State Action Guide:
Mandatory Point-of-Purchase Messaging on
Alcohol and Pregnancy
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Center for Science in the Public Interest
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Acknowledgements

This State Action Guide re-activates elements of CSPI’s National Campaign for Alcohol Health Warning Signs, conducted in the mid-1990s. That effort supported enactment of mandatory point-of-purchase warning sign laws and ordinances in numerous states and localities to help inform consumers about the health risks of alcohol consumption. The guide was prepared by Kimberly Crump and edited by George Hacker, with research assistance from Christina Mott, proofreading by Tracy Downs, and layout and design by Debra Brink. We would also like to thank Tom Donaldson, Kathy Tavenner Mitchell, and Erin Frey of the National Organization on Fetal Alcohol Syndrome (NOFAS) for their tireless advocacy to prevent FASD and assist those affected by it, as well as for their support and collaboration on this project. Finally, we thank the March of Dimes and its chapters across the country for their longstanding dedication to promoting healthy pregnancies and preventing birth defects.

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The Center for Science in the Public Interest (CSPI), founded in 1971, is a nonprofit health-advocacy organization. CSPI conducts innovative research and advocacy programs in the areas of nutrition, food safety, alcoholic beverages, and provides consumers with current information about their own health and well-being. Since 1981, the Alcohol Policies Project has helped focus public and policy maker attention on high-leverage policy reforms to reduce the devastating health and social consequences of drinking – the third leading lifestyle-related cause of early mortality in the U.S. CSPI is supported by almost 900,000 subscribers in the United States and Canada to its Nutrition Action Healthletter and by foundation grants.
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Introduction: Spreading the Message that Alcohol and Pregnancy Don’t Mix

The Center for Science in the Public Interest (CSPI) and the National Organization on Fetal Alcohol Syndrome (NOFAS) are pleased to announce a renewed joint effort to promote and support the expansion and enforcement of state and local laws that would require point-of-purchase warning posters regarding drinking during pregnancy wherever alcoholic beverages are sold. Renewed efforts to alert the public about the risks of drinking during pregnancy are needed to raise awareness and focus policy attention on the problem.

Alcohol consumption during pregnancy continues to be the nation’s leading known preventable cause of mental retardation and birth defects, affecting an estimated one in one hundred live births or as many as 40,000 infants each year – a prevalence rate comparable to other developmental disabilities such as Down syndrome or Spina Bifida. The lifetime medical and social costs of each child with Fetal Alcohol Spectrum Disorder (FASD) are estimated to be as high as $2 million.¹ FASD is a term that describes the range of effects that can occur in a person whose mother drank alcohol while pregnant. Those effects can include lifelong physical and mental disabilities and problems with behavior or learning. Often, affected individuals have a mix of those problems.

Although the Centers for Disease Control and Prevention (CDC) reports some progress in reducing the overall rate of any alcohol use among pregnant women since 1995, problematic drinking among young women persists:

- An estimated 130,000 pregnant women per year in the United States still consume alcohol at levels shown to increase the risk of having a baby with FAS or other prenatal alcohol-related condition;
- One in eight women of childbearing age reported “risk drinking” (defined as seven or more drinks per week, or five or more drinks on any one occasion);
- One of every 30 women who knows that she is pregnant reports high-risk drinking;
- Birth defects associated with prenatal alcohol exposure can occur even in the first three to eight weeks of pregnancy, before a woman may know that she is pregnant;
The rate of current alcohol use among girls age 12-17 (17%) now surpasses that of boys (16.3%) in the same age group.

— SAMHSA, NSDUH 2006

In February, 2005, the U.S. Surgeon General strengthened the warning regarding the potential effects of maternal alcohol consumption on fetal development, advising women who are pregnant or who may become pregnant to abstain completely. The new recommendation updates a 1981 Surgeon General's Advisory on alcohol use and pregnancy with the most recent scientific evidence on the preventable harms of alcohol-exposed pregnancies. Unfortunately, the new advisory has received scant attention in the media or among health professionals. We hope this guide will help heighten the issue's visibility.

Increasing public awareness about the risks of drinking during pregnancy is a key element of a comprehensive, effective FASD prevention strategy. Point-of-purchase warning signs that provide information about alcohol and birth defects are an important part of awareness efforts to reduce FASD. While warning posters alone may not be sufficient to change alcohol-related behaviors (consumption, sales, providing), they can help to increase knowledge and beliefs about the health consequences of alcohol use for women who are pregnant or may become pregnant. Displaying such information in alcohol establishments provides health information where it is likely to be seen by potential alcohol users and purchasers.

Posting alcohol warning signs at locations where alcohol is sold has been required in some states since 1983. As of January, 2008, twenty-three states and numerous localities had enacted laws mandating point-of-purchase warning signs. A growing number of state legislatures has recognized the need to reinforce and expand public awareness efforts on the risks of drinking during pregnancy. In a 2007-2008 policy statement, the Health Committee of the National Conference of State Legislatures (NCSL) recommended that “Special efforts should be made to warn pregnant women of the dangers of smoking, drug and alcohol use during pregnancy” (http://www.ncsl.org/statefed/HEALTH.HTM).

We hope this guide will encourage and support new initiatives for warning sign laws in states that do not yet have such policies, and help strengthen the monitoring and enforcement of existing warning sign laws.
Here’s how you can help:

- Distribute copies of this guide to your members or network. The guide contains practical information on how to start and conduct a warning sign campaign. NOFAS and CSPI will provide additional advocacy resources upon request.

- Announce this campaign in your newsletters or other communications. Refer your organization’s grassroots coordinators to us so we can work with them on this campaign.

- Inform us of warning sign activities in which your organization and its members may be involved.

Please feel free to contact us for further information. We welcome your feedback and look forward to working with you.

Contact information:


A growing number of state legislatures has recognized the need to reinforce and expand public awareness efforts on the risks of drinking during pregnancy.
Fetal Alcohol Spectrum Disorders and Public Awareness Efforts

For the past 25 years, public health and safety advocates have promoted policies to balance information about alcoholic beverages and inform the public about the dangers associated with alcohol use by female consumers of child-bearing age. Those efforts have included a successful federal-level campaign to require container warnings and a range of state and local prevention efforts.

Mandated since 1989, the Surgeon General’s warnings on the labels of alcoholic beverages contain useful information, but have a number of limitations:

- On many containers the messages are barely legible, printed in small type, often positioned vertically and blended into the background label color;
- Because the message never changes, consumers may lose interest over time, diminishing the effect of the warning;
- Since the warning is found only on containers, consumers served by the glass or pitcher in bars, restaurants or other social settings don’t receive it.

Point-of-purchase warning signs can amplify and reinforce warnings on alcoholic beverages labels and provide additional information tailored to community and multi-lingual needs. In this way, warning signs can play an important role in increasing public awareness of fetal alcohol spectrum disorders.

In February, 2005, U.S. Surgeon General Richard H. Carmona released an important, updated advisory on the serious harms associated with alcohol use during pregnancy (http://www.surgeongeneral.gov/pressreleases/sg02222005.html). The new warning significantly strengthens a 1981 Surgeon General’s Advisory on alcohol and pregnancy that suggested that women abstain from alcohol while pregnant because of potential risks to the fetus. The new advisory urges women who are pregnant or who may become pregnant to abstain from alcohol.

GOVERNMENT WARNING: (1) According to the Surgeon General, women should not drink alcoholic beverages during pregnancy because of the risk of birth defects. (2) Consumption of alcoholic beverages impairs your ability to drive a car or operate machinery, and may cause health problems.
Unfortunately, despite the significance of the Surgeon General’s advisory, little has been done to promote and disseminate this vital public health warning and assist state and local groups in translating this essential new information into effective FASD prevention campaigns. On the national level, public health advocates have not yet won legislation that would require such health and safety messages in alcohol advertisements.

State and local public awareness and prevention efforts therefore represent a currently promising way to counter some of the $5 billion of pro-drinking advertising and promotion that monopolizes public awareness and education about alcohol.

Prevention and public awareness campaigns are urgently needed. Recent data indicate that significant numbers of women continue to drink during pregnancy, many in a high-risk manner that places the fetus at risk for a broad range of problems arising from prenatal alcohol exposure, including Fetal Alcohol Syndrome Disorders (FASD).

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), more than half (53%) of non-pregnant women ages 15–44 report alcohol use within the past month, of whom one in five report binge drinking (Figure 1). Those data raise concerns because fetal alcohol effects can occur during early gestation before a woman even knows she is pregnant. In the United States, almost half of pregnancies are unplanned,² of which about 50% occur in women who are using contraception ineffectively or intermittently.³

Among women who know they are pregnant, rates of alcohol use are far lower than among non-pregnant women. However, many women who know they are pregnant continue to drink at levels that may put their unborn child at risk. One in ten women who know they are pregnant report drinking within the past month, and one in twenty pregnant women report binge or heavy drinking (Figure 1).

“I now wish to emphasize to prospective parents, health care practitioners, and all child-bearing-aged women, especially those who are pregnant, the importance of not drinking alcohol if a woman is pregnant or considering becoming pregnant.”

— U.S. Surgeon General Richard H. Carmona
Of further concern, rates of binge and heavy drinking among women of childbearing age have increased in recent years. The estimated binge drinking prevalence among women of child-bearing age (18-44 years) for the years 2001, 2002, and 2003 was 11.9%, 12.4%, and 13.0%, respectively. The estimated number of childbearing-age women who engaged in binge drinking rose from 6.2 million in 2001 to 7.1 million in 2003, an increase of 0.9 million.\(^4\)

CDC surveys further show that the prevalence of chronic drinking among women 18 and older has increased nearly four-fold in recent years – from one percent in 1999 to 4 percent in 2002.\(^5\) (Chronic drinking is defined as reported consumption of an average of two or more drinks per day, or 60 or more alcoholic drinks a month (Figure 2)).

State Alcohol Warning Sign Policies

Thanks to the efforts of public health advocates and concerned legislators, a growing number of states and local jurisdictions have mandatory point-of-purchase alcohol health warning signs as part of their alcohol-prevention efforts. As of 2007, twenty-three states (including the District of Columbia) require warning signs or have programs that encourage voluntary posting of such signs (Figures 3 & 4).

Cities with warning sign ordinances include:

- Washington, D.C.; Racine, Wisconsin; Philadelphia, Pennsylvania; Lakewood and Columbus, Ohio; New Orleans, Alexandria/Pineville, and Monroe, Louisiana.

Unfortunately, momentum has stalled. Since the addition of the most recent warning-sign statute in 2007 (in Texas), no new state laws have been enacted.\(^6\) Renewed efforts are needed to encourage the adoption and implementation of this easily replicable prevention strategy in other states.

Point-of-purchase warning signs are a simple, cost-effective means of reaching consumers with FASD prevention messages that can help shift public attitudes
to reject alcohol use during pregnancy. This health strategy provides an important means of educating individuals and communities about the serious health and safety risks of alcohol consumption for women who are pregnant or may become pregnant. Signs posted at point-of-purchase reach most consumers, including moderate, heavy, and potential drinkers, as well as those who purchase beverages for others. Warning posters effectively echo and complement other ongoing prevention strategies and reinforce the federally required health notices on alcoholic-beverage containers.

**Variation in Implementation of Warning Sign Laws**

Requirements and procedures for producing, distributing and regulating the signs vary among the states that require them, but, in general, such posters deliver their message at very little – if any – cost. For example, according to Kentucky’s Office of Alcoholic Beverage Control (ABC), that state’s Department of Corrections produces the signs, for which the ABC pays $0.18 each. The total cost per year to the state ranges from $270 to $360. Arizona’s ABC provides the signs to licensees free of charge, at a cost of about $0.03 per sign ($65 to $100 per year total cost to the state government). In some states licensees pay a fee for the signs ($12 in Delaware), while in others (Georgia), licensees simply download the signs from the Internet at no cost to the state.

Depending on how warning sign legislation is drafted, jurisdiction over the implementation of the statute also varies from state to state. In most states, the Alcoholic Beverage Control agency has primary responsibility for administering and enforcing warning sign laws (for example, Delaware, Arizona, Georgia). In other states, the Health Department may have joint responsibility to regulate the signs together with ABC authorities (Kentucky). In California, the signs are regulated by the California Environmental Protection Agency under the Office of Environmental Health Hazard Assessments.
The Case for Point-of-Purchase Warning Signs About Alcohol and Pregnancy:

- Warning signs provide a low cost, effective means of reaching most consumers – moderate, heavy, and potential drinkers – with FASD prevention messages before they drink.

- Warning signs aimed at the general public supplement other more targeted FASD prevention strategies and programs.

- Warning signs reinforce the federally required Surgeon General’s warning that appears on alcoholic-beverage containers. Research suggests that message repetition is essential to effectiveness in changing FASD prevention knowledge.

- Warning signs help balance the glamorized, risk-free view of drinking that is promoted to women in alcohol advertising.

- Warning signs provide another avenue to communicate important consumer information about a well-established risk related to alcohol consumption.

Warning Sign Examples

Georgia Department of Revenue, Alcohol and Tobacco Division:

State of Delaware Division of Alcoholic Beverage Control:
Kentucky Department of Human Resources and Alcoholic Beverage Control:

Example of Bi-Lingual Warning Sign from the Texas Alcoholic Beverage Commission (TABC):

**Health Risk Warning Sign**

- Drinking any type of alcohol while pregnant can hurt your baby's brain, heart, kidneys, and other organs and can cause birth defects.
- The safest choice is not to drink at all when you are pregnant or trying to become pregnant.
- **If you might be pregnant, think before you drink.**

**Aviso Sobre Riesgos de Salud**

- Beber cualquier tipo de alcohol cuando está embarazada puede hacerles daño al cerebro, al corazón, a los riñones y a otros órganos de su bebé y puede causar defectos de nacimiento.
- Lo más seguro es no beber nada de alcohol cuando está intentando quedar embarazada o ya lo está.
- **Si es posible que esté embarazada, piénselo antes de beber.**
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Take Action: Expanding and Enforcing Laws Requiring Point-of-Purchase Warning Signs on Alcohol and Pregnancy

1. **Build a citizens’ action group or coalition.**

Gather a diverse array of groups to increase the level of skills, resources, and base of public and political support for your efforts. Include members from the public health field (pediatricians and pediatric nurses and nurse practitioners, Ob/Gyn professionals, medical school deans, addiction prevention and treatment groups, maternal and child health promotion groups, March of Dimes, etc), parents’ groups, disability rights groups, law enforcement, churches, civic organizations, and youth groups, among others.

2. **Draft a bill that will interest potential sponsors on the statewide, county and/or city level.**

Statewide bills can take years to advance. Therefore a city or county-wide effort may be the best place to begin your strategy. City or county laws tend to be stronger than statewide bills, and ordinances passed on the local level will strengthen momentum for a statewide campaign.

3. **If your state or local jurisdiction already has a warning sign law in place, meet with your local Alcohol Beverage Control (ABC) authorities or the appropriate agency to ask about its enforcement.**

Find out whether and how the ABC monitors and promotes compliance with the law. If little is done to enforce the law, conduct your own informal survey of licensees to gauge the extent of compliance. Present your findings to local elected representatives, ABC authorities, and perhaps the media. You might consider requesting a legislative hearing on the status of the warning sign law and how it could be implemented and enforced more effectively.

For example, the Illinois Fetal Alcohol Spectrum Disorders Task Force (fasteam.org), in conjunction with the state NOFAS chapter, in 2007 organized a campaign to promote the more consistent and prominent display of the state’s legally mandated warning sign about the risks of alcohol consumption during pregnancy. That effort evolved from findings of an informal survey that
revealed general ignorance of the warning signs. Most people, when asked, reported never having seen the warning sign, although the state’s 21,000 liquor license holders are required by state law to display the sign in “plain view.”

In addition, the Illinois Liquor Control Commission found that in one part of the state surveyed, the complete absence of the warning sign was the third most frequent violation of liquor license requirements. Working together with governmental, medical, academic, maternal health promotion, and substance abuse agencies, FASD prevention advocates will encourage the Illinois Liquor Control Commission and representatives of alcoholic-beverage licensees to collaborate on ways to improve compliance with the warning sign law and increase the visibility of the signs. If necessary, advocates will seek a rule change at the Illinois Liquor Control Commission to strengthen implementation and enforcement of the warning sign law.

4. Recruit sponsors.

Consider targeting legislators who sit on the Committees that are likely to have jurisdiction over prospective warning sign legislation. Research legislators’ past voting records, attend commission meetings and read community newspapers. Appeal to his/her personal, professional, and legislative concerns. Members of the coalition may know the legislator and his/her interests. Meet with and recruit the strongest potential sponsors. Develop materials and fact sheets to support the legislation.

5. Publicize your efforts.

Good news coverage generated from newspaper articles, television stories, and radio talk shows will increase citizen participation and encourage legislators to support the bill. The following national organizations have endorsed legislation to require health and safety messages in alcohol advertising and their members may provide support on the local level:

American Academy of Family Physicians
American Academy of Pediatrics
American Medical Association
Center for Science in the Public Interest
The Association of Retarded Citizens (ARC)
March of Dimes
National Council on Alcoholism and Drug Dependence
National Organization on Fetal Alcohol Syndrome (NOFAS)
National PTA
6. Mobilize support.

As the coalition drafts a bill and recruits sponsors, begin mobilizing grassroots support. Collect endorsements and letters from public health and medical experts, community and neighborhood organizations, churches, synagogues, adoptive parents’ groups, and police organizations, even those that are not part of the coalition. Each group in the coalition should ask its members to send letters and make phone calls to legislators. Recruit community leaders and families and individuals affected by FASD to testify for the bill at public hearings.

7. Push for a public hearing.

Your presentation should include information about the proposed law or ordinance – its purpose, applicability, exemptions, sign placement, cost, and enforcement. Demonstrate the breadth and strength of community interest in the bill. Anticipate questions about the legislation.

8. Demand a mandate.

Legislators may recommend a resolution that encourages businesses to post the warning sign voluntarily. A law or ordinance that requires – or at least provides strong incentives for – sign posting is far preferable to voluntary compliance, because vendors may be reluctant to post signs unless their competitors are also required to do so.

Pass the Best Law You Can:

1. Require signs to be posted wherever alcoholic beverages are sold (bars, liquor stores, restaurants, convenience stores, supermarkets, and hotels). One state (Delaware), also requires warning signs to also be posted by health care providers serving pregnant women.

2. Demand that signs be posted conspicuously. In Delaware, the 5” x 7” sign (red print on a white background) must be posted at the entrance to all establishments. To ensure visibility, nothing else may be posted within two feet of the warning sign.

3. Require a regular monitoring program, and designate a single agency to be responsible for administering the warning sign requirement. In California, for example, fragmented authority over implementation of the warning sign law among various state agencies (Environmental Protection, Health, Alcohol Beverage Control) may have weakened its enforcement. As a courtesy to the Health Department, the Alcoholic Beverage Control (ABC) agency report-
edly instructs alcoholic-beverage licensees to post the signs and informs them where signs can be obtained during server training classes and ABC inspections. However, the California ABC reports that it does not take disciplinary action against licensees who do not post the signs, nor does the ABC actually distribute the signs. Licensees reportedly are responsible for obtaining the signs themselves, through a company contracted to make them. Nonetheless, based on inquiries CSPI has received from California licensees wanting to know how to obtain the signs, it is evident that such information might not be easily or routinely available. In most cases, either the alcoholic-beverage control authorities or the health department is responsible for distributing the posters and enforcing the law.

4. Localize the sign for your community and its special concerns. Is your community multi-lingual? Dade County, Florida, for example, requires warnings in three languages — English, Spanish, and Creole.
Resources

Model State Statute: Mandatory Point-of-Purchase Messaging on Alcohol and Pregnancy

§ X-X-X  Mandatory signs to be posted warning of the risks of alcohol consumption during pregnancy.

(a) Posting of public health message. No later than [DATE] alcoholic-beverage licensees which sell or dispense alcoholic beverages for consumption on or off the premises in this state shall prominently display signs warning of the danger of birth defects which may be caused as a result of the consumption of alcohol during pregnancy.

(b) The Alcoholic Beverage Control (ABC) agency shall prepare said warning signs and make them available at no charge to vendors of alcoholic beverages. (ALTERNATIVE: and may charge a fee to cover printing, postage, and handling expenses.)

(c) The signs shall read: “WARNING, ALCOHOL AND PREGNANCY DON’T MIX. AVOID ALCOHOL IF YOU ARE PREGNANT OR MAY BECOME PREGNANT TO REDUCE THE RISK OF BIRTH DEFECTS.” (ALTERNATIVE: “WARNING, THE SURGEON GENERAL ADVISES WOMEN TO AVOID ALCOHOL DURING PREGNANCY TO REDUCE THE RISK OF BIRTH DEFECTS.”) The signs shall be at least 8 * wide and 11 inches high with each letter at least three-fourths-inch high and three-eighths-inch wide. The signs shall have dark color characters on a light color background. The signs shall be in English unless a significant number of the patrons of the retail premises use a language other than English as a primary language. In such cases, the sign shall be worded in both English and the primary language or languages of the patrons.

(d) The signs shall be displayed at the licensed premise in the following manner:

1. If a licensee holds a license providing for on-premises consumption, the sign shall be prominently posted (in a place which is clearly visible) at the main entrance to the liquor licensed portion of the establishment and in the women’s public restrooms closest to the licensed area.

   a. Self-service “mini-bars” in hotel guest rooms shall be exempt.

   b. Airports, convention centers, sports facilities and other licensed premises where more than one location of such sale, service and consumption is authorized, shall post signs in plain view in a place which is clearly visible to the majority of patrons entering or approaching the liquor licensed portion of the premises.

2. If the licensee holds a license providing for the sale of alcohol for off-premises consumption, ABC-provided signs shall be posted in plain view at the following locations:

   a. At the cash register(s) where alcohol is sold.

   b. At the main entrance to the licensed premises.
3. If the licensee is an alcoholic-beverage producer, the notices shall be posted in plain view at the main entrance to any area where alcohol is sold for off-premises consumption. If a manufacturer's tasting rooms have separate buildings or separate entrances, the sign shall be posted in plain view at the main entrance to each tasting area.

4. Advertisements and all other posting of any type may not be displayed within two feet of the sign warning of the risk of birth defects from the consumption of alcoholic beverages.

5. Holders of temporary event permits and caterers' licenses shall post signs in plain view in locations clearly visible to the majority of patrons entering or approaching the liquor licensed portion of the premises.

(e) Any person who fails or refuses to post the sign as required in this Code section shall be subject to a fine of one hundred ($100) dollars for each violation.

(f) Enforcement of this statute shall fall under the authority of the ABC agency. Any employee of the ABC agency may report a violation of this Section to the Supervisor, and the Supervisor shall issue a warning to the licensee of the violation.
Fact Sheet on Female Alcohol Consumption and Fetal Alcohol Spectrum Disorders

Drinking Among Women Age 15 to 44 in the United States
- Half report alcohol use in the past month.⁸
- Approximately 1 in 5 reports binge drinking⁹ (defined by the NIAAA as a pattern of drinking that brings a person’s blood alcohol concentration [BAC] to 0.08 or above. This typically happens when women consume more than 3 drinks in about 2 hours).
- About 1 in 20 reports heavy alcohol use (defined as binge drinking on at least 5 days in the last month).¹⁰

Drinking Among Pregnant Women in the United States
- 1 in 30 pregnant women reports high-risk drinking (defined as 7 or more drinks per week, or 5 or more drinks on any one occasion),¹¹ levels shown to increase the risk of FASD.¹²
- 1 in 9 pregnant women binge drinks in the first trimester.¹³
- More than 1 in 5 pregnant women report alcohol use in the first trimester, 1 in 14 in the second trimester, and 1 in 20 in the third trimester.¹⁴
- Those who are unmarried and older than age 30 tend to have the highest rates of alcohol use in pregnancy.¹⁵ However, in 2004, the rate of past-month binge drinking among pregnant women ages 15 to 17 (8.8%) was more than twice that of pregnant women age 26 to 44 (3.8%).¹⁶
- The rates of binge drinking and heavy drinking during pregnancy varied little among white and Hispanic women. African-American women had slightly higher rates.¹⁷
- Among women of childbearing age entering substance abuse treatment, 4% were pregnant. 18% of pregnant women entering treatment disclose that alcohol is their primary substance of abuse.¹⁸

What is FASD?

Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term describing the range of effects that can occur in an individual who was prenatally exposed to alcohol. Those effects may include physical, mental, behavioral, and/or learning disabilities with lifelong implications. FASD is not a diagnostic term used by clinicians. It refers to specific conditions such as fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (PASD) and alcohol-related neurodevelopmental disorder (ARND).

Data on FASD are limited due to lack of diagnostic criteria. Only FAS has diagnostic guidelines. A diagnosis of FAS has three major components: distinctive facial features, growth deficiencies, and brain damage. Associated
behavioral or cognitive problems may include mental retardation, learning disabilities, attention deficits, hyperactivity, poor impulse control, and social, language, and memory deficits. PFAS and ARND describe cases in which individuals were prenatally exposed to alcohol and have some, but not all, the signs of FAS. PFAS describes individuals who have only two of the three diagnostic criteria (facial features or growth delays with brain involvement). ARND refers to various structural abnormalities, neurologic and/or functioning issues, in the absence of the facial features.

**Potential Consequences of Prenatal Exposure to Alcohol:**

<table>
<thead>
<tr>
<th>Attention Deficits</th>
<th>Mental Retardation</th>
</tr>
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<tbody>
<tr>
<td>Microcephaly (small brain growth)</td>
<td>Difficulty Learning from Consequences</td>
</tr>
<tr>
<td>Memory Deficits</td>
<td>Immature Social Behavior</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td>Poor Impulse Control</td>
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<tr>
<td>Difficulty with Abstract Concepts</td>
<td>Trouble with the Law</td>
</tr>
<tr>
<td>Negative School Experiences</td>
<td>Sexually Acting Out Behaviors</td>
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<tr>
<td>Poor Problem-Solving Skills</td>
<td>Poor Judgement</td>
</tr>
<tr>
<td>Organ Malformations</td>
<td>Low IQ</td>
</tr>
<tr>
<td>Alcohol and Drug Problems</td>
<td>Difficulty Sustaining Employment</td>
</tr>
</tbody>
</table>

**Is FASD a Significant Problem?**

Drinking during pregnancy is the leading known preventable cause of mental retardation, learning and behavioral disorders, as well as a leading cause of fetal and infant death. The reported prevalence rates of FASD vary widely depending on the population studied and the surveillance methods used. CDC studies show FASD prevalence rates ranging from 0.2 to 1.5 per 1,000 live births in different areas of the United States – a prevalence rate comparable to or higher than other developmental disabilities, such as Down syndrome or Spina Bifida. Other prenatal alcohol-related conditions, such as alcohol-related neurodevelopmental disorder (ARND) and alcohol-related birth defects (ARBD), are believed to occur approximately three times as often as FASD. In the United States:

- Based on estimated rates of FASD per live births, FASD affects nearly 40,000 newborns each year.¹⁹
- The cost to the nation of FAS alone may be as much as $6 billion each year.²⁰
- The lifetime cost for one individual with FAS is at least $2 million.²¹

**What Problems Do People With an FASD Face?**

People with FASD are vulnerable to a range of difficulties, such as failure in school, substance abuse, mental illness, and involvement in the criminal justice system. Youth with FASD are at high risk of getting into trouble with the law.²² They face many challenges that make them vulnerable to criminal activity,²³ such as: being easily influenced by peer pressure; lacking impulse control; not understanding cause and effect; not learning from mistakes; making poor decisions; having memory problems; and, exhibiting difficulty understanding future consequences. Research-
ers estimate that 35 percent of individuals with FASD have been in jail or prison at some point. They also estimate that more than half the people with FASD have been in trouble with the law.\textsuperscript{24}

A study conducted at the University of Washington identified the extent to which problems occur among persons ages 6 to 51 with an FASD:

- 94% had mental health issues.
- 83% of adults experienced dependent living.
- 79% of adults had employment problems.
- 60% of those ages 12 and older had trouble with the law.
- 50% experienced inpatient treatment for mental health or substance abuse problems or spent time in prison.
- 45% engaged in inappropriate sexual behavior.
- 43% had disrupted school experiences (e.g., dropped out).
- 24% of adolescents, 46% of adults, and 35% overall had alcohol and drug problems.\textsuperscript{25}

**The Bottom Line**

Any woman who consumes alcohol when she is pregnant may be at risk of having a child with FASD. Major Ob/Gyn groups agree that women of child-bearing age should be advised not to drink any amount of alcohol during pregnancy. But despite the importance of the clinical setting as a key venue for communicating the risks of drinking alcohol during pregnancy, many women lack access to pre-natal care, and thus may never get the message. Exposure to alcohol can harm a fetus at any time, even before a woman knows she is pregnant. Many women drink early in pregnancy but stop drinking when they learn they are pregnant. Others are unable to stop drinking without help, or may continue to drink believing that it’s safe. Women who have given birth to children with an FASD and continue to drink are at very high risk of having additional children with an FASD. Often times their children are not correctly diagnosed, so women may not understand the connection that alcohol has to their children with developmental disabilities.

**Can FASD Be Prevented?**

Yes!!! The most important statistic to remember about FASD is that it is 100% preventable. The only cause of FASD is pre-natal exposure to alcohol. If a woman does not drink alcohol during pregnancy, or when she could become pregnant, her baby will not have FASD.
Sample Testimony Before a Legislative Body

**NOTE:** The strongest testimony will come from a parent/guardian or physician who can convey a real life story about the life of a young person with FASD and the limitations and problems that could be avoided through effective prevention. Legal, medical and social services professionals who come into contact with individuals affected by FASD may also make excellent witnesses.

My name is __________ and I represent Virginians [example] for Healthy Kids, a citizens’ action group that is concerned about preventing and reducing the prevalence of fetal alcohol spectrum disorders and their devastating consequences for affected individuals and their families and communities. I have three main points to make today:

- First, current drinking trends among women of child-bearing age call for increased efforts to better publicize the risks of drinking during pregnancy.

- Second, public awareness is an essential part of a comprehensive strategy to prevent alcohol-exposed pregnancies and to balance the message that women receive about drinking from alcohol advertising.

- Finally, warning posters where alcoholic beverages are sold represent a cost-effective means of providing women (and all consumers) with this necessary health information.

Drinking alcoholic beverages during pregnancy can result in Fetal Alcohol Spectrum Disorders (FASD) – an umbrella term describing the range of effects that can occur in an individual who was pre-natally exposed to alcohol. Alcohol-exposed pregnancies are the nation’s leading known preventable cause of mental retardation and birth defects, affecting an estimated one in one hundred live births or as many as 40,000 infants each year – a prevalence rate comparable to or higher than other developmental disabilities such as Down syndrome or Spina Bifida. The lifetime medical and social costs of each child with FAS are estimated to be as high as $2 million. Getting the word out is important, because birth defects associated with prenatal alcohol exposure can occur in the first three to eight weeks of pregnancy, before a woman may know that she is pregnant.

People with FASD are vulnerable to a range of serious difficulties, such as failure in school, substance abuse, mental illness, and involvement in the criminal justice system.

Youth with FASD are at high risk of getting into trouble with the law. They face many challenges that make them vulnerable to criminal activity, such as: being easily influenced by peer pressure; lacking impulse control; not understanding cause and effect; not learning from mistakes; making poor decisions; having memory problems; and, exhibiting difficulty understanding future consequences. Researchers estimate that 35 percent of individuals with an FASD have been in jail or prison at some point. They also estimate that more than half the people with FASD have been in trouble with the law.

Although the Centers for Disease Control and Prevention (CDC) report some progress in reducing the overall rate of any alcohol use among pregnant women since the mid-nineties, problems persist:
An estimated 130,000 pregnant women per year in the United States still consume alcohol at levels shown to increase the risk of having a baby with FAS or other prenatal alcohol-related condition;

One of every 30 women who knows that she is pregnant reports risk drinking;

One in eight women of childbearing age (18 to 44 years old) reported “risk drinking” (defined as seven or more drinks per week, or five or more drinks on any one occasion).

In February, 2005, the U.S. Surgeon General released an important updated advisory on the serious harms associated with alcohol use during pregnancy. The new warning significantly strengthens a 1981 Surgeon General’s Advisory on alcohol and pregnancy that suggested that pregnant women abstain from alcohol consumption. The new advisory urges women, if they are pregnant or may become pregnant, to avoid consuming alcohol.

Unfortunately, despite the public health significance of this advisory, little has been done to promote and disseminate it at the state and local level, and translate the advisory into effective FASD prevention campaigns. Moreover, warnings on risks of pre-natal drinking are overwhelmed by aggressive promotion of alcohol to women. Advertisements provide no information whatsoever about the potentially serious consequences of alcohol use. But we can take action to help balance the constant onslaught of appeals to drink with facts about alcohol-related health risks.

We are asking you to support a [bill/ordinance] requiring the posting of warning signs about the risks of drinking during pregnancy wherever alcoholic beverages are sold. That public health advice is important because more than a third of all pregnant women do not see a doctor during the first trimester of pregnancy. We need population-based ways to reach women with this critical information. Point-of-purchase warning signs are a simple, cost-effective means of reaching consumers with FASD prevention messages that can help shift public attitudes to reject alcohol use during pregnancy. Signs posted at point-of-purchase reach most consumers, including moderate, heavy, and potential drinkers, as well as those who purchase beverages for others.

Warning posters effectively echo and complement other ongoing prevention strategies and reinforce the federally required health notices on alcoholic-beverage containers. Those warnings, unfortunately, are often barely noticeable or difficult to read. Point-of-purchase signs will help amplify ongoing alcohol-education programs and can provide messages specially tailored to the needs of our community. Such warning signs are endorsed by many national organizations, including the American Medical Association, the National Organization on Fetal Alcohol Syndrome, the March of Dimes, the American Public Health Association, the National Association of State Alcohol and Drug Abuse Directors, the U.S. Department of Health and Human Services, the Arc, and the Center for Science in the Public Interest.

Twenty-three states and numerous localities now require point-of-sale warning signs, and several small studies indicate that the posters boost knowledge of alcohol risks. The signs provide an effective and low-cost means of educating the public. They cost very little – at most pennies per poster – and can play a contributing role in preventing
fetal alcohol syndrome, one of our most tragic, and fully preventable, developmental disabilities.

In our community, this legislation has the support of police officers, parents, teachers, and health professionals. Those groups recognize that warning posters can help educate consumers, young people, drinkers, and their friends and families at little expense. Although such signage is not, in itself, sufficient to prevent FASD, it is an important and common sense vehicle to boost public awareness and attitudes about the dangers of drinking during pregnancy. By requiring warning signs, this legislative body has the opportunity to save lives, save money, avert tragedy, and protect the health and well-being of our young people and other at-risk populations.

Thank you for the opportunity to testify today. I’d be happy to answer any questions that you may have.
Sample Opinion Article

Protecting Infant Health for Pennies

Preventing mental retardation in a newborn could be as simple and cheap as posting a five-cent warning sign wherever alcohol is sold and served. Twenty-three states and several localities have already taken that precaution and [Your state or locality] should do the same. Point-of-purchase warning signs provide communities an added tool to help prevent prenatal alcohol exposure, the nation’s leading preventable cause of birth defects.

“Fetal Alcohol Spectrum Disorders (FASD)” refers to the full range of prenatal alcohol damage varying from mild to severe and encompassing a broad array of physical defects and cognitive, behavioral, and emotional deficits. Full-blown Fetal Alcohol Syndrome (FAS) is one of the most serious consequences of heavy drinking during pregnancy, but the severity of physical and behavioral damage varies, depending on the extent of fetal alcohol exposure, among other factors. Those effects may include physical, mental, behavioral, and/or learning disabilities with lifelong implications. An estimated one in one thousand live births or as many as 40,000 infants are born with FAS or FASD each year – a prevalence rate comparable to or higher than other developmental disabilities, such as Down syndrome or Spina Bifida. The lifetime medical and social costs of each FAS child can be as high as $2 million.

Despite heightened awareness that abstaining from alcohol during pregnancy completely prevents FASD, data from the Centers for Disease Control (CDC) show alarming rates of binge and heavy drinking among both pregnant women and non-pregnant women of childbearing age. An estimated 130,000 pregnant women per year in the United States consume alcohol at levels shown to increase the risk of having a baby with FAS or other prenatal alcohol-related condition. Moreover, one in eight women of childbearing age (18 to 44 years of age) engages in “risk drinking,” exceeding the U.S. government’s recommended safe drinking levels for women of no more than one drink per day. That drinking is cause for concern, particularly because half of all births in the United States are unplanned, and fetal alcohol effects can occur in the early stages of gestation, before a woman even knows she is pregnant.

Clearly, more needs to be done to increase public awareness of alcohol-related risks for pregnant women and those who may become pregnant. Point-of-purchase warning signs are not a magic bullet, but they are a logical and inexpensive means of providing consumers with critical information when they need it – as they consider buying an alcoholic beverage. For this reason, alcohol warning signs have been endorsed by national organizations including the National Organization on Fetal Alcohol Syndrome, the March of Dimes, the American Medical Association, the American Public Health Association, the National Association of State Alcohol and Drug Abuse Directors, the U.S. Department of Health and Human Services, the Arc, and the Center for Science in the Public Interest.

Point-of-purchase warning messages can reach 95% of consumers with a timely reminder of the risks of drinking during pregnancy and complement other on-going educational and prevention efforts. In most states that require them, the warning signs cost mere pennies, yet can save millions in treatment and other costs. The signs
give consumers important health information they won’t get from some $2 billion per year worth of pro-drinking alcoholic-beverage advertising messages.

[Insert Your Coalition Name], a coalition of parents, health care professionals, teachers, and law enforcement officials, has launched a campaign for FASD prevention warning sign legislation in [name of state]. The sign would simply state, “WARNING: According to the Surgeon General, women should not drink alcoholic beverages during pregnancy because of the risk of birth defects.” If such signs help to prevent even a small fraction of the birth defects caused by alcohol use during pregnancy, the effort will have been wildly successful in preserving state funds. More significantly, that effort will have helped avoid devastating human tragedies and improve the health of our population.
Sample Newsletter Articles

Sample Article 1. Organizing Meeting for New Campaign to Prevent Alcohol-Exposed Pregnancies

[Insert Your Coalition Name] will host an organizing meeting for individuals interested in joining our campaign to expand public health messages about the risks of drinking during pregnancy. Despite heightened awareness of the dangers of alcohol use during pregnancy, women’s drinking at that time remains the nation’s leading known preventable cause of birth defects. National surveys provide cause for concern: as many as one in five women report alcohol use in the first trimester, 1 in 14 in the second trimester, and 1 in 20 in the third trimester. Rates of binge drinking among women of child-bearing age have increased slightly in recent years (from 12% in 2001 to 13% in 2003). That drinking should set off alarms as well, because half of all births in the United States are unplanned, and fetal alcohol effects can occur during early gestation before a woman even knows she is pregnant.

As of January 2008, twenty-three (23) states (including the District of Columbia) require warning signs or have programs that encourage voluntary posting of such signs. When posted conspicuously wherever alcohol is sold, those signs deliver critical health information at very little cost, effectively supplementing other ongoing prevention strategies and reinforcing the federally required health notices on alcoholic-beverage containers. We will work for legislation to join the growing number of states and localities that require such warning signs to be posted at establishments where alcohol is sold. To get involved, join us at our offices on [date and time]. Non-alcoholic refreshments will be served. For more information, call [contact name, e-mail, and phone number].

Sample Article 2. Campaign for Warning Signs to Prevent Alcohol Exposed Pregnancies

[Insert Your Coalition Name] has launched a campaign promoting state legislation to require the posting of warning signs about the risks of drinking during pregnancy at locations where alcohol is sold. Many states and localities now require such point-of-sale signs, and several small studies indicate that the posters boost knowledge of alcohol risks. The warning signs will help inform consumers about dangers associated with drinking during pregnancy.

Drinking during pregnancy is the leading known preventable cause of birth defects and can result in mental retardation. Because more than a third of all pregnant women do not see a doctor during the first trimester, we need another way to bring this critical information to their attention. Inexpensive posters can play a role in preventing Fetal Alcohol Spectrum Disorders (FASD), which can lead to lifetime treatment costs of up to $2 million per affected individual and untold human costs to affected individuals and families.

Point-of-purchase warning signs complement the modest federally required Surgeon General’s warnings on alcoholic-beverage containers. They amplify ongoing alcohol-education programs and can provide messages specially tailored to the needs of our community.

Over the next few months, we will be working with state and local lawmakers to build support for warning sign legislation. If you are interested in helping with this campaign, please contact [contact name, e-mail, and phone number].
Sample Article 3. Support Warning Sign Legislation

Alcohol-exposed pregnancies are the nation’s leading known preventable cause of mental retardation and birth defects, affecting an estimated one in one thousand live births, or as many as 40,000 infants each year – a prevalence rate comparable to or higher than other developmental disabilities, such as Down syndrome or Spina Bifida. Each year, an estimated 130,000 pregnant women in the United States consume alcohol at levels known to increase the risk of having a baby with FAS or other prenatal alcohol-related condition. Yet the messages women receive about the risks of alcohol consumption are far outweighed by pervasive – and persuasive – alcohol advertising that targets women with glamorous and appealing inducements to drink.

Because we need to get the word out about alcohol-related health and safety risks, we support legislation introduced by Senator (____) that will require alcohol warning posters in bars, liquor stores, restaurants, and other places where alcoholic beverages are sold. The posters will warn about alcohol-related birth defects and provide consumers with critical health information.

Many state and local governments already require point-of-sale warning signs to protect the health and safety of their citizens. The signs are endorsed by numerous national organizations, including the National Organization on Fetal Alcohol Syndrome, the March of Dimes, the American Medical Association, the American Public Health Association, the National Association of State Alcohol and Drug Abuse Directors, the U.S. Department of Health and Human Services, the Arc, and the Center for Science in the Public Interest.

This legislation needs your support. Call or write your state senator and ask him or her to support Senate Bill XXXX. Better yet, ask to testify in favor of the bill at the public hearing before the Committee on Health and Welfare, [address, date, time]. Register to testify by calling [phone number]. For more information, please call [contact person’s name and number].
Questions & Answers

Point-of-purchase warning signs on alcohol and pregnancy educate communities about critical health and safety risks associated with drinking. Signs posted wherever alcoholic beverages are sold potentially reach a vast majority of the consuming public. Those signs complement ongoing educational programs as well as echo the warning labels affixed to alcoholic-beverage containers.

Q: Why are warning signs needed?

A: Insufficient progress in reducing the prevalence of FASD and rising levels of alcohol consumption among women of child-bearing age call for more vigorous efforts to communicate the risks associated with drinking alcoholic beverages during pregnancy. Point-of-purchase warning signs are a relatively easy, low-cost way to get the message out, as part of multi-pronged efforts to heighten public awareness of the problem and balance pervasive pro-drinking advertising messages that ignore potential harms. Signs located at the point-of-purchase can reach people who might not otherwise be aware of those dangers or take them seriously. The average person must see or hear a message multiple times before the message makes a lasting impression. People will become more aware of the risks of Fetal Alcohol Spectrum Disorders (FASD) as they begin to see signs in stores, restaurants, and other places that sell alcoholic beverages.

Q: What message should go on the sign?

A: Although various wording may be used, the language should be clear and concise. Some examples from existing state laws are as follows:

KENTUCKY: “WARNING: Drinking alcoholic beverages prior to conception or during pregnancy can cause birth defects.”

DELAWARE: “WARNING: According to the Surgeon General, women should not drink alcoholic beverages during pregnancy because of the risk of birth defects.”

GEORGIA: “WARNING: Drinking alcoholic beverages during pregnancy can cause birth defects.”

Q: Do warning signs really work?

A: Warnings alert consumers to dangers associated with many products, including lawnmower blades, scalding hot coffee, over-the-counter drugs, and children’s toys. Studies show that clearly worded, visible warnings increase awareness of risks and lead some people to change behaviors.

There are few studies and little data available about the effect that alcohol warning signs have on drinking; however, several studies indicate that the signs provide valuable information. In New York City, 54% of persons interviewed before warning signs were required mentioned birth defects as a possible consequence of a pregnant woman's alcohol consumption. A year later, after the signs had appeared, 68% mentioned birth defects [Prugh, 1989]. A 1993 study evaluating Arizona's first year with warning signs found an immediate effect on college students' awareness of
the sign and their memory of the warning message, as well as some evidence that awareness of the warning sign led to more accurate beliefs about maternal alcohol consumption and birth defects [Fenaughty & MacKinnon, 1993].

**Q: Where will warning signs be placed?**

A: Warnings will be displayed wherever alcoholic beverages are sold. Businesses should be required to place the sign in a prominent spot to make it visible to the public. Vendors can choose to place signs in additional locations, such as in rest rooms or on restaurant tables.

**Q: Who pays for the signs?**

A: The government usually covers printing costs and distributes the signs to vendors. In some states (Delaware) licensees pay a modest fee for the signs and in others (Georgia) licensees simply download and print the signs from the internet at no cost to the state government.

**Q: How much will the signs cost taxpayers?**

A: The average black and white sign costs about ten cents, and a laminated version may cost a little more than $1. When displayed at the point of purchase, the signs deliver their message at a cost-per-thousand rate of less than a penny. Even enforcement is inexpensive. In most states, ABC inspectors monitor compliance with the signage requirement on their regular rounds, at no extra cost to taxpayers.

**Q: Will the signs hurt people who make a living selling alcohol?**

A: It may actually be in alcohol vendors’ best interests to post warning signs as protection against liability to consumers who suffer from alcohol-related consequences discussed on the signs. Some activists contend that restaurant, bar, and tavern owners may want to post the signs voluntarily as protection from liability to consumers whose drinks are served by the glass, without the government warning label that is affixed to alcoholic-beverage containers.

**Q: How many states require warning signs?**

A: As of January, 2008, at least 23 states (including the District of Columbia) and numerous localities required or officially supported some form of warning sign.

**Q: Won’t the warnings come too late to prevent damage to the fetus, since FAS occurs early in the first trimester, before a woman knows she is pregnant?**

A: The warnings may be too late for some women, but others who are considering pregnancy or who believe they may be pregnant will have time to change their behavior and avoid harm to the fetus. Researchers have not established any safe time to drink during pregnancy. One study shows that heavy drinkers who stopped drinking during the middle of the second trimester significantly improved their pregnancy outcomes.
Q: Won’t warnings frighten pregnant women who drink, resulting in hysteria or anxiety, possibly leading them to seek abortions?

A: This allegation presumes that ignorance is better than truth and is unsupported by anything more than anecdotal information. It is a favorite scare tactic of the alcoholic-beverage industry and its spokespersons. Critical medical information should not be withheld from women based on the paternalistic argument that they may find the truth upsetting.

Q: What national organizations support the warning signs? Who opposes them?

A: Organizations that favor point-of-sale health and safety signs include the National Organization on Fetal Alcohol Syndrome, the March of Dimes, the American Medical Association, the American Public Health Association, the National Association of State Alcohol and Drug Abuse Directors, the U.S. Department of Health and Human Services, the Arc, and the Center for Science in the Public Interest. The signs have been opposed by some groups associated with the alcoholic-beverage industry, fearing that the warnings will hurt sales. Isolated feminist organizations and the American Civil Liberties Union have protested that warnings regarding drinking during pregnancy discriminate against women by focusing on pregnancy and ignoring a broad range of other problems caused by alcohol. This charge can be answered by including warnings about other alcohol-related problems on the signs.
Additional Resources

Substance Abuse and Mental Health Service Administration (SAMHSA) FASD Center for Excellence:
http://fasdcenter.samhsa.gov/

FASD Legislation by State:

Centers for Disease Control and Prevention (CDC) Website - FASD Section:
http://www.cdc.gov/ncbddd/fas/default.htm

National Organization on Fetal Alcohol Syndrome: http://www.nofas.org/

March of Dimes: http://www.marchofdimes.com/

American Pregnancy Association: http://www.americanpregnancy.org/

The Arc of the United States: http://www.thearc.org

FASD Awareness day – September 9th: http://www.fasday.com/

National Healthy Mothers and Babies Coalition: http://www.hmhb.org/
State Action Guide: Mandatory Point-of-Purchase Messaging on Alcohol and Pregnancy

NOTES


6 As of February, 2008 legislation was pending in at least one state (Idaho, HB 466) to encourage and facilitate voluntary posting of warning signs on the risks of drinking during pregnancy.


10 Ibid.


14 Ibid.


Ibid.


Ibid.


Ibid.


