective ways to inform them about the risks of alcohol use during pregnancy. Smaller proportions think other initiatives tested would be very effective. Women are more likely than men to think all the initiatives tested would be very effective ways of reaching them on the subject of the risks of alcohol use.
- There is overwhelming approval, overall, of a number of initiatives to provide information about the risks of alcohol use during pregnancy. Strong approval continues to be higher for government-sponsored advertising (78%) and warning messages on alcohol advertising (71%), especially compared to that for requiring warning signs in restaurants (45%). Women are more likely than men to strongly approve of all the initiatives tested.
- A large majority of women (72%) say they would stop alcohol use if they were to become pregnant. This proportion is lower among Quebec women, who are more likely than others to say they would just cut back on their alcohol use.
- Women are somewhat more likely to be motivated to lower their alcohol use during their pregnancy if they were encouraged by their spouse or partner to do so. However, majorities say their partner continuing to drink during their pregnancy, offering them a drink during their pregnancy or stopping drinking during their pregnancy, would have no effect on their use of alcohol.
- Fully one-half of women report not receiving advice from their doctor regarding alcohol consumption during pregnancy, including 38 percent of women who are currently pregnant. Among those who have received advice, the most common advice is that they should not drink alcohol at all.
- A large majority of men (87%) say they would be very likely to encourage their pregnant spouse to stop or cut back on her alcohol use during pregnancy; only about four in ten (43%) would be very likely to stop drinking alcohol themselves during their spouse or partner's pregnancy.

The detailed findings on each topic are discussed in the following sections.

### 3.0 BEHAVIOURS TO INCREASE LIKELIHOOD OF HAVING HEALTHY BABY

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#### 3.1 Top-of-Mind Awareness of Behaviours

*Top-of-mind, majorities of respondents think good nutrition, cutting down or stopping alcohol use, and cutting down or stopping smoking are the most important things pregnant women can do to increase their likelihood of having a healthy baby.*

Good nutrition, cutting down or stopping alcohol use, and cutting down or stopping smoking are seen as the most important behaviours that pregnant women can do to increase their likelihood of having a healthy baby.

Top-of-mind, majorities of respondents mention good nutrition (86%), cutting down or stopping alcohol use (52%), and cutting down or stopping smoking (51%) as the most important things that pregnant women can do to increase the likelihood that their baby will be born healthy. Four in ten (38%) mention increasing or maintaining physical activity, and two in ten each mention visiting a doctor or health professional (18%), and cutting down or stopping drug use (17%). Much smaller proportions mention other behaviours.

Comparison with the results of the March 2002 survey indicates that there has been an increase of four points in the number of men who mention cutting down on or stopping alcohol use, but this figure is still four points lower than that recorded in the November-December

1999 baseline survey. The number of women mentioning alcohol use has remained relatively unchanged over the three surveys.

Since 1999, there have been progressive increases in the number of women and men who mention, top-of-mind, eating well/good nutrition as the most important behaviours that pregnant women can do to increase their likelihood of having a healthy baby, and this may be related to the increasing number of media stories on the growing rates of obesity in North America and its negative impact on health. There has been a progressive decline since 1999 in the proportions of both women and men who mention cutting down or stopping smoking, and this may be related to reported declines of smoking among adults and increasing levels of anti-smoking legislation over the past number of years which has made it more difficult for people to smoke. Hence, this may have impacted on mention of this as a top-of-mind factor.

Among women, those with higher alcohol consumption are more likely to mention cutting down or stopping alcohol use; those aged 30 to 34 are less likely to mention this.

Women living in the Prairies are more likely to mention cutting down or stopping using alcohol; Quebec women are less likely to mention this.

## Behaviour to Increase Likelihood of Having a Healthy Baby

### Top-of-mind

	DECEMBER 1999			MARCH 2002			APRIL 2006		
	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN
Eat well/good nutrition/vitamins	75	78	66	79	82	70	86	87	80
Cut down/stop alcohol use	52	50	58	49	49	50	52	51	54
Cut down/stop smoking	63	61	71	58	56	63	51	49	55
Increase/maintain exercise/ physical activity**	25	26	22	34	34	31	38	41	30
Visit doctor/health professional	11	13	6	20	23	9	18	20	10
Cut down/stop drug use (marijuana, crack, heroin, etc.)	14	14	15	16	17	14	17	17	14
Get rest/sleep***	2	2	2	6	6	6	9	10	8
Avoid stress	4	4	3	6	6	5	6	6	3
Take pre-natal class	2	2	*	4	5	2	4	4	3
Reduce exercise/physical activity****	5	5	5	5	5	4	3	3	3
Take folic acid	1	2	*	3	4	1	3	3	3
Lifestyle/healthy living/taking care of themselves							3	3	4
Positive mental attitude	1	1	*	3	2	3	2	2	1
Avoid environmental pollution	2	2	1	2	2	1	2	2	2
Talk to friends/family/social support	1	1	1	2	3	1	2	2	1
Avoid second-hand smoke	1	1	2	3	3	1	1	1	*
Learn about infant care	*	1	–	2	2	2	1	1	1
Financially stable/good job/regular hours/ good working conditions	–	–	–	–	–	–	1	1	*
Avoid caffeine/reduce	–	–	–	–	–	–	1	1	1
Overexertion/harmful actions/ take precautions	–	–	–	–	–	–	1	1	2
Avoid prescription medication	–	–	–	–	–	–	1	1	1
Good home life/partner/relationship	–	–	–	–	–	–	1	1	1
Pre-natal care/ultrasounds/have kids young	–	–	–	–	–	–	1	1	*
Other	3	3	4	4	5	3	3	5	3
dk/na	1	1	2	1	*	1	2	1	3

\* Less than one percent

\*\* In 1999, was "increase/maintain exercise" only

\*\*\* In 1999, was "sleep well/enough"

\*\*\*\* In 1999, was "reduce exercise" only

Note: Multiple answer possible

### Q.1

*Thinking about healthy infants and children, what, in your opinion, are the most important things that pregnant women can do to increase the likelihood that their baby will be born healthy? What things come to mind as important?*

### 3.2 Assessing the Importance of Specific Actions

*Majorities say cutting down or stopping smoking, and cutting down or stopping using alcohol are among the most important things that pregnant women might do to increase the likelihood that they will have a healthy baby.*

When asked about a series of specific actions, respondents say that cutting down or stopping using alcohol, and cutting down or stopping smoking are among the most important things that pregnant women might do to increase the likelihood that they will have a healthy baby.

When asked specifically to assess the importance of a number of behaviours, majorities overall think that all of the behaviours surveyed are at least very important things for pregnant women to do.

Looking at strongly held opinions on this question, majorities say cutting down or stopping using alcohol (58%), and cutting down or stopping smoking (58%) are both one of the most important things that pregnant women can do to increase the likelihood that their baby will be born healthy. Significant minorities also say the same of eating nutritious food (44%), visiting a doctor or health professional regularly (40%), and avoiding second-hand smoke (38%). Much smaller proportions place the same degree of importance on avoiding stressful situations (17%), avoiding environmental pollution (17%) and reducing strenuous physical activity (10%).

There have been noticeable declines since 2002 in the numbers of men who say that any of these behaviours are one of the most important things that pregnant

women can do to increase the likelihood that their baby will be born healthy. Women are now less likely to say the same of eating nutritious food, cutting down or stopping smoking, visiting a doctor or health professional, cutting down or stopping using alcohol, and avoiding stressful situations. For women, the importance attributed to avoiding alcohol today is almost identical to that found in the 1999 survey.

The general decline in mentions of any of these behaviours as one of the most important things a pregnant woman can do to increase the likelihood of having a healthy baby has in most cases (particularly among women) been accompanied by increases in the proportions who think these actions are “very important” and not led to increases in the proportions who think these actions are less or not at all important. Hence, when presented with a number of specific actions, there may be less of a tendency to single out one action as the most important, but rather see these specific actions as one of several behaviours that play a very important role in increasing the likelihood of a pregnant woman having a healthy baby.

Women in the lowest socio-economic groups and those who live in rural areas are less likely than others to say that cutting down or stopping using alcohol is one of the most important things that pregnant women might do to increase the likelihood that their baby will be born healthy, but they are as likely as others to say it is at least a very important thing to do.

Those with a university education are also much more likely than others to say that cutting down or stopping using alcohol is one of the most important things that pregnant women might do to increase the likelihood that their baby will be born healthy.

## Assessing the Importance of Specific Actions

	DECEMBER 1999			MARCH 2002			APRIL 2006		
	Total	Women	Men	Total	Women	Men	Total	Women	Men
<b>Cut down or stop smoking</b>									
One of most important	63	63	63	68	69	64	58	58	58
Very important	35	35	35	31	30	34	41	41	41
Less important	2	2	2	1	1	2	1	1	1
Not at all important	*	*	*	*	*	—	*	*	*
dk/na	*	*	—	—	—	—	*	*	—
<b>Cut down or stop using alcohol</b>									
One of most important	60	61	57	63	64	59	58	60	52
Very important	38	38	38	35	35	38	41	39	45
Less important	2	1	5	2	1	3	1	1	3
Not at all important	*	*	—	*	*	—	*	*	*
dk/na	—	—	—	—	—	—	*	*	*
<b>Eat nutritious food</b>									
One of most important	54	55	49	55	57	47	44	45	40
Very important	46	44	50	45	42	52	54	54	46
Less important	1	*	1	*	*	1	1	1	4
Not at all important	—	—	—	*	*	—	—	—	—
dk/na	*	*	—	—	—	—	*	—	*
<b>Visit a doctor or health professional on a regular basis</b>									
One of most important	42	45	34	48	50	40	40	43	30
Very important	54	52	59	48	46	53	55	53	62
Less important	4	3	7	4	3	6	5	4	7
Not at all important	*	*	—	*	*	1	*	*	*
dk/na	*	*	—	*	*	—	*	*	*

\* Less than one percent

continued ...

### Q.2

*Here are some things that pregnant women might do to increase the likelihood that their baby will be born healthy. In your opinion, is each of the following one of the most important things to do, a very important thing to do, a less important thing to do or not at all important to do?*

## Assessing the Importance of Specific Actions

	DECEMBER 1999			MARCH 2002			APRIL 2006		
	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN
<b>Avoid second-hand smoke</b>									
One of most important	36	36	36	41	40	42	38	38	37
Very important	54	54	53	52	53	50	57	56	59
Less important	9	9	10	6	6	6	5	5	4
Not at all important	*	*	1	1	*	1	*	*	*
dk/na	*	*	*	—	—	—	*	*	—
<b>Avoid stressful situations</b>									
One of most important	19	19	17	22	22	24	17	18	14
Very important	59	60	58	57	56	57	61	61	59
Less important	21	20	24	20	21	18	21	20	25
Not at all important	*	1	*	1	1	1	1	*	1
dk/na	1	1	1	*	*	—	*	*	*
<b>Avoid environmental pollution</b>									
One of most important	22	20	25	20	19	23	17	18	13
Very important	58	59	54	57	58	52	60	59	64
Less important	19	18	19	21	21	22	22	22	20
Not at all important	2	2	1	1	1	1	1	1	2
dk/na	1	1	1	1	1	2	*	*	1
<b>Reduce strenuous physical activity</b>									
One of most important	12	13	8	11	11	13	10	10	8
Very important	41	41	43	42	42	44	45	47	41
Less important	39	38	40	39	41	36	39	38	44
Not at all important	7	6	9	6	6	6	5	4	6
dk/na	1	1	*	1	1	1	1	1	1

\* Less than one percent

### Q.2

*Here are some things that pregnant women might do to increase the likelihood that their baby will be born healthy. In your opinion, is each of the following one of the most important things to do, a very important thing to do, a less important thing to do or not at all important to do?*

## 4.0 EFFECTS OF ALCOHOL USE DURING PREGNANCY

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### 4.1 Beliefs about the Effects of Alcohol Use

*There is unanimous belief that the more alcohol a pregnant woman drinks, the more harm this may have on the baby, and that alcohol use during pregnancy leads to life-long disabilities in a child. Majorities are also aware of the impact of small amounts of alcohol use.*

Respondents show a high awareness that more alcohol use is harmful, and that alcohol use can cause life-long disabilities in a child. There is less awareness, although still at the majority level, of the impact of small amounts of alcohol use.

There is unanimous belief that the more alcohol a pregnant woman drinks, the more likely that the baby will be harmed (98%) and that the more alcohol a pregnant woman drinks, the more harm that may be done to the baby (97%). There is less belief, although still at a majority level, that *any* alcohol consumption during pregnancy can harm the baby (76%).

Much smaller proportions believe that alcohol use *before* a pregnancy begins can harm a baby, even if a woman stops alcohol use during the pregnancy (37%), that a small amount of alcohol use during pregnancy can usually be considered safe (37%), that a small amount of alcohol consumption during pregnancy would never lead to serious harm to the baby (20%), and that a moderate amount of alcohol consumption during pregnancy can usually be considered safe (19%).

The survey suggests growing awareness of the dangers of alcohol use, on a number of items, since 1999.

There have been progressive increases since 1999 in the proportions of both men (68%, up 4 points from 2002 and up 9 from 1999) and women (79%, up 9 points from 2002 and up 11 from 1999) who believe that any alcohol consumption during pregnancy can harm

the baby. There has been a decrease in the numbers of both men (45%, down 8 points from 2002 and down 12 from 1999) and women (34%, down 12 points from 2002 and down 15 from 1999) who think that a small amount of alcohol use during pregnancy can usually be considered safe, and there has also been a decrease since 2002 in the proportion of women (17%, down 6 points) who think that a moderate amount of alcohol consumption during pregnancy can usually be considered safe.

Men are more likely than women to believe that small amounts of alcohol consumption during pregnancy can usually be considered safe, that a small amount of alcohol consumption would never lead to serious harm to the baby, that a moderate amount of alcohol consumption during pregnancy can usually be considered safe, and are less likely to believe that any alcohol consumption during pregnancy can harm the baby. However, men are somewhat more likely to believe that alcohol use before a pregnancy begins can harm a baby, even if a woman stops alcohol use during pregnancy.

Looking specifically at women, we find that those aged 18 to 24 and those who are not mothers are less likely to think that small amounts of alcohol consumption during pregnancy can usually be considered safe and would never lead to serious harm to the baby. Those aged 18 to 24 are also less likely to believe that a moderate amount of alcohol use can usually be considered safe, while those with less income are more likely to believe this. Those with less education are more likely to believe that any alcohol consumption during pregnancy can harm the baby. Mothers are more likely to believe that alcohol use before a pregnancy begins can harm a baby, even if a woman stops alcohol use during pregnancy.

Women in Quebec, Ontario, Nova Scotia and British Columbia are more likely to believe that a small

amount of alcohol consumption during pregnancy can usually be considered safe. Women in Quebec and Ontario are also more likely to believe that a small amount of alcohol consumption during pregnancy would never lead to serious harm to the baby. Quebec women are also more likely to believe that a moderate amount of alcohol use can usually be considered safe. Women in Newfoundland and the Prairie provinces are less likely to believe any of these three statements. Women in Newfoundland and the Prairie provinces are more likely to believe that any alcohol consumption during pregnancy can harm the baby, while those living in Nova Scotia, Quebec, Ontario and British Columbia are less likely to believe this statement.

Aboriginal people are more likely than non-Aboriginal people to believe that any alcohol consumption during pregnancy can harm the baby.

There is almost unanimous belief that alcohol use during pregnancy can lead to life-long disabilities in a child (95%). Almost the same proportion do *not* believe that most of the effects of alcohol use on a child usually disappear as the child grows older (91%). A majority reject the suggestion that the effect of alcohol use on the development of an unborn fetus is unclear (59%).

There has been a slight increase since 2002 in the numbers of both men (57%, up 8 points) and women (60%, up 3 points) who do not believe that the effect of alcohol use on the development of an unborn fetus is unclear. There have also been slight increases in the proportions of men who believe that alcohol use during pregnancy can lead to life-long disabilities in a child, and who do not believe that most of the effects of alcohol use on a child usually disappear as the child grows older.

Women with a university education are more likely to disagree that the effect of alcohol use on the development of an unborn fetus is unclear and that most of the effects of alcohol use on a child usually disappear as the child grows older.

Quebec women are more likely than others to agree that the effect of alcohol use on the development of an unborn fetus is unclear; Newfoundland women are much less likely to believe this. Quebec women are also more likely to believe that most of the effects of alcohol use on a child usually disappear as the child grows older.

## Beliefs about the Effects of Alcohol Use

	DECEMBER 1999			MARCH 2002			APRIL 2006		
	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN
<b>The more alcohol a pregnant woman drinks, the more likely that the baby will be harmed.</b>									
True	98	98	99	98	98	97	98	97	98
Not true	1	1	1	2	2	2	2	2	2
dk/na	*	*	—	*	*	*	*	*	*
<b>The more alcohol a pregnant woman drinks, the more harm may be done to the baby.</b>									
True	98	98	97	98	98	98	97	97	98
Not true	2	2	3	2	2	2	2	2	2
dk/na	*	*	1	*	*	*	*	*	*
<b>Alcohol use during pregnancy can lead to life-long disabilities in a child.</b>									
True	89	89	87	92	94	89	95	96	93
Not true	8	8	9	5	3	9	3	2	5
dk/na	3	3	4	3	3	2	2	2	2
<b>Any alcohol consumption during pregnancy can harm the baby.</b>									
True	66	68	59	68	70	64	76	79	68
Not true	33	31	40	31	29	35	23	20	31
dk/na	1	1	1	1	1	1	1	1	1
<b>A small amount of alcohol use during pregnancy can usually be considered safe.</b>									
True	51	49	57	48	46	53	37	34	45
Not true	46	49	40	51	52	46	62	64	54
dk/na	2	2	3	1	1	1	1	2	1

\* Less than one percent

*continued ...*

Q.3

*Are each of the following statements true or is not true ...?*

Q.4

*And are each of the following statements true or not true ...?*

*Note: Slightly different wording in 2006*

## Beliefs about the Effects of Alcohol Use

### Continued

	DECEMBER 1999			MARCH 2002			APRIL 2006		
	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN
Alcohol use before a pregnancy begins can harm a baby, even if a woman stops alcohol use during the pregnancy.									
True	39	39	37	39	39	39	37	36	41
Not true	53	53	54	53	54	51	57	58	53
dk/na	8	8	9	8	8	10	6	6	6
The effect of alcohol use on the development of an unborn fetus is unclear.									
True	—	—	—	40	39	43	36	36	36
Not true	—	—	—	55	57	49	59	60	57
dk/na	—	—	—	5	5	8	5	5	7
A small amount of alcohol consumption during pregnancy would never lead to serious harm to the baby.									
True	30	28	35	22	20	28	20	18	25
Not true	66	68	59	75	78	68	78	80	72
dk/na	4	4	6	2	2	3	2	2	3
A moderate amount of alcohol consumption during pregnancy can usually be considered safe.									
True	25	23	30	24	23	26	19	17	24
Not true	73	75	68	75	76	73	80	83	74
dk/na	2	2	2	2	1	2	1	1	1
Most of the effects of alcohol use on a child usually disappear as the child grows older.									
True	9	8	9	5	4	7	5	5	6
Not true	82	82	80	89	90	86	91	91	90
dk/na	10	9	10	6	7	6	4	4	5

\* Less than one percent

Q.3

*Are each of the following statements true or is not true ...?*

Q.4

*And are each of the following statements true or not true ...?*

*Note: Slightly different wording in 2006*

## 4.2 Beliefs about the Effects of Specific Amounts of Alcohol

*There is unanimous belief that one alcoholic drink each day, or three or four alcoholic drinks each weekend during a pregnancy are unsafe for the baby. A sizeable majority also believe that two alcoholic drinks on two or three different occasions is not safe for the baby. Opinion is divided as to whether a total of one or two drinks during the pregnancy are safe.*

When asked about specific amounts of alcohol consumption, respondents have a high awareness about the negative effect of large amounts of alcohol on the baby, and also have higher awareness of the negative effects of occasional drinking, but are divided as to whether there are harmful effects of very small amounts of alcohol use.

When asked about specific amounts of alcohol consumption in terms of its effect on a baby that is born, eight in ten respondents each believe it is not at all safe for a pregnant woman to drink three or four alcoholic drinks each weekend during the pregnancy (80%), or one alcoholic drink each day during the pregnancy (78%).

A clear majority believe that it is unsafe to drink two alcoholic drinks on two or three different occasions during the pregnancy (69%). However, opinion is divided as to the effect of drinking a total of one or two alcoholic drinks during the pregnancy (46% say this is safe; 54% say this is unsafe).

The survey shows noticeable increases in the view that all the amounts of alcohol mentioned in the survey are not safe. There have been progressive increases since 1999 in the number of women who think that

consumption of three or four alcoholic drinks each weekend during the pregnancy (84%, up 6 points from 2002 and up 13 from 1999), two alcoholic drinks on two or three different occasions (45%, up 13 points from 2002 and up 17 from 1999), and a total of one or two alcoholic drinks during the pregnancy (36%, up 11 points from 2002 and up 15 from 1999) is not at all safe. There have also been progressive increases since 1999 in the proportion of men who think that consumption of three or four alcoholic drinks each weekend during the pregnancy (69%, up 4 points from 2002 and up 10 from 1999) and two alcoholic drinks on two or three different occasions (35%, up 5 points from 2002 and up 11 from 1999) as well as drinking one alcoholic drink each day (69%, up 6 points from 2002 and up 11 from 1999) is not at all safe.

Women are much more likely than men to think that consumption of any of these amounts of alcohol during pregnancy is not at all safe.

Women who were born outside of Canada and those who do not drink are more likely than others to think that a total of one or two alcoholic drinks during the pregnancy is not at all safe.

Manitoba women are more likely than Canadian women in general to think that of these amounts are not at all safe, particularly drinking two alcoholic drinks on two or three different occasions, or a total of one or two alcoholic drinks during the pregnancy; Quebec women are much less likely to think that these two smaller amounts of alcohol use are not at all safe.

Aboriginal people are more likely than non-Aboriginal people to think that two alcoholic drinks on two or three different occasions, or a total of one or two alcoholic drinks during the pregnancy are not at all safe.

## Beliefs about the Effects of Specific Amounts of Alcohol During Pregnancy

	DECEMBER 1999			MARCH 2002			APRIL 2006		
	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN
<b>Three or four alcoholic drinks each weekend</b>									
Very safe	1	*	1	*	*	1	1	1	1
Somewhat safe	4	3	7	3	2	6	2	1	4
Not very safe	27	25	32	22	20	28	17	14	26
Not at all safe	68	71	59	75	78	65	80	84	69
dk/na	*	*	—	*	—	*	*	*	*
<b>One alcoholic drink each day</b>									
Very safe	1	*	2	1	1	2	1	*	1
Somewhat safe	6	4	10	5	5	7	4	3	6
Not very safe	25	23	31	19	15	29	18	16	24
Not at all safe	69	72	58	75	79	63	78	81	69
dk/na	*	*	*	*	*	*	*	*	*
<b>Two alcoholic drinks on two or three different occasions</b>									
Very safe	12	11	16	10	8	14	6	4	9
Somewhat safe	35	34	38	34	33	36	25	24	30
Not very safe	25	26	22	25	26	20	26	26	26
Not at all safe	27	28	24	32	32	30	43	45	35
dk/na	1	1	1	*	*	*	*	*	*
<b>A total of one or two alcoholic drinks</b>									
Very safe	27	26	32	22	20	27	14	13	18
Somewhat safe	38	39	38	35	36	34	32	31	34
Not very safe	14	15	13	17	18	11	20	20	20
Not at all safe	20	21	17	26	25	27	34	36	27
dk/na	*	*	—	*	—	*	*	*	*

\* Less than one percent

### Q.5

*In terms of its effect on a baby that is born, do you think it would be very safe, somewhat safe, not very safe or not at all safe for a pregnant woman to drink each of the following amounts of alcohol ...?*

## 5.0 AWARENESS OF FETAL ALCOHOL SYNDROME OR FETAL ALCOHOL SPECTRUM DISORDER

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### 5.1 Awareness of Fetal Alcohol Syndrome or Fetal Alcohol Spectrum Disorder

*Almost nine in ten report awareness of Fetal Alcohol Syndrome or Fetal Alcohol Spectrum Disorder. Of these, the largest proportion say Fetal Alcohol Syndrome/Fetal Alcohol Spectrum Disorder refers to disorders of the brain/ cognitive or learning disabilities.*

Respondents report a high level of awareness of Fetal Alcohol Syndrome or Fetal Alcohol Spectrum Disorder, but detailed knowledge of what these terms actually involve is more limited.

Almost nine in ten respondents (86%) say they have heard of Fetal Alcohol Syndrome or Fetal Alcohol Spectrum Disorder. More than one in ten (14%) say they have not.

Among those who report awareness, the largest proportion say FAS/FASD refers generally to brain disorders or learning or cognitive disabilities/lower IQ/memory problems (42%). Others mention drinks when pregnant/fetus exposed to alcohol (29%), physical deformities/birth defects/organ formation (19%), develop-

mental problems/growth slower (17%), born addicted to drugs or alcohol/withdrawal symptoms/becoming an alcoholic (14%), behaviour problems/hyperactivity/violence/acting out (8%), variety of problems with the baby, effects, harm, failure to thrive or problems functioning in general (6%), life-long effects/no cure/hereditary/Down Syndrome/seizures/autism/diabetes (5%), disability, disease, defects or disorders in general (5%), various facial features (5%), poor motor skills, co-ordination or nervous system damage (4%), small babies or lower birth weight (4%), emotional problems/personality or psychological disorder/difficulty coping/day-to-day relationships/special needs (4%), attention problems or ADD (4%), and colicky/poor immune system/respiratory/lack of oxygen/malnutrition/eating or sleeping disorders (4%). Twelve percent mention other descriptions. Twenty-one percent of those who say they are aware of FAS or FASD offer no description of it.

The numbers of women and men who say they have heard of Fetal Alcohol Syndrome or Fetal Alcohol Spectrum Disorder are considerably higher in 2006 than in 1999 or 2002. In the two previous surveys, however, the question referred only to FAS, not FASD.

### Have heard of Fetal Alcohol Syndrome/Fetal Alcohol Spectrum Disorder

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	DECEMBER 1999			MARCH 2002			APRIL 2006		
	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN
Total Sample: Heard of									
Yes	71	72	68	77	81	66	86	88	81
No	29	28	32	22	19	34	14	12	19
dk/na	*	*	*	*	*	—	*	*	—

\* Less than one percent

#### Q.6a

*Have you ever heard of Fetal Alcohol Syndrome or Fetal Alcohol Spectrum Disorder?*

*Note: Prior to 2006, the question asked about Fetal Alcohol Syndrome only*

Women, especially the better educated and more affluent and those born in Canada, are more likely than men to be aware of Fetal Alcohol Syndrome or Fetal Alcohol Spectrum Disorder. Women are also more likely than men to offer a description of FAS or FASD, and are more likely to identify brain disorders/learning or cognitive disabilities, physical deformities/disabilities and behavioural problems. More highly educated women are more likely to mention brain disorders/learning or cognitive disabilities, physical deformities or disabilities, developmental problems and various facial features.

Quebec women remain less likely than those in other provinces to be aware of FAS or FASD (73% compared to 92% in the rest of Canada), but this number has increased by 25 points since 2002 and 41 points since 1999. Quebec women also less likely than those living in other provinces to offer a description of FAS or FASD, and are less likely to mention brain disorders/learning or cognitive disabilities, drinks when pregnant/fetus exposed to alcohol, physical deformities/disabilities and developmental problems. However, Quebec women are more likely to mention born addicted to drugs or alcohol/withdrawal symptoms.

## What is Fetal Alcohol Syndrome/Fetal Alcohol Spectrum Disorder?

	APRIL 2006		
	TOTAL	WOMEN	MEN
Brain disorders/learning disabilities/cognitive/mental/lower IQ/memory problems	42	43	36
Drinks when pregnant/fetus exposed to alcohol	29	30	24
Physical deformities/disabilities/birth defects/organ formation	19	21	13
Developmental problems/growth/slower/chromosomes	17	18	15
Born addicted to drugs/alcohol/withdrawal symptoms/poison/becoming an alcoholic	14	14	13
Behavioural problems/hyperactivity/violence/acting out	8	8	5
Variety/problems with baby/effects/harm/failure to thrive/problems functioning (general)	6	7	5
Life-long effects/no cure/hereditary/Down Syndrome/seizures/autism/diabetes	5	6	4
Disability/disease/defects/disorders/deformed (general)	5	6	4
Facial features (various)/like Down Syndrome	5	6	3
Poor motor skills/co-ordination/nervous system damage	4	4	5
Small babies/lower birth weight	4	5	3
Emotional problems/personality/psychological disorder/difficulty coping/day-to-day relationships/special needs	4	5	3
Attention problems/ADD	4	4	3
Colicky/poor immune system/respiratory/lack of oxygen/malnutrition/eating/sleep disorders/complications/needs meds	4	4	3
Right or wrong/judgement/descision-making problems/poor impulse control	3	3	2
Social problems/disabilities	3	3	1
Wide/abnormal eyes	2	3	2
Death/miscarriage/still born/premature	2	2	2
Speech/communications problems/deafness/blindness	2	2	1
Other	*	*	1
dk/na	21	18	31

*Q.6b*

*Can you tell me what Fetal Alcohol Syndrome or Fetal Alcohol Spectrum Disorder is? What happens with Fetal Alcohol Syndrome or Fetal Alcohol Spectrum Disorder?*

*Subsample: Have heard of Fetal Alcohol Syndrome or Fetal Alcohol Spectrum Disorder*

*Note: Prior to 2006, the question asked about Fetal Alcohol Syndrome only*

## 5.2 Awareness of Alcohol-Related Birth Defects

*Three-quarters of respondents report awareness of alcohol-related birth defects. Of these, the most common descriptions are brain disorders/development/mental retardation or disabilities, and FAS/FASD/FAE.*

A large majority of respondents express awareness of alcohol-related birth defects. As with Fetal Alcohol Syndrome or Fetal Alcohol Spectrum Disorder, detailed knowledge of what alcohol-related birth defects are, remains more limited.

Three-quarters of respondents (76%) have heard of alcohol-related birth defects. One-quarter (24%) say they have not.

Among those who report awareness, the most common descriptions are brain disorders/development/damage/mental retardation or disabilities (22%) and FAS/FASD/FAE (20%). Fewer mention physical deformities or disabilities or birth defects (15%), slow comprehension/memory problems/low IQ/poor judgment, decision-making or impulse control (14%), drinks when pregnant/fetus exposed to alcohol (10%), developmental problems/fetus/growth/genes/genetics (10%), small heads/babies/lower birth weight (8%), various facial features (7%), disability, defects or deformities in general (6%), organ damage or failure, skin fused, jaundice, eczema (6%), attention problems/ADD (4%), problems with the baby/harm/unhealthy/effects in general (4%), and born addicted to drugs or alcohol/withdrawal symptoms (4%). Twenty-eight percent mention other descriptions. Twenty-five percent of those who say they are aware offer no description.

The number of men who say they are aware of alcohol-related birth defects is up 12 points from the 2002 survey (which asked about Fetal Alcohol Effects or alcohol-related birth defects). The number of women expressing awareness remains the same as 2002, although higher than in 1999.

Among women, those who are better educated, particularly those with a university education, are more likely to express awareness of alcohol-related birth defects and to give more detailed knowledge of what alcohol-related birth defects involve. Women aged 25 to 29 are less likely than others to be able to offer a description of alcohol-related birth defects

Quebec women are less likely than those in other provinces to be aware of alcohol-related birth defects (62% compared to 81% in the rest of Canada). Quebec women who are aware of alcohol-related birth defects are less likely to offer a description, and are less likely to mention FAS/FASD/FAE, drinks when pregnant/fetus exposed to alcohol and slow comprehension/memory problems/low IQ.

Those with a university education are more likely than others to be aware of alcohol-related birth defects, but are not significantly more likely to demonstrate detailed knowledge of what they are.

Aboriginal people are more likely than non-Aboriginal people to be aware of alcohol-related birth defects, but are not significantly more likely to demonstrate detailed knowledge of what alcohol-related birth defects are.

### Have Heard of Alcohol-related Birth Defects?

	DECEMBER 1999			MARCH 2002			APRIL 2006		
	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN
Total Sample: Heard of									
Yes	56	64	34	72	76	61	76	76	73
No	43	36	65	28	24	38	24	24	26
dk/na	*	*	1	*	*	1	*	*	*

\* Less than one percent

#### Q.7a

*Have you ever heard of alcohol-related birth defects?*

*Note: Prior to 2006, the question was: "Have you ever heard of Fetal Alcohol Effects or alcohol-related birth defects?"*

## What are Alcohol-related Birth Defects?

	TOTAL	APRIL 2006	
		WOMEN	MEN
Brain disorders/development/damage/mental retardation/disabilities	22	22	23
FAS/FASD/FAE	20	21	19
Physical deformities/disabilities/birth defects	15	16	15
Slow comprehension/memory problems/low IQ/poor judgement/decision-making/impulse control	14	14	14
Drinks when pregnant/fetus exposed to alcohol	10	10	11
Development problems/fetus/growth/genes/chromosomes/genetics	10	10	10
Small heads/babies/lower birth weight	8	9	4
Facial features/mongoloid/physical appearance/club feet/cleft lip (various)	7	9	3
Disability/defects/deformities (general)	6	6	5
Organ damage/deformities/failure/skin fused/bruised/jaundice/eczema	6	5	6
Attention problems/ADD	4	4	5
Problems with baby/harm/unhealthy/effects (general)	4	4	4
Born addicted to drugs/alcohol/withdrawal symptoms/prone to alcoholism later	4	4	4
Behaviour problems	3	4	1
Colic/joint/respiratory problems/lack of O2 nutrients/eating/blood disorders/enviro sensitivities	3	3	4
Missing/deformed/shortened limbs/digits/extra	3	3	3
Nervous system damage/poor motor skills/spina bifida/slower/seizures	3	4	1
Wide/abnormal eyes	3	3	2
Blindness/sight loss/hearing issues/speech/communication problems	3	3	1
Emotional problems/difficulty copying day-to-day/special needs/relationships/keeping a job	2	3	2
Premature/low birth weight	2	2	2
Down Syndrome/Cerebral Palsy/autism/Turette's Syndrome/epilepsy/schizophrenia	2	2	3
Death/still born/SIDS/miscarriage/life-long effects/hereditary	2	2	1
Social problems	1	1	1
Other	1	1	1
dk/na	25	23	28

*Q.7b*

*Can you tell me what alcohol-related birth defects are?*

*Subsample: Have heard of alcohol-related birth defects*

## 6.0 RECALL OF INFORMATION AND ADVERTISING ABOUT THE EFFECTS OF ALCOHOL USE

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### 6.1 Top-of-mind Recall of Information

*Seven in ten recall seeing information about the effects of alcohol use on a baby during pregnancy.*

There is significant recall of information about the effects of alcohol use on a baby during pregnancy.

Seven in ten respondents (69%) recall seeing information about the effects of alcohol use on a baby during pregnancy. Three in ten (30%) do not recall seeing any information on this topic.

There have been increases since 2002 in the numbers of both men and women (up six points each) who recall seeing any information about the effects of alcohol use on a baby during pregnancy.

Women, especially those aged 30 to 34, those with a university education, those who are mothers and those who are currently pregnant, are more likely than men to recall seeing any information about the effects of alcohol use on a baby during pregnancy.

Women living in the Prairies are somewhat more likely to recall any such information. Quebec women are somewhat less likely to recall any such information – 65 percent of Quebec women say they have seen any information – but this proportion has increased by 16 points since 2002.

Those living in the Prairie provinces are more likely than those in other parts of the country to recall any such information.

### Recall of Information about the Effects of Alcohol Use

	DECEMBER 1999			MARCH 2002			APRIL 2006		
	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN
Yes	72	74	64	63	66	54	69	72	60
No	28	25	36	37	34	45	30	27	39
dk/na	*	*	–	1	*	1	1	1	*

\* Less than one percent

Q.8

*Do you recall seeing any information about the effects of alcohol use on a baby during pregnancy?*

## 6.2 Top-of-mind Recall of Advertising

*One-half recall seeing advertising about alcohol use during pregnancy, FAS, FASD, or alcohol-related birth defects. Of these, the largest proportions recall ads that tell you not to drink, smoke, or use drugs during pregnancy.*

One-half of respondents (49%) recall seeing or hearing any ads about alcohol use during pregnancy, FAS, FASD or alcohol-related birth defects over the past several months. A bare majority of 51 percent do not recall any such advertising.

Since 2002, there has been a decrease among men who recall ads about alcohol use during pregnancy, FAS, FASD or alcohol-related birth defects.

Among those who report awareness, the largest proportion remember ads that tell you not to drink, smoke or use drugs during pregnancy (38%). Others mention various media ads in general (27%), ads that tell you no amount of alcohol is safe, that we do not know how much is safe or that the more you drink, the more it can hurt the baby (12%), ads that show a figure of a pregnant woman, a belly or shows a fetus in womb (10%), ads that show the results of FAS in the form of children with disabilities, damage, developmental problems, negative or life-long effects (10%), ads seen at doctor's office, school, or pharmacy (6%), ads seen at bars, restaurants, public restrooms or transit (6%), various slogans (5%), pregnant woman holding drink/deciding whether to drink or not (3%), healthy choices/choice not to drink/baby has no choice (3%), call for information/government/MADD (3%) and causes birth defects (3%). Seventeen percent mention other descriptions. Twenty-one percent offer no description at all.

## Ads about Alcohol Use during Pregnancy 2002 – 2006

	MARCH 2002			APRIL 2006		
	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN
<i>RECALL ADS</i>						
Yes	51	52	48	49	50	44
No	48	48	51	51	49	55
dk/na	1	1	1	*	1	*
<i>WHAT DO YOU RECALL ABOUT ADS?</i>						
Don't drink/smoke/use drugs/warnings/stats				38	38	39
Ads various media				27	27	23
No amount of alcohol safe/don't know how much is safe/more you drink, more harm baby				12	14	8
Shows results of FAS: kids w disabilities/development problems/life-long effects				10	10	10
Shows figure of pregnant woman/belly/fetus in womb				10	11	4
Ads seen at doctor's office/school/pharmacy				6	7	3
Ads seen at bars/restaurants/public restrooms/transit				6	7	1
Slogans (various)				5	5	5
Pregnant woman holding drink/deciding to drink or not				3	3	5
Healthy choices/choice not to drink/baby has no choice				3	4	2
Call for info/government/MADD				3	3	2
Causes birth defects				3	3	2
Documentaries/interviews/news/articles re FAS/women who drank while pregnant				2	3	1
Baby crying/sick/in crib/mother drinking & driving				2	2	1
Roulette/beer bottle spins/dice/drinking is a gamble				1	2	1
Shows picture of a child/baby (unspecified)				1	2	1
Shows glass/drink with circle & cross out/don't drink symbol				1	1	1
Friends/family/partner/husband not drinking to support wife				1	2	*
Pregnant woman & friends at bar/friends decide not to drink				1	1	*
Girls at party/refused drink/bartender would not serve				1	1	1
Shows pregnant woman drinking				1	1	1
Kangaroo with baby in pouch/bunny/what's wrong with this picture?				1	1	*
Baby in crib w bottle mobile overhead/woman crying after baby born/baby in incubator w tubes				1	1	–
Fetus in ice cubes/embryo in bottle of alcohol				1	1	*
Other				3	3	1
dk/na				21	19	30

\* Less than one percent

### Q.9a

*Do you recall seeing or hearing any ads about alcohol use during pregnancy, Fetal Alcohol Syndrome, Fetal Alcohol Spectrum Disorder, or alcohol-related birth defects over the past several months? This would include ads on television, billboards, posters, radio, newspapers or magazines.*

*Note: In 2006, Fetal Alcohol Spectrum Disorder was added to the question*

### Q.9b

*Please tell me everything you can remember about this ad (these ads).*

*Subsample: Those who recall seeing or hearing any ads about alcohol use during pregnancy, Fetal Alcohol Syndrome, Fetal Alcohol Spectrum Disorder, or alcohol-related birth defects over the past several months*

Among those who recall seeing or hearing such advertising, more than six in ten (63%) do not recall the sponsor. More than one in ten (13%) say that the advertising was sponsored by the federal government or Health Canada. Smaller proportions mention a provincial government (8%), health organization/NGO (5%), provincial liquor board/agency (4%) or MADD (3%). Twelve percent mention other sponsors.

There have been increases since 2002 in the numbers of both men and women who identify the sponsor of the advertising they have seen as a provincial government, but a decline in the proportion of women who identify the federal government or Health Canada as the sponsor of this advertising.

### Ads about Alcohol Use during Pregnancy 2002 – 2006

	MARCH 2002			APRIL 2006		
	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN
<i>WHO SPONSORED ADVERTISING?</i>						
Federal government/Health Canada	22	23	20	13	12	15
Provincial government	3	3	2	8	8	11
Health organization/NGO	9	10	6	5	5	5
Provincial liquor board/agency	2	2	2	4	4	5
MADD				3	3	1
Alcohol manufacturer/beer company	2	3	2	2	1	4
Other government/municipal government	2	3	1	2	2	4
Other	4	5	3	8	8	7
dk/na	60	58	67	63	64	58
<i>WHERE DID YOU NOTICE ADVERTISEMENT(S)?</i>						
Television	60	56	72	55	51	69
Doctor/hospital/clinic	24	27	16	23	26	15
Magazines	23	26	16	18	17	20
Restaurant/bar	5	7	–	9	11	2
Radio	11	11	11	7	6	9
Poster	9	10	4	7	8	5
Pamphlet/brochure	6	7	4	7	8	4
Newspapers	10	7	17	6	5	9
Billboards	5	5	7	5	5	5
Liquor stores/bottles – wine, beer	2	2	–	4	4	3
Public transit	2	2	3	4	4	4
School	2	3	–	3	4	*
Public washrooms	–	–	–	2	3	*
Community centres/social services	–	–	–	2	2	–
Workplace	2	2	–	1	*	2
Internet/website banner ad	1	1	2	1	2	*
Cigarette packages	1	1	2	–	–	–
Other	7	8	3	8	13	5
dk/na	3	3	4	2	2	2

\* Less than one percent

#### Q.9c

*Do you recall who sponsored this advertising?*

*Subsample: Respondents who recall seeing or hearing any ads about alcohol use during pregnancy, FAS, FASD or alcohol-related birth defects over the past several months*

#### Q.9d

*Where did you notice this (these) advertisement(s)? Did you notice it (them) anywhere else?*

*Subsample: Respondents who recall seeing or hearing any ads about alcohol use during pregnancy, FAS, FASD or alcohol-related birth defects over the past several months*

*Note: In 2006, Fetal Alcohol Spectrum Disorder was added to the question*

Among those who recall advertising, the largest proportions say they noticed this advertising on television (55%). Smaller numbers mention a doctor, hospital or clinic (23%), magazines (18%), restaurant or bar (9%), a poster (7%), a brochure or pamphlet (7%), radio (7%), newspapers (6%), billboards (5%), public transit (4%), and liquor or beer store (4%). Seventeen percent mention other locations.

There have been decreases since 2002 in the proportions of women who say they noticed this advertising on television, magazines and the radio.

Women are more likely than men to recall seeing or hearing any ads about alcohol use during pregnancy, FAS, FASD, or alcohol-related birth defects. Women are more likely than men to recall advertising that tells you no amount of alcohol is safe, that we do not know how much is safe or that the more you drink, the more it can hurt the baby, or ads that show a figure of a pregnant woman, a belly or shows a fetus in womb. Women are more likely than men to mention noticing such advertising at a doctor's office/hospital/clinic, restaurant or bar, pamphlet or brochure, a school and public washrooms. Men are more likely than women to mention television and newspapers.

When we look specifically at women, we find that those who are mothers and those who have had a child in the past five years are more likely to recall advertising on these topics; those living in the largest metropolitan areas are less likely to recall such advertising. Women born in Canada are more likely to recall advertising that tells you no amount of alcohol is safe, that we do not know how much is safe or that the more you drink,

the more it can hurt the baby. Women born in Canada are more likely to identify the sponsor of the advertising they have seen as a provincial government and a health organization/NGO. The least educated women are more likely to mention a pamphlet or brochure and newspapers. Mothers are more likely to mention doctor/hospital/clinic and magazines. Women who are not mothers and those living in the largest metropolitan areas are more likely to mention a restaurant/bar.

Women in Quebec are much less likely to have seen advertising on these topics. Alberta women are more likely to recall advertising that tells you no amount of alcohol is safe, that we do not know how much is safe or that the more you drink the more it can hurt the baby, while New Brunswick women are more likely to recall advertising that show the results of FAS in the form of children with disabilities, damage, developmental problems, negative or life-long effects. Manitoba women are more likely to identify the sponsor of the advertising they have seen as a provincial liquor board or agency. Women living in the Prairies are more likely to mention noticing the ads on television. Women in Newfoundland, Prince Edward Island and Nova Scotia are more likely to mention magazines. Prince Edward Island women are also more likely to mention a doctor/hospital/clinic. British Columbian women are more likely to mention restaurant/bar. Quebec women are more like to mention pamphlet or brochure, but are less likely to mention a doctor/hospital/clinic.

Aboriginal people are more likely to recall seeing or hearing any ads about alcohol use during pregnancy, FAS, FASD, or alcohol-related birth defects.

## 7.0 INFORMATION SOURCES

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### 7.1 Best Source of Information

*The largest proportions of respondents say television or other media, followed by a doctor or doctor's office, would be the best source of information about the effects of alcohol use during pregnancy.*

Respondents are most likely to mention television or other media, followed by a doctor or doctor's office, as the best source of information for them about the effects of alcohol use during pregnancy.

The largest numbers of respondents say television or other media (37%), and a doctor or doctor's office (30%) would be the best source of information for them to learn about the effects of alcohol use during pregnancy. Much smaller proportions would first look to Internet sources (6%), books or magazines (4%), pamphlets, brochures, flyers or literature (3%), school

or education (3%), health clinics/hospitals (3%) and alcohol bottles/vendors (3%). Seven percent mention other sources of information.

These findings are very similar to the 2002 survey. There has been a slight increase since 2002 in the numbers of both men and women who say television or other media would be the best source of information, and a decrease in the number of men who mention a doctor or doctor's office.

Women, especially those with a university education, are more likely than men to mention a doctor or doctor's office as a good source of information about the effects of alcohol use during pregnancy. Men are slightly more likely than women to mention television or other media.

Newfoundland women are more likely to mention television or other media. Ontario women are more likely to mention doctor/doctor's office.

## Best Source of Information about Effects of Alcohol Use

	DECEMBER 1999			MARCH 2002			APRIL 2006		
	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN
TV/other media**	8	7	10	34	32	37	37	36	41
Doctor/doctor's office	47	48	43	32	33	27	30	33	20
Internet sources	5	3	10	7	6	9	6	5	10
Books/magazines	10	11	7	7	8	3	4	5	3
Health clinic/hospital	9	9	10	5	5	6	3	3	2
Health Canada/flyers and pamphlets	4	4	5	4	4	5	3	3	4
Alcohol bottles/vendors	0	0	0	1	1	1	3	3	5
Library/school	1	1	*	2	2	2	3	2	4
Posters/billboards	0	0	0	1	1	1	2	2	1
Pre-natal class	1	1	1	1	1	1	1	1	2
Seeing affected child/drinking mother	—	—	—	*	*	—	1	1	*
Advertising	—	—	—	—	—	—	1	1	1
Through friends/family	1	1	1	1	1	*	*	*	1
Workplace	1	1	0	*	*	—	*	*	*
Pharmacy/drug store	*	*	0	*	*	1	*	*	*
Newspapers	1	1	2	1	*	2	—	—	—
Other media	1	1	*	*	*	*	—	—	—
Public health organizations/programs	1	2	1	*	*	1	—	—	—
Journals	—	—	—	*	*	*	—	—	—
Other	1	1	2	1	1	*	2	3	2
dk/na	5	5	4	3	3	3	4	4	4

\* Less than one percent

Note: Multiple answers possible

\*\* In 1999, was "TV programs/advertisements" and "Other media"

### Q.11

*What, for you, would be the best source of information about the effects of alcohol use during pregnancy?*

*Note: Prior to 2006, the question was: "What, for you, would be the best source of information about Fetal Alcohol Syndrome and about the effects of alcohol use during pregnancy?"*

## 7.2 Government of Canada Information Initiatives

*Large majorities think that sending information to doctors and health care professionals, television advertising, and placing posters in waiting rooms and clinics would be very effective ways to inform them about the risks of alcohol use during pregnancy.*

Majorities of two-thirds or more think that sending information to doctors and health care professionals, television advertising, and placing posters in waiting rooms and clinics would be very effective ways for the Government of Canada to inform them about the risks of alcohol use during pregnancy. Between three and four in ten each think that other initiatives examined would be very effective in achieving this goal.

Majorities think that sending informational materials to doctors and health care professionals so they can inform their patients (72%), television ads (69%), and posters in waiting rooms and clinics (67%) would be very effective ways to reach them on the subject of the effects of alcohol use during pregnancy. Four in ten or fewer each think that posters or brochures in pharmacies or drug stores (43%), ads on buses, subways or in bus shelters (39%), radio ads (39%), inserts and advertising in magazines or newspapers (38%), pamphlets, brochures or other publications (35%), or a website (29%) would be very effective ways to reach them on this subject.

There has been an increase since 2002 in the numbers of both women and men who think that sending informational materials to doctors would be very effective in reaching them. There have also been increases in the proportion of women who think that posters in

waiting rooms and clinics, and posters or brochures in pharmacies or drug stores would be very effective, but a decrease in the number of women who say the same about television ads.

Women are more likely than men to say that all of these initiatives would be very effective ways of reaching them on the subject of the risks of alcohol use. Women aged 18 to 24 are more likely to say that posters or brochures in pharmacies or drug stores would be a very effective way of reaching them. Women born outside of Canada are more likely to say that television ads, ads on buses, subways and in bus shelters, inserts and advertising in magazines or newspapers, and radio ads would be very effective. Mothers are more likely to say that sending informational materials to doctors, posters in waiting rooms and clinics, radio ads, and pamphlets, brochures or other publications would be very effective ways of reaching them on this subject.

Atlantic Canadian women are more likely to say that television ads, posters or brochures in pharmacies or drug stores, and pamphlets, brochures or other publications would be very effective ways of reaching them. New Brunswick women are more likely to say inserts and advertising in magazines or newspapers would be very effective. Newfoundland women are more likely to say the same of a website. Prince Edward Island women are more likely to say that radio ads would be a very effective means of reaching them.

Aboriginal people are more likely to say that television ads, posters or brochures in pharmacies or drug stores, ads on buses, subways or in bus shelters, radio ads, and inserts and advertising in magazines or newspapers would be very effective ways of reaching them on the subject of the risks of alcohol use during pregnancy.

## Initiatives to Inform about the Effects of Alcohol Use

	MARCH 2002			APRIL 2006		
	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN
<i>Sending info materials to doctors/health care professionals to inform patients</i>						
Very effective	67	70	56	72	75	62
Somewhat effective	25	23	30	22	20	26
Not very effective	8	6	14	6	4	12
dk/na	—	—	—	*	*	—
<i>Television ads</i>						
Very effective	72	74	67	69	70	65
Somewhat effective	21	20	25	25	23	28
Not very effective	6	6	8	6	6	7
dk/na	*	—	*	*	*	—
<i>Posters in waiting rooms and clinics</i>						
Very effective	60	62	52	67	72	52
Somewhat effective	32	31	35	29	25	39
Not very effective	8	6	13	5	3	9
dk/na	—	—	—	—	—	—
<i>Posters/brochures in pharmacies/drug stores</i>						
Very effective	40	42	36	43	47	33
Somewhat effective	43	42	43	41	40	45
Not very effective	17	16	21	15	13	21
dk/na	—	—	—	*	*	*
<i>Ads on buses/subways/bus shelters</i>						
Very effective	40	44	30	39	43	29
Somewhat effective	35	33	42	36	34	41
Not very effective	24	23	28	25	23	30
dk/na	*	*	*	*	*	*
<i>Radio ads</i>						
Very effective	39	39	41	39	40	36
Somewhat effective	43	44	43	42	41	45
Not very effective	17	17	16	19	19	19
dk/na	*	*	—	*	*	—
<i>Inserts/ads in magazines/newspapers</i>						
Very effective	36	38	28	38	41	27
Somewhat effective	47	45	51	45	43	49
Not very effective	17	16	21	18	16	23
dk/na	—	—	—	*	*	—
<i>Pamphlets/brochures/other publications</i>						
Very effective	34	38	25	35	39	52
Somewhat effective	47	45	54	50	48	55
Not very effective	18	17	20	16	13	23
dk/na	*	—	1	*	*	—
<i>Website</i>						
Very effective	27	28	24	29	30	26
Somewhat effective	40	40	42	40	41	38
Not very effective	33	32	33	30	29	35
dk/na	*	*	*	*	*	*

\*Less than one percent

Q.12

*The government of Canada is considering some initiatives to inform and raise awareness about the effects of alcohol use during pregnancy. Would each of the following be a very, somewhat, or not very effective way to reach you on this subject ... A website ... Sending informational materials to doctors and health care professionals so they can inform their patients ... Posters in waiting rooms and clinics ... Inserts and advertising in magazines or newspapers ... Ads on buses, subways or in bus shelters ... Pamphlets, brochures or other publications ... Posters or brochures in pharmacies or drug stores ... Television ads ... Radio ads?*

## 8.0 SUPPORT FOR INITIATIVES TO PROVIDE INFORMATION ABOUT THE RISKS OF ALCOHOL USE

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*Overwhelming numbers of respondents approve of a number of initiatives to provide information about the risks of alcohol use during pregnancy.*

Overwhelming numbers of 80 percent or more of respondents are supportive overall of a number of initiatives to provide information about the risks of alcohol use during pregnancy.

In addition, large majorities *strongly* approve of government-sponsored advertising describing the effects and warning about the risks of alcohol use during pregnancy (78%), and requiring messages on alcohol advertising warning about the risks of alcohol use during pregnancy (71%). Smaller numbers, but still majorities, strongly approve of requiring labels on alcohol products warning about the risks of alcohol use during pregnancy (62%), and requiring signs in bars and clubs warning about the risks of alcohol use during pregnancy (60%). Less than a majority (45%) strongly approve of requiring signs in restaurants warning about the risks of alcohol use during pregnancy.

Comparing the results of the 1999 survey (questions were not asked in 2002), we find increases in the

number of women who strongly approve of requiring warning signs in bars and clubs (65%, up 8 points), and requiring warning signs in restaurants (48%, up 6 points). There has been a decrease in the proportion of men who strongly approve of requiring warning labels on alcohol products (52%, down 5 points).

Women are more likely than men to strongly approve of all of these initiatives to provide information about the risks of alcohol use during pregnancy. Women who are mothers are more likely to strongly approve of most of these initiatives, the only exception being government-sponsored advertising.

Newfoundland women are more likely to strongly approve of government-sponsored advertising, warning messages on alcohol advertising, and warning labels on alcohol products. Women in Prince Edward Island and Nova Scotia are also more likely to strongly approve of warning labels on alcohol products.

Aboriginal people are more likely than non-Aboriginal people to strongly approve of all of these initiatives to provide information about the risks of alcohol use during pregnancy.

## Initiatives to Provide Information about Risks of Alcohol Use

	DECEMBER 1999			APRIL 2006			Q.10 <i>Do you strongly approve, somewhat approve, somewhat disapprove or strongly disapprove of each of the following ... Requiring labels on alcohol products warning about the risks of alcohol use during pregnancy ... Requiring signs in restaurants warning about the risks of alcohol use during pregnancy ... Requiring signs in bars and clubs warning about the risks of alcohol use during pregnancy ... Government-sponsored advertising describing the effects and warning about the risks of alcohol use during pregnancy ... Requiring messages on alcohol advertising that would warn about the risks of alcohol use during pregnancy?</i>
	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN	
<i>Government-sponsored advertising</i>							
Strongly approve	78	81	70	78	80	70	
Somewhat approve	19	17	25	19	17	24	
Somewhat disapprove	2	2	2	2	2	3	
Strongly disapprove	1	1	3	1	1	2	
dk/na	*	*	—	*	*	*	
<i>Required warning messages on alcohol advertising</i>							
Strongly approve	73	76	62	71	74	62	
Somewhat approve	22	20	29	24	21	30	
Somewhat disapprove	3	3	5	4	4	4	
Strongly disapprove	2	1	4	1	1	4	
dk/na	—	—	—	*	*	1	
<i>Required warning labels on alcohol products</i>							
Strongly approve	66	69	57	62	66	52	
Somewhat approve	24	22	30	25	24	29	
Somewhat disapprove	7	6	8	8	7	11	
Strongly disapprove	4	3	5	4	3	8	
dk/na	*	*	—	*	*	1	
<i>Required warning signs in bars and clubs</i>							
Strongly approve	55	57	46	60	65	48	
Somewhat approve	28	26	31	25	24	30	
Somewhat disapprove	11	10	12	9	7	13	
Strongly disapprove	7	6	10	5	4	8	
dk/na	*	*	*	*	*	1	
<i>Required warning signs in restaurants</i>							
Strongly approve	40	42	33	45	48	36	
Somewhat approve	38	37	38	35	34	37	
Somewhat disapprove	14	13	16	14	13	17	
Strongly disapprove	8	7	12	6	4	10	
dk/na	*	*	*	*	*	1	

\*Less than one percent

## 9.0 WOMEN AND THEIR PARTNERS

### 9.1 Alcohol Use During Pregnancy

*Seven in ten women say they would stop alcohol use if they were to become pregnant.*

Most women respondents say they would stop alcohol use if they were to become pregnant.

Seven in ten women (72%) say they would stop alcohol use if they were to become pregnant. With 20 percent not using alcohol, a total of 92 percent would abstain. Six percent say they would cut back on their alcohol use. Only two percent say they would not change their alcohol use.

In the survey, a total of 54 percent of women say they are currently pregnant (6%) or might become pregnant in the future (48%). Fully 93 percent of women who anticipate pregnancy say they would stop consuming (76%) or currently don't use alcohol (17%). Eighty-nine percent of women who are now pregnant say they are not consuming alcohol.

There has been an increase since 1999 and 2002 in the number of women who say they would not consume alcohol if they became pregnant (72%, up 10 points from 2002 and 1999).

Women with a university education and those aged 18 to 24 are more likely to say they would stop alcohol use if they were to become pregnant. However, less educated women are more likely to say they don't drink. Women with higher alcohol consumption are somewhat more likely than others to say they would just cut back on their alcohol use.

Quebec women are less likely than women in other provinces, particularly those in Newfoundland, Manitoba and Saskatchewan, to say they would stop alcohol use, and are more likely than others to say they would just cut back on their alcohol use.

### Women: Alcohol Use During Pregnancy

	DECEMBER 1999			MARCH 2002			APRIL 2006		
	Total WOMEN	Currently PREGNANT	Future PREGNANCY	Total WOMEN	Currently PREGNANT	Future PREGNANCY	Total WOMEN	Currently PREGNANT	Future PREGNANCY
No change	4	7	3	5	8	5	2	2	2
Cut back	11	15	10	9	5	9	6	8	6
Stop	62	46	70	62	50	67	72	68	76
Don't use alcohol now	23	32	18	24	36	20	20	21	17
dk/na	*	—	—	*	—	—	*	—	—

\* Less than one percent

#### Q.15

*If you were to become pregnant {since you became pregnant}, would you {have you} ... not change{d} your alcohol use ... cut back on your alcohol use, or ... stop{ped} alcohol use?*

*Subsample: Women*

## 9.2 Effect of Partner on Alcohol Use during Pregnancy

*Women are most likely to say they would lower their alcohol use during their pregnancy if their spouse or partner encouraged them to stop or cut back.*

Women are somewhat more likely to say they would lower their alcohol use during their pregnancy if encouraged by their spouse to do so than if their partner or spouse engaged in any of the other behaviours ex-

amined. Most say they would not be influenced one way or the other by their partner's continuing to use, or stopping use of, alcohol or by their partner offering them a drink during their pregnancy.

Three in ten women say they would lower their alcohol use during their pregnancy if their spouse or partner encouraged them to stop or cut back their alcohol use during their pregnancy (30%). More than four in ten (43%) say this would not affect their alcohol use.

### Influence of Partner on Women's Alcohol Use During Pregnancy

	DECEMBER 1999			MARCH 2002			APRIL 2006		
	Total WOMEN	Currently PREGNANT	Future PREGNANCY	Total WOMEN	Currently PREGNANT	Future PREGNANCY	Total WOMEN	Currently PREGNANT	Future PREGNANCY
<i>If your spouse/partner encouraged you to stop or cut down alcohol use</i>									
More likely to drink	7	8	4	17	10	16	14	11	15
Less likely to drink	39	27	45	28	11	31	30	27	34
No difference	39	41	39	40	56	39	43	53	40
Don't drink alcohol	15	24	12	15	23	13	12	9	9
dk/na	*	—	—	1	—	1	1	—	1
<i>If your spouse/partner continued to drink</i>									
More likely to drink	4	1	4	4	6	2	3	3	4
Less likely to drink	16	11	17	15	—	16	15	9	17
No difference	69	73	69	68	74	71	71	82	72
Don't drink alcohol	12	16	9	12	20	10	10	6	8
dk/na	*	—	—	*	—	*	*	—	*
<i>If your spouse/partner offered you alcohol</i>									
More likely to drink	3	8	3	5	9	5	5	5	5
Less likely to drink	22	7	25	21	10	21	21	13	23
No difference	61	64	62	61	58	63	62	76	64
Don't drink alcohol	14	21	11	13	23	11	11	6	9
dk/na	—	—	—	1	—	1	*	—	*
<i>If your spouse/partner stopped drinking</i>									
More likely to drink	3	—	2	9	6	10	8	4	7
Less likely to drink	28	23	35	25	5	27	27	16	32
No difference	57	56	55	53	73	53	55	70	53
Don't drink alcohol	12	20	9	13	16	10	11	9	8
dk/na	*	1	—	*	—	*	*	—	*

\* Less than one percent

#### Q.16a-d

*Would you be more likely to drink alcohol, less likely to drink alcohol or would it make no difference to your alcohol use in each of the following situations ...?*

*Subsample: Women*

Majorities of women say they would not be influenced one way or the other by other actions on the part of their partners, including their partner continuing to drink during their pregnancy (71% say this would have no effect on their use of alcohol), offering them a drink during their pregnancy (62%), or stopping drinking during their pregnancy (55%). Few women say they would be more likely to drink alcohol if their spouse or partner continued to drink during their pregnancy, stopped drinking during their pregnancy, or were to offer it to them. Fourteen percent say they would be more likely to drink alcohol if their spouse encouraged them to stop or cut back their alcohol use.

These figures have remained essentially unchanged since 2002.

Women aged 18 to 24 are more likely to reduce their alcohol use as a result of all of these behaviours on the part of their spouse or partner.

New Brunswick women are more likely than others to reduce their alcohol use as a result of all these behaviours on the part of their spouse or partner.

Aboriginal women are more likely than non-Aboriginal women to reduce their alcohol use if their spouse continued to drink during their pregnancy or were to offer alcohol to them during their pregnancy.

## 10.0 WOMEN AND ADVICE FROM DOCTORS

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*One-half of women say their doctor has given them no advice regarding alcohol consumption during pregnancy. Among those who have received advice on this topic, the most common is that they should not drink alcohol at all.*

Fully one-half of women (50%) report not receiving any advice from their doctor regarding alcohol consumption during pregnancy, including 38 percent of women who are currently pregnant who say they have received no advice. Of those who have received advice from their doctor, the most common piece of advice is that they should not drink alcohol at all.

When women are asked what advice, if any, their doctor has given them regarding alcohol consumption during pregnancy, they are most likely to mention that their doctor has told them that they should not drink alcohol at all (30%). Far smaller proportions mention reducing consumption or drink in moderation (8%), it can harm the baby or it's not good for the baby (4%), glass of wine is okay (2%), gave them pamphlets (2%) or informed them of the effects of alcohol on fetus or FAS (1%). Two percent mention other advice and seven percent offer no opinion.

Among pregnant women, 44 percent say their doctor has counselled abstaining and ten percent say reduced consumption.

Less affluent women, those aged 18 to 24, and those with higher alcohol consumption are more likely to report that they did not receive advice from their doctor regarding alcohol consumption during pregnancy. Women aged 25 and older, those who are mothers and those living in smaller communities are more likely to

say they have received advice from their doctor on this topic, and are also more likely to mention that their doctor told them that they should not drink alcohol at all. Those aged 25 and older, and those who are mothers are also more likely to mention that their doctor told them to reduce consumption or drink in moderation.

Newfoundland women are more likely than those in other provinces to say they did not receive any advice from their doctor on alcohol consumption during pregnancy. Women in Manitoba and Alberta are more likely to say they have received advice from their doctor on this topic, and are more likely to mention that their doctor told them that they should not drink alcohol at all.

### Women: Advice from Doctors

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Not drink alcohol at all/don't drink	30
Reduce consumption/moderation	8
It can harm the baby/not good for the baby	4
Glass of wine is okay	2
Gave me pamphlets	2
Informed me of the effects of alcohol on fetus/FAS	1
Other	2
None	50
dk/na	7

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#### Q.17

*What advice, if any, has your doctor given you regarding alcohol consumption during pregnancy?*

*Subsample: Women*

## 11.0 MEN AND THEIR PARTNERS

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*Almost nine in ten men say they would be very likely to encourage their pregnant spouse to stop or cut back on her alcohol use during the pregnancy. More than four in ten would be very likely to stop drinking alcohol themselves during their partner's pregnancy.*

As we saw previously, three in ten women would be influenced by a spouse who encourages them to reduce alcohol consumption during pregnancy. Here, we see that many men are willing to take on that role.

### Men: Alcohol Use During Spouse's Pregnancy

	DECEMBER 1999		MARCH 2002		MARCH 2006	
	TOTAL MEN	SPOUSE MAY BECOME PREGNANT	TOTAL MEN	SPOUSE MAY BECOME PREGNANT	TOTAL MEN	SPOUSE MAY BECOME PREGNANT
<i>Encourage her to stop/cut back on alcohol use</i>						
Very likely	71	70	86	88	87	88
Somewhat likely	8	7	7	7	4	4
Not very likely	4	6	1	1	1	*
Not at all likely	4	3	5	4	6	5
Spouse does not drink now**	14	15	na	na	na	na
dk/na	*	0	2	1	2	2
<i>Stop drinking alcohol yourself during her pregnancy</i>						
Very likely	30	33	47	53	43	44
Somewhat likely	22	19	23	18	22	25
Not very likely	23	26	14	17	18	17
Not at all likely	14	15	14	11	16	13
Do not drink now**	11	6	na	na	na	na
dk/na	1	1	2	1	1	1

\* Less than one percent  
 \*\* This response category was not available in the 2002 survey

#### *Q.20a-b*

*If your spouse or partner were to become {or is} pregnant, would you be very, somewhat, not very or not at all likely to do each of the following ...?*

*Subsample: Men*

Almost nine in ten men (87%) say they would be very likely to encourage their pregnant spouse or partner to stop or cut back on her alcohol use during the pregnancy. Fewer men (43%) say they would be very likely to stop drinking alcohol themselves during their spouse's or partner's pregnancy; a total of 34 percent say they would not be likely to stop.

The numbers of men very likely to encourage their spouse, and to stop consuming alcohol themselves, are higher today than in 1999.

A total of only seven percent of men say they would not be likely to encourage their spouse to stop or cut back on alcohol use.

The most affluent men and those with higher alcohol consumption are less likely than others to say they would be very likely to stop drinking themselves during their spouse's or partner's pregnancy.

## 12.0 AWARENESS OF LEVELS OF ALCOHOL CONSUMPTION

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*Respondents assess light drinking for an average woman as 1.5 drinks, on average, over the course of an evening, moderate drinking as 2.8 drinks, heavy drinking as 6.0 drinks, and binge drinking as 6.8 drinks.*

Respondents were asked to assess how many alcoholic drinks, over the course of an evening, they would consider to be light, moderate, heavy or binge drinking for an average woman.

On average, respondents' assessments of the number of drinks the average woman would have to consume over the course of an evening to reach various levels of drinking are as follows: light drinking (1.5 drinks), moderate drinking (2.8 drinks), heavy drinking (6.0 drinks) and binge drinking (6.8 drinks) – these are mean scores.<sup>1</sup>

In fact, “binge drinking” is considered by experts to be approximately four or more drinks in four hours, for the average woman.

The average estimates given by men for all levels of drinking are slightly higher than the estimates given by women. The average figures for all levels of drinking are higher among women aged 18 to 24 and those who are not mothers. The average estimates for moderate, heavy and binge drinking are higher among women born in Canada.

The average estimates for all levels of drinking are lowest among Quebec women, and also lower among women in Ontario and British Columbia.

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<sup>1</sup> Respondents answering 15 drinks or more were assigned a value of 15.

## Recall of Information about the Effects of Alcohol Use

NUMBER	LIGHT DRINKING			MODERATE DRINKING			HEAVY DRINKING			BINGE DRINKING		
	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN	TOTAL	WOMEN	MEN
1 or fewer	59	62	50	13	13	10	2	2	2	2	2	2
2	31	29	37	34	34	33	3	3	4	3	3	5
3	6	5	9	31	32	30	12	12	11	7	7	4
4	1	1	2	12	11	15	17	18	14	11	11	12
5	1	*	1	5	4	6	19	19	17	15	16	12
6	*	*	*	2	2	2	16	15	19	15	15	15
7	*	*	*	1	1	1	5	5	5	7	7	8
8	*	*	—	*	*	*	8	7	10	10	10	10
9	—	—	—	*	*	*	1	1	2	1	1	2
10	—	—	—	*	*	*	8	8	8	12	12	12
11	—	—	—	*	*	—	1	1	1	*	*	*
12	—	—	—	*	*	—	3	3	3	6	5	9
13	—	—	—	*	*	*	*	*	*	*	*	*
14	—	—	—	—	—	—	*	*	*	1	*	1
15 or more	—	—	—	*	*	—	3	3	4	4	4	4
Mean	1.5	1.5	1.7	2.8	2.7	2.9	6.0	5.9	6.2	6.8	6.7	7.0

\* Less than one percent

### Q.21

*In your opinion, thinking about an average woman/still thinking about an average woman, ... How many alcohol drinks, over the course of an evening, do you consider to be binge drinking ... How many alcohol drinks, over the course of an evening, do you consider to be light drinking ... How many alcohol drinks, over the course of an evening, do you consider to be heavy drinking ... How many alcohol drinks, over the course of an evening, do you consider to be moderate drinking?*

## 13.0 CONCLUSIONS AND RECOMMENDATIONS

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The survey findings suggest a number of different directions for communications initiatives, both in terms of content and in terms of vehicles, to be used in a communications or public information campaign.

In terms of content issues, the survey indicates that although there has been no change since 1999 in women's unaided awareness (and a slight decline in aided awareness since 2002) of cutting down or stopping alcohol as a very important behaviour that pregnant women can do to increase the likelihood of having a healthy baby, it is (along with cutting down or stopping smoking) still seen as one of the most important actions to be taken. However, the survey indicates that women in lower socio-economic groups and those who live in rural areas are less aware of the importance of this behaviour. Hence, information directed at these women should be part of any communications initiative.

On the topic of the effects of alcohol consumption during pregnancy, the survey indicates that there continues to be widespread awareness that alcohol use during pregnancy is harmful to an infant, that the more alcohol is consumed, the more likely and extensive the harm may be, and that the effects of alcohol use on a child do not disappear as a child grows older. There have also been increases since 1999 and 2002 in awareness of the impact of small amounts of alcohol use, and an increase since 2002 on the effect of alcohol on the development of the fetus. However, there continue to be significant proportions (one-third or more of the target groups examined) who lack awareness of these latter two issues. Communication initiatives about alcohol use should address this lack of knowledge or confusion.

On the topic of sources of information and appropriate media for communications initiatives, the survey continues to confirm the importance of health professionals and health settings, particularly doctor's offices, as the place where information about the effects of alcohol

use is sought. The survey also shows that television remains a powerful medium for increasing awareness and knowledge on the effects of alcohol use during pregnancy, and suggests that advertising on radio and in the print media, as well as on buses, bus shelters and subways, would also be effective ways of raising awareness about this issue. Moreover, women are more likely than men to think all the initiatives would be a very effective way of reaching them on the subjects of the risks of alcohol use.

The survey also finds overwhelming support for a number of initiatives to provide information about the risks of alcohol use during pregnancy, with the strongest support for government-sponsored advertising and requiring warning messages on alcohol advertising, and less so for requiring labels on alcohol products, and signs in bars and clubs and restaurants. Once again, women are more likely than men to be very supportive of all the initiatives to provide information about the risks of alcohol use.

The survey suggests that there may be a need for communications initiatives directed at physicians to stress the importance of relaying information to women about the effects of alcohol consumption during pregnancy. One-half of women (including over four in ten women who are currently pregnant) report not receiving this information from their physician. This is especially the case for women who are less affluent, younger and who consume higher levels of alcohol, and those living in Newfoundland.

Increasing awareness of these issues in Quebec should continue to be an important goal of any communications campaign. Although awareness of FAS in Quebec has increased dramatically since both 1999 and 2002, awareness still trails that found in other provinces. Quebecers are also less likely to be aware of alcohol-related birth defects. Also, they are less likely to be

aware of the impact of small and moderate amounts of alcohol, are less likely to say the effect of alcohol on the fetus is clear and are more likely to believe that most of the effects of alcohol use on a child usually disappear as a child grows older. There continues to be a need to distribute more information and create more discussion about the risks of alcohol use during pregnancy within Quebec.

The following table summarizes the target groups where the need for information about the effects of alcohol use and FAS/FASD is higher than average based on the survey findings, along with appropriate settings and vehicles of communications for each, listed in rank order of effectiveness for each group.

TARGET GROUPS NEED FOR INFORMATION	TARGET GROUPS COMMUNICATIONS SETTINGS AND VEHICLES
QUEBEC WOMEN	<ul style="list-style-type: none"> <li>Sending informational material to health care professionals</li> <li>Television ads</li> <li>Posters in waiting rooms and clinics</li> <li>Posters or brochures in pharmacies or drug stores</li> <li>Inserts and advertising in magazines or newspapers</li> <li>Ads on buses, subways or in bus shelters</li> <li>Pamphlets, brochures or other publications</li> <li>Radio ads</li> <li>Website</li> </ul>
WOMEN WITH LOWER LEVELS OF EDUCATION	<ul style="list-style-type: none"> <li>Sending informational material to health care professionals</li> <li>Posters in waiting rooms and clinics</li> <li>Television ads</li> <li>Posters or brochures in pharmacies or drug stores</li> <li>Inserts and advertising in magazines or newspapers</li> <li>Ads on buses, subways or in bus shelters</li> <li>Pamphlets, brochures or other publications</li> <li>Radio ads</li> <li>Website</li> </ul>
MEN	<ul style="list-style-type: none"> <li>Television ads</li> <li>Sending informational material to health care professionals</li> <li>Posters in waiting rooms and clinics</li> <li>Radio ads</li> <li>Posters or brochures in pharmacies or drug stores</li> <li>Ads on buses, subways or in bus shelters</li> <li>Inserts and advertising in magazines or newspapers</li> <li>Website</li> <li>Pamphlets, brochures or other publications</li> </ul>

## APPENDICES

## SURVEY METHODS

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The results of the survey are based on questions asked to 3,633 respondents, either women aged 18 to 40 years (2,724 respondents) or men who are partners of women aged 18 to 40 years (909 respondents), living within the 10 provinces of Canada. The survey was conducted by telephone from March 21 to April 21, 2006.

### Sample selection

The sample for this survey was derived in two ways: sample derived from a return-to-sample design yielded 2,000 interviews; random sampling directly from the general population, based on Random Digit Dialling (RDD), yielded the remaining 1,633 interviews.

The return-to-sample design involved using previous Environics survey research to identify and call households from the general population across the country that included women between the ages of 18 to 40 years of age.

The original samples, which were used as the base for the return-to-sample design of the current research, were initially generated by RDD sampling, as was the random sampling from the general population which was also used in the current research.

Environics uses a sampling method in which sample is generated using the RDD (random digit dialling) technique. Samples are generated using a database of active phone ranges. These ranges are made up of a

series of contiguous blocks of 100 contiguous phone numbers and are revised three to four times per year after a thorough analysis of the most recent edition of an electronic phonebook. Each number generated is processed through an appropriate series of validation procedures before it is retained as part of a sample. Each number generated is looked up in a recent electronic phonebook database to retrieve geographic location, business indicator and “do not call” status. The postal code for listed numbers is verified for accuracy and compared against a list of valid codes for the sample stratum. Non-listed numbers are assigned a “most probable” postal code based on the data available for all listed numbers in the phone exchange. This sample selection technique ensures that both unlisted numbers and numbers listed after the directory publication are included in the sample.

The sample frame utilized gender and provincial quotas to allocate interviews. The provincial quotas were designed to ensure a robust sample in each province for purposes of analysis; the final results were then weighted to reflect the actual proportions in the population in each province. The final sample was also weighted by gender (75%/25% female/male). The sample of women was weighted by age based on 2001 Census data to reflect the actual proportion of women in the four age groups in the general population (18-24 years – 28%, 25-29 years – 19%, 30-34 years – 22%, 35 and over – 31%). The sample of men was not weighted by age.

The final sample is distributed as follows.

	QUOTA	WEIGHTED N	UNWEIGHTED N	MARGIN OF ERROR
Women	2,700	2,724	2,724	1.9
Men	900	909	909	3.3
Newfoundland	360	62	360	5.2
Nova Scotia	360	110	360	5.2
New Brunswick	360	88	360	5.2
Prince Edward Island	360	28	360	5.2
Quebec	360	876	360	5.2
Ontario	360	1,384	393	4.9
Manitoba	360	134	360	5.2
Saskatchewan	360	117	360	5.2
Alberta	360	360	360	5.2
British Columbia	360	474	360	5.2
Total	3,600	3,633	3,633	1.6

During fieldwork, a total of 31,027 telephone numbers were drawn from the available samples.

Screening questions were asked to identify qualified respondents within all households. Females between the ages of 18 and 40 years, or husbands or male partners of a female between the ages of 18 and 40 years, were eligible. In households where there were two or more eligible persons, the survey respondent was selected randomly in accord with the gender quotas.

### Telephone interviewing

Fieldwork was conducted at Environics' central facilities in Toronto and Montreal. Field supervisors were present at all times to ensure accurate interviewing and recording of responses. Prior to the beginning of fieldwork, Environics conducted 20 pre-test interviews to ensure that the interview questions were clear, appro-

priately sequenced within the interview protocol and yield useful information. During fieldwork, 10 percent of each interviewer's work was unobtrusively monitored for quality control in accordance with the standards set out by the Marketing Research and Intelligence Association – MRIA (formerly the Canadian Association of Marketing Research Organizations – CAMRO). A minimum of five calls were made to a household before classifying it as a "no answer."

### Completion results

The sample for this survey consisted of 3,633 interviews. The margin of error for a sample of 3,633 is  $\pm 1.6$  percentage points, 19 times in 20. The margin of error is greater for results pertaining to regional or socio-demographic subgroups of the total sample.

The calculated incidence is 43.4%. The calculated response rate is 31.7%.

	N
A. Total sample dialled	31,027
Household not eligible	4,737
Non-residential/not in service	4,633
Language barrier	309
B. Subtotal	9,679
C. New base (A – B)	21,348
D. No answer/line busy/not available	11,210
Refusals	6,401
Mid-interview refusals	104
E. Subtotal	17,715
F. Net completions (C – E)	3,633