

## FOR DEBATE

## Alcohol Marketing and Youth Drinking: a Rejoinder to the Alcohol Industry

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As societal concern has increased in relation to alcohol consumption and alcohol-related harm (Rehm *et al.*, 2009; Nutt *et al.*, 2010), attention on factors potentially influencing drinking behaviours has grown. One such factor that has been identified is alcohol marketing (Babor *et al.*, 2010).

Numerous studies assessing the impact of alcohol marketing on youth drinking have been carried out over the past 25 years. Early econometric studies investigating the associations between total alcohol advertising spend and drinking behaviour did not find any effect (Hastings *et al.*, 2005). However, several recent sophisticated consumer studies, using a longitudinal cohort design, have found small but significant associations between exposure to, awareness of, and involvement with alcohol marketing, and youth drinking behaviours (Ellickson *et al.*, 2005; Collins *et al.*, 2007; McClure *et al.*, 2009). This is unsurprising given the potential exposure to alcohol marketing experienced by young people.

Although the majority of these studies have been conducted in the USA, a recent study from the UK published in *Alcohol and Alcoholism* also suggested that alcohol marketing influences youth drinking behaviour (Gordon *et al.*, 2010). A briefing note published by the Portman Group (an agency linked to the alcohol beverage industry) presented the argument that alcohol marketing merely encourages brand switching, rather than encouraging consumption (Portman Group, 2010). The note commented that Gordon *et al.* (2010) found no association between awareness of alcohol marketing and either initiation of drinking or volume of alcohol consumed.

This view was restated, and the topic debated, at the annual conference of Alcohol Concern in London, November 2010.

The briefing note is selective in its reporting of the study of Gordon *et al.* (2010). It is true that no association was found between awareness of, or involvement with alcohol marketing at baseline, and 'amount' of alcohol in units consumed at follow-up. However, the briefing note fails to state that associations were found between 'involvement' with alcohol marketing and both 'uptake' of drinking and increased 'frequency' of drinking. Furthermore, 'awareness' of alcohol marketing at baseline was also associated with increased 'frequency' of drinking at follow-up. These findings offer support to the research hypotheses that awareness of, and involvement with, alcohol marketing would be positively associated with uptake and frequency of drinking. When measuring a complicated and sophisticated behaviour such as drinking, it is natural to expect that significant associations will not be found across all measures examined. The sample size in this study was limited, particularly as the analyses focused on sub-groups within the study (such as

those who were drinkers at follow-up or those who were non-drinkers at baseline etc.) making it difficult to detect significant associations. Yet the fact that this study did find significant associations between alcohol marketing and youth drinking across several measures cannot be ignored. With reference to another point made in the briefing note, that confounders in associations found between marketing exposure and subsequent drinking were often not taken into account, our analysis showed associations that persisted after adjusting for a wide set of the likely social confounders.

As with any scientific research, there are methodological and design limitations with consumer studies in this area. There will always be discussions over exactly how exposure to alcohol marketing is measured. It can be difficult to generate large enough random samples of participants, and interpretations of the analysis and findings can differ. However, although the perfect study remains out of reach, much of the consumer research in this area is of high academic quality, using recognizable, and tried and tested methods. Another view taken by alcohol producers is that the effects found by such studies are insignificant, and that other covariates such as parental and peer influence play a greater role in driving behaviours. Such factors do undoubtedly influence behaviours (Bobo and Husten, 2000). Indeed, it is unsurprising that a complicated social phenomenon such as drinking behaviour is influenced by a range of factors. Nevertheless, the evidence base has highlighted small but statistically significant associations between alcohol marketing and youth drinking behaviour, even after controlling for parental and peer influences, and this cannot be simply ignored (Anderson *et al.*, 2009).

Indeed, three recent systematic reviews have all suggested that alcohol marketing does influence youth drinking behaviour (Anderson *et al.*, 2009; Smith and Foxcroft, 2009; Meier *et al.*, 2008). This evidence base continues to develop with an Australian cross-sectional study (Jones and Magee, 2011) that found an association between exposure to alcohol advertising and increased alcohol consumption.

The UK parliament and government policy seems to have responded, with the House of Commons Health Committee report identifying alcohol marketing as a matter for concern, and a policy response being considered in the coalition government's public health consultation (Department of Health, 2010; House of Commons Health Committee, 2010). The alcohol industry seems to be focused upon continuously debating the evidence base; 'a negative impact of alcohol marketing cannot be ruled out but it has not yet been proved by the research evidence' (Portman Group, 2010, p2). However, with numerous

individual consumer studies, and three systematic reviews finding an effect, it is now important to move the debate on from one of causality, to the consideration of effective policy responses. The response of the alcohol industry, and its hesitance to deal objectively with the evidence base, casts doubts on giving the industry a lead role in reducing harm from drinking, as is proposed in the Government's Public Health Responsibility Deal (Department of Health, 2011).

Suggestions for a policy response have included calls for a complete ban on some or all forms of alcohol marketing (Anderson, 2009; BMA Board of Science, 2009). Another proposition is that the existing co-regulatory rules and codes be extended to cover all marketing channels including sponsorship and new media, as well as action on price promotions. However, perhaps a workable starting point would be the introduction of a modified version of France's 'Loi Evin' legislation (Rigaud and Craplet, 2004; Hastings and Sheron, 2011).

Under such a statutory regulatory system, only certain forms of alcohol marketing would be permitted. All other forms would be banned. Specifically, any form of alcohol marketing would only be permitted to refer to the actual characteristics of alcohol products such as its brand name, ingredients and provenance, and how it should be prepared and served (Rigaud and Craplet, 2004). Marketing in new media channels would be forbidden and sponsorship would only be permitted in cases in which the audience or participants are 100% over the age of 18. TV alcohol advertising would operate using a 9 pm watershed, to limit exposure for children. In addition, limitations on the frequency of advertising across media channels would prevent overexposure to alcohol marketing. Billboards and posters would not be permitted within 200 m of schools. Finally, minimum pricing would be introduced, at a level of £0.50 per unit of alcohol, an intervention that has been projected to reduce consumption and harm (Meier *et al.*, 2010), yet was recently rejected by the Scottish Parliament despite being stridently advocated by the Scottish Government (Chick, 2010).

One of the main advantages of this proposed system is that it makes it clear what alcohol marketing is allowed. Everything else would be banned. This would avoid the current situation in which regulators and monitors of alcohol marketing struggle to keep up with ever-changing commercial marketing activities and new channels of communication that emerge.

Regulating alcohol marketing in such ways would not immediately result in a reduction of consumption and alcohol-related harm among young people. Rather, it would need to be one action as part of a multi-faceted alcohol intervention strategy designed to tackle the issue in society. However, regulating alcohol marketing is one of the cost-effective intervention approaches available (Babor *et al.*, 2010). Further research in the field, for example examining new media and sponsorship, and considering the impact of level of exposure to alcohol marketing, would certainly be welcomed. Yet a major focus of government, local authorities, regulators and public health organizations should be on revising the regulatory framework governing alcohol marketing in the UK.

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