

# The alcohol marketing policy environment and adolescent drinking in Sri Lanka: A qualitative exploration of stakeholder perspectives

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## Abstract

Adolescents continue to be exposed to alcohol marketing, despite the existence of alcohol control policies in Sri Lanka. National-level policies restrict all forms of alcohol advertising, promotions, and sponsorship and sale to minors. The act calls for the need to protect children and adolescents from exposure to the harm of alcohol. This article investigates stakeholders' perceptions of the alcohol marketing policy environment in Sri Lanka, with a specific focus on policies designed to prevent or curtail adolescent drinking. Between May and July 2019, in-depth interviews were conducted with policy stakeholders in Colombo, Sri Lanka. Thematic analysis was conducted on the audio-recorded interviews that were transcribed and translated and imported to NVivo12. Fifteen policy stakeholders from government and non-government organizations participated in this study. The overarching theme identified a lukewarm alcohol marketing policy environment. This situation was facilitated by the alcohol industry acting as the vector, an amber light approach towards public health programs, and other factors contributing to the perceived ineffectiveness of the alcohol marketing policy environment. A unified public health approach supported by policy and political commitment may pave the way for better alcohol control in Sri Lanka.

## KEYWORDS

adolescent, alcohol, policy environment, qualitative, Sri Lanka

## Key points

- The Sri Lankan alcohol policy environment appears weak due to both internal and external challenges.



- Industry influence, policy fragmentation, lack of clear focus and other contextual factors weaken the alcohol policy environment.
- A unified public health approach and policy and political commitment is important for better alcohol control in Sri Lanka.

## INTRODUCTION

Adolescents (10- to 19-year olds) in Sri Lanka account for approximately 16.2% of the population (Government of Sri Lanka, 2015). It is estimated that of all 15- to 19-year olds in Sri Lanka, 18% consumed alcohol (World Health Organization, 2018). Despite this prevalence being comparatively lower than in high-income countries, there is evidence to suggest that alcohol is marketed towards young people through legally banned advertising and promotions (Athauda et al., 2021).

Restrictive alcohol policies such as limitations in marketing or restricting purchase by age are key to reducing adolescent drinking (Bendtsen et al., 2014), particularly in Low and Middle-Income Countries (LMIC) (Moodie et al., 2013). Limiting alcohol availability, pricing, marketing, and promotions, as well as distribution, have been established as policies that are effective in alcohol control (Babor et al., 2010; Noel, 2019). Widespread alcohol marketing has been observed to target adolescents and young people on a global scale (Scott et al., 2017). This early influence is associated with the initiation and maintenance of drinking across the lifespan resulting in social, economic, health and justice issues at the national and global level (Esser & Jernigan, 2018).

Regulating the marketing of alcohol requires the policy environment to negotiate the relationship between policy actors (people in government who make or shape policy), institutions (the government, commercial industries, lobby groups) ideas, and contexts (Cairney, 2016). In short, the policy environment needs to focus on all these components to effectively control and regulate alcohol. A weak policy environment can result in a poorly regulated alcohol industry. Alcohol, as a risk factor for preventable disease and as an addictive substance, poses considerable public health concern when marketed to adolescents (Clark et al., 2020). Indeed, recent studies affirm the need for greater restriction of alcohol marketing strategies to protect adolescents (Jernigan et al., 2017; Noel et al., 2017).

Public health programs designed to reduce risk factors for non-communicable diseases (NCD) need to prioritize public health over commercial interests (Swinburn et al., 2019). In the case of alcohol, this poses a considerable challenge as the industry is highly adept at influencing policy (McCambridge et al., 2018).

An assessment of support for various alcohol policies among consumers aged 16–65 years (Casswell, 2012a, 2012b) found that the highest support came from consumers in LMICs such as Peru and Mongolia, whereas support was lowest in high-income countries such as New Zealand (Parry et al., 2018). The Alcohol Environment Protocol that assessed policy implementation on aspects such as availability and marketing established that in LMICs (e.g., Thailand), alcohol policies were less effective due to lack of implementation and enforcement compared to higher-income countries (e.g., UK, New Zealand) (Casswell, 2018). Cultural and contextual determinants shape alcohol policies. Hence the value of generating an understanding of local systems is key to developing and implementing effective alcohol policies (Babor & Winstanley, 2008).

Evaluation of local alcohol interventions and policies in Scandinavia, North America, and Australasia found community-based outcomes which require more effort to implement and sustain result in better policy outcomes such as pricing control, restricting underage

drinking, and prevention of alcohol-related harm (Giesbrecht et al., 2014). Although it is important to have contextually appropriate policies, they need to be configured to achieve clearly identified goals that appear to be lacking in LMICs (Babor & Winstanley, 2008).

Sri Lankan alcohol policies aim to protect youth recognizing them as the future of the country (Ministry of Youth Affairs and Skills Development, 2014). The National Authority on Tobacco and Alcohol Act No. 27 of 2006 (NATA Act) and the National Alcohol policy of 2016 were both developed in part to protect young people from the harms of alcohol. The NATA Act sets out a complete ban on advertising, sponsorships, and promotions of alcohol on all forms of traditional media and the Internet, not specifying social media platforms (Government of Sri Lanka, 2006). It also stipulates the minimum purchase age as 21 years and bans the sale of merchandise and any in-store promotions related to alcohol. Other excise acts impose regulations on the availability of on-premise and off-premise outlets by declaring a minimum distance from schools or religious institutions. In addition, the excise acts regulate production, distribution, and imposes goods and services tax (GST), value added tax (VAT), and excise tax on alcohol. There is however no minimum pricing standard as regular amendments to tax regulations result in fluctuating alcohol prices in the market. There is limited scientific evidence that evaluates or critiques alcohol marketing policy in Sri Lanka (Athauda et al., 2021).

Strong demand drivers such as low pricing, easy availability, and accessibility facilitate drinking environments for adolescents (Bendtsen et al., 2014; Patton et al., 2016). Similar to tax on tobacco and sugar-sweetened beverages, alcohol tax applied to the amount of alcohol per drink has facilitated a reduction in total alcohol consumption levels in South Africa (Blecher, 2015).

Babor (2010) states that alcohol marketing occurs, through the traditional media outlets (television, radio, print media) and that it exploits the possibilities of product design, point of sale, promotions, sponsorships, and new electronic media channels in reaching the customer. Hence, the alcohol marketing policy environment referred to in this paper considers all aspects of marketing including not only advertising, promotions, and sponsorships but also sales, pricing. This focus is consistent with the 7Ps principles of marketing (product, price, place, promotion, people, process, and physical evidence) (Kotler & Andreasen, 2003).

This paper describes policy stakeholders' perspectives of the alcohol marketing policy environment in Sri Lanka, with a specific focus on policies designed to prevent or curtail adolescent drinking. The policy context and power dynamics were examined to identify gaps in the current policy environment.

## METHODS

The first author conducted a series of in-depth interviews with purposively selected key policy stakeholders involved in alcohol policy in Colombo, Sri Lanka between May and July 2019.

### Participants and data collection procedure

Policy stakeholders known to have expertise and experience relevant to the study aims (e.g., public health, alcohol-based research, policy development, enforcement, and implementation) were purposively selected through social and professional networks and via snowball sampling. Each participant was sent an invitation via email or post. One stakeholder declined participation due to their retirement from work.

**TABLE 1** Example of question prompts used for in-depth interviews with policy stakeholders

Topic	Question prompts
Knowledge of alcohol marketing policy environment	<p>Can you describe the context in which the alcohol marketing policies are set in Sri Lanka?</p> <p>Can you describe the policy processes which influenced the existing alcohol marketing policy in Sri Lanka?</p> <p>Can you recall the historical processes or events related to policy that evolved into the current policy?</p> <p>Who are the key gate keepers in implementing the alcohol marketing policies in Sri Lanka?</p> <p>In your opinion, what is their influence on the implementation of alcohol marketing policies?</p>
Interpretation of issues related to alcohol marketing	In your opinion, what are the gaps in the alcohol marketing policy in Sri Lanka?
Likely issues related to adolescent drinking	What are the likely issues that are related to adolescent drinking and alcohol marketing in Sri Lanka?
Way forward	In your opinion, what is the way forward in addressing these gaps in alcohol marketing policy?

Semi-structured interviews (Table 1) were conducted in a private and convenient location within the participant's workplace, each lasting 30–90 min. The interviews were conducted in English or Sinhala depending on the participant's preference. Interviews were audio-recorded, transcribed verbatim, and translated into English (when necessary). The transcripts were cross-checked against the audio recording for accuracy. Three complete interviews and small components of some interviews were conducted in Sinhala. Interviews were conducted until data saturation, or in other words, interviews ceased to uncover new perspectives on the topics covered.

## Data analysis

Data were imported and coded using NVivo Version 12 software. A thematic analysis (Braun & Clarke, 2006) was conducted to identify current (dominant) and idiosyncratic perspectives related to the alcohol marketing policy environment. The data analysis sought connections between different themes to better understand underlying concepts. These included possible links between political processes and industry and barriers to the effective implementation of public health programs. Initial codes were condensed or extrapolated into relevant themes. The semi-final theme list was discussed within the team and re-allocated to reflect the themes embedded in the data. All authors reviewed and approved the final theme list.

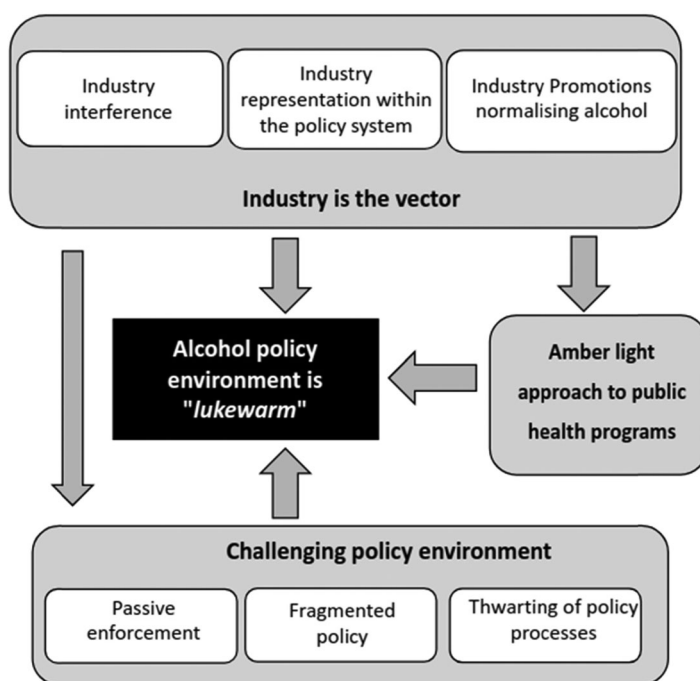
## RESULTS

The 15 participants included executives involved in the development of National Policy, a school principal with experience in dealing with adolescents involved in substance use, academics and stakeholders from the Ministry of Health and Indigenous Medicine, the Department of Excise, the regulatory body for tobacco alcohol and other drugs, civil society groups and Nongovernmental Organizations (NGOs) (Table 2).

Results from the thematic analysis are summarized in Figure 1 and described below.

**TABLE 2** Profile of participants

Serial number	Position	Experience	Institution type
Participant_01	Executive Officer	Alcohol policy/field level alcohol control	NGO
Participant_02	Executive Officer	Alcohol policy	Government institution
Participant_03	Senior Officer	Adolescent Health	Government institution
Participant_04	Executive Officer	Adolescent Health	Government institution
Participant_05	Researcher	Alcohol policy	Independent
Participant_06	Executive Officer	Alcohol policy/regulation	Government institution
Participant_07	Senior Officer	Alcohol policy advocacy	NGO
Participant_08	Executive officer	Alcohol policy	NGO/Retired from Government service
Participant_09	Executive officer	Field level alcohol control/legal issues	NGO
Participant_10	Executive officer	Community/clinical level alcohol-related issues	NGO
Participant_11	Academic	Alcohol policy/substance use	University
Participant_12	Academic	Substance use/alcohol policy/regulation	University/Government institution
Participant_13	Deputy Principal	Adolescent health	Government school
Participant_14	Executive Officer	Excise	Government institution
Participant_15	Executive officer	Field level alcohol control	Government Institution

**FIGURE 1** Thematic map elaborating themes and subthemes



## Overarching theme: Sri Lankan alcohol marketing policy environment is “lukewarm”

Collectively, the results of the inductive thematic analysis identified a dominant overarching theme that describes the alcohol marketing policy environment as “lukewarm”—a term expressively used by one alcohol policy regulator. Three main themes and a few subthemes contributed to the overarching theme.

The lukewarm nature of the policy environment is derived from the ambivalent foundation on which the marketing policy environment is built. The lack of definitive position or aim as well as the noncommitting nature of policy enforcement has also contributed towards this lukewarm nature.

### Challenging policy environment

The following subthemes were identified and reflected the stakeholders' collective perspectives on the challenges they experienced within the alcohol marketing policy environment.

Explicit policy challenges noted by participants refer to challenges that were identified by participants during their conversations. Some policy challenges were not explicitly mentioned but were interpreted during analysis as those likely to influence policy.

#### *Passive enforcement of policy*

Some participants expressed frustration with passive alcohol policy enforcement, citing examples where there was clear evidence of people flouting the law:

*See, I got an email recently, some gala or something. I got a picture [evidence of policy violation]. I immediately copied it, and sent to the people who can do something. You know, all the authorities. By the time it goes through their processes and some action is decided, the gala is over. (Participant: 06)*

Although the proactive measures undertaken by this participant may have ensured complaints reached legislative procedures for action, effective policy enforcement was undermined by a lack of coordinated effort from different sectors. Many interviewees highlighted how policy roadblocks in the form of people and processes resulted in overall policy inertia.

Over a decade after the enforcement of the NATA Act, product placement or *subtle* advertising and promotions on mass media, commonly used in Sri Lanka, were not monitored despite being declared as punishable offenses. Advertising bans have been passively executed despite documented regulations. Some promotions directly violated current law continuing to create a value towards alcohol in society:

*For example, we are all aware that direct advertising [of alcohol] is prohibited in this country. But they create certain ideas in society about alcohol and indirectly advertise and promote alcohol through teledramas, movies, children's cartoons. And they create certain things that have an affinity to alcohol. (Participant: 15)*

Although the NATA Act dictates regulations on product placement in mass media, movies, teledrama, and theatre, product placements were used liberally as tools to reach young and old alike.

Competing interests among policy actors and institutions were noted by several participants, particularly with respect to the potential for excise tax gains. The Ministry of Health focuses on policy for alcohol control while the Ministry of Finance primarily considers tax revenue. These discrepant objectives created friction among key networking institutions:

*With regards to pricing, the opinion of the Ministry of Health is different to that of the Finance Ministry. The Finance Ministry sees tobacco and alcohol as things that bring in money. That is their interest, but it should not be so. (Participant: 09)*

In 2017, a previously enacted regulation banning women from purchasing alcohol that was dormant re-surfaced creating an uproar within the media and feminist groups. Some participants mentioned that before this incident they were unaware of the legal restriction for women to purchase alcohol. Stakeholders were unaware of such policies as they were often not effectively enforced and lapsed over time without official recourse:

*Apparently, there was some unwritten law that women couldn't work in alcohol outlets. We didn't know there was a law like that (Participant: 10)*

Alcohol pricing, availability, and supply drive demand for alcohol. The recent reduction in the price of beer made it cheaper than some nonalcoholic beverages, thus serving as a promotional tool among adolescents whose purchasing power is low:

*But the recent reduction in the beer tax and the prices, is appalling. If you go to a supermarket now, and go and check the canned drinks, like Redbull, cost about 400.... Or 300 rupees sometimes.... The cheapest one was, as I remember, was Ginger Beer [non-alcoholic beverage] or something, it was around Rs. 120. ... none of the canned tins were available at the price of 100 rupees except Lion Beer. Cooled Lion Beer. (Participant: 12)*

Increasing affordability, as well as accessibility through sales in supermarkets, were noted as determinants influencing adolescent drinking. Liberal availability of alcohol disregarding policy regulations was evidence of poor policy enforcement.

Despite their potentially influential positions, some stakeholders dissociated themselves from issues related to demand drivers such as pricing and distribution. This dissociation is linked to policy fragmentation, where key demand drivers are governed by the Ministry of Finance, even though alcohol marketing policy is linked to the Ministry of Health.

### *Fragmented policy*

One stakeholder, from the Department of Excise, highlighted that policy fragmentation between ministries hindered the success of the Sri Lankan alcohol policy:

*See now there is a document called the alcohol policy. ... Then we have something called the law... that is also our alcohol policy. So then, should both not be the same, at least one should reflect the other right?... And what about regulations... regulations for the industry that produces these things... should that not be a part of it as well. These three are there but held differently. They are acting like they are independent...One does not talk about the other. (Participant: 14)*





The majority of the participants affiliated with the Ministry of Health discussed issues related to taxation, pricing, and availability of alcohol, which are policies regulated by the Ministry of Finance and the Department of Excise. They were particularly critical of the disconnections in the alcohol marketing policy environment where domains of relevance are managed by different ministries. Issues related to fragmentation of the marketing policy environment surfaced in different interviews which pointed out the difference in objectives of the Ministry of Finance which manages supply and sales, and the Ministry of Health which manages other marketing aspects such as advertising, promotions, sponsorships, and sale to minors.

### *Thwarting of policy processes*

The interviews identified deliberate thwarting of alcohol policy processes through budget cuts and stalling of legal processes. One participant commented on the lack of a designated full-time, experienced legal officer, nor funds to pay for one, despite being responsible for taking legal action against those violating advertising, sales, and promotion regulations. In contrast, it was noted that the alcohol industry hires leading defense lawyers for lawsuits initiated by NATA. Stakeholders that formulated NATA, which is the national alcohol regulatory body, expected the institution to be established directly under the Executive President to minimize industry interference but was left under the Ministry of Health, leaving more room for interference.

Deliberate errors made during legal arguments for example, by authorized officers changing their statements in court due to interference from the industry and planned stalling of cabinet and parliamentary procedures were highlighted as some key issues. Historical references were made to when the NATA Act was being developed; an alcoholic drink was defined as a drink containing 2% or more alcohol. However, once the document reached the Supreme Court for assessment of legality, this definition had changed to 8%. It was picked up by the judge who later defined alcohol as a drink that contains 1% or more alcohol for the purpose of the NATA Act.

According to the participants, the alcohol marketing policy environment is watered down by industry acting as the vector and an amber light approach to public health programs as presented below.

## Industry is the vector

Participants identified the alcohol industry as the *vector* or *enemy* that actively propagates the attractiveness of alcohol:

*But what actually happens is there is a vector or a set of vectors who will maintain this environment of a drinking culture, which is promoted as attractive—as very-very pleasant.* (Participant: 12)

Industry was perceived, by stakeholders, as more powerful than public health institutions in successfully creating drinking trends in society and preventing policy development and its implementation. Stakeholders were of the opinion that politicians were part of the “industry vector” portraying the idea—“them vs us” during policy negotiations.

### *Industry interference*

Industry was perceived to interfere with policy processes through lobbying and having front groups. Participants noted bribing of policy actors as a particular issue, with one stakeholder stating that “everybody has a price” (Participant: 15). Participants also linked the “disastrous” consequences of lowering beer prices in Sri Lanka in 2017, reflecting the vested interest of the industry. Interviews highlighted evidence of both lobbying, and powerful



ministries' and politicians' links with the industry. *"The biggest sort of impact was when beer prices were halved. The sales of beer went through the roof. The finance ministry has sold us down the river, to the beer companies."* (Participant: 06)

The alcohol industry identifies vulnerable and corrupt actors within the policy environment to negotiate the execution of their own agenda. *"They [Ministry of Finance] must be taking bribes and other financial incentives. So very difficult in a corrupt country... a pathologically corrupt country, to do something right"* (Participant: 06).

Stakeholders appeared frustrated with the political support given to reduce beer prices as mentioned repeatedly. The industry manipulates the policy system to its advantage by having front groups in prominent positions in important ministries and departments. *"And, the beer industry... they got into the Prime Minister's office...probably as economic advisors or something... and they started developing an alcohol policy"* (Participant: 05).

Although the above-drafted policy did not progress far, due to push-back from policy stakeholders, such front groups illustrate the strength and grit of the industry in the Sri Lankan alcohol marketing policy environment.

### *Industry representation within the policy system*

Some powerful actors within the policy system unofficially represent the alcohol industry although they are expected to serve the interests of the public. Many noted the support given by a powerful cabinet minister to the alcohol industry during policy decision-making. The ambiguity of the role of the industry in the policy process was evident. One alcohol policy enforcement officer commented that the law enforcement body should also represent the business interests of the industry. The interests of the industry were considered important to ensuring equity of access to alcohol. *"But who represents the industry? We are the regulators of the industry. We have a right and responsibility to represent the industry"* (Participant: 14).

For others, the obvious "co-dependent" relationship between MPs (Members of Parliament) and the alcohol industry sparked frustration. *"Now with every MP, they are given a liquor license. So, once every MP comes into power, they can open up liquor outlets and they and their henchmen can make money"* (Participant: 10).

Politicians' and law enforcement institutions' support for industry activities violated the mandate of policy institutions, thus creating a weak policy environment.

### *Industry promotions normalizing alcohol*

The industry uses a range of platforms to normalize alcohol among various groups. One NGO executive working closely with young people noted how the industry exploited social media for promotions:

*You know the social media stuff works really well with adolescents and gets to them really quickly. Because there are no restrictions for those things. Even slang can be used to speak to the adolescents in their language. And that is exactly what the industry does... they have very strong promotions on social media* (Participant: 01)

Participants highlighted how industry makes alcohol attractive and public health programs seem *boring*. When public health programs lack focus and clarity towards alcohol control, adolescents find drinking more attractive than abstinence. Stakeholders identified the intricate use of social media for alcohol promotion as a problem. But public health policies are unprepared to address this leaving the industry to use it for maximum yield.

A few stakeholders pointed out that the industry uses the flourishing tourism industry in Sri Lanka as a scapegoat to promote alcohol. Some also elaborated the use of discourse



around masculinity to promote “hard liquor” and beer to men, and the use of empowerment and feminism to promote drinking among women.

Many participants credited the low overall drinking prevalence in Sri Lanka to the religious and cultural negativity towards drinking among women, as almost 50% of the industry's target population was already difficult to approach. Within the alcohol marketing policy environment, this negativity is an important one as it is developed around a legal context that restricts women from purchasing alcohol and a cultural/religious one that does not endorse female drinking. Participants were satisfied with the low drinking prevalence among women, as it suggested the failure of the alcohol industry to penetrate into the female market. Few stakeholders noted drinking among subgroups of women including higher socioeconomic groups and those involved in the alcohol cottage industry. They did not acknowledge the new trends or changes in women's drinking habits, nor did the industry attempt to promote women's drinking. Thus, they were unable to understand the potential change in women's drinking in modern Sri Lanka and future possibilities due to the normalization of alcohol use caused by social media.

### Taking an “amber light” approach to public health programs

The majority of the stakeholders had expertise in public health working at different public health institutions at varying levels. A major challenge in expediting effective alcohol control programs was the lack of a clear public health message. The weakening of civil society groups over time due to haphazard state-organized public health programs was another.

Participants compared messages used for tobacco and alcohol control and inferred that a lack of consensus on a clear, unambiguous message regarding alcohol is hindering the success of public health programs:

*We don't have a clear message for alcohol yet. That's the biggest problem. Tobacco, had a very clear red light. Top to bottom, beginning to end it's a red light. The country accepts that's our target. Alcohol, NO! if you ask 10 people, they will have ten opinions. ... they will say... one [dragging] small drink is good actually....even doctors say that. But they don't say that about tobacco... And most people still think you know... alcohol... it's a little bit of a... amber light. (Participant: 06)*

The amber light approach of alcohol control programs highlights the indecisive nature of the public health response to alcohol control in Sri Lanka. The relatively weak approach to alcohol control contrasts with the country's robust response to restricting the marketing and sale of cigarettes.

The above issue was attributed to conflicting interests among policymakers as well as their reliance on contradicting scientific literature on safe levels of drinking. Social drinking among participants resulted “soft pedalling” of alcohol policy; “*I don't know why they soft pedalled it [alcohol policy] a bit. The policy makers maybe... because those people are social drinkers*” (Participant: 08).

Interestingly, one stakeholder identified the Sinhala language as a barrier to developing a clear message. The Sinhala language (spoken by the majority) has slight variations between speech and text, lacking a clear colloquial term for alcohol, which has held back the development of a clear concise message for alcohol control. The generic, written term for alcohol does not resonate well among the general public, including adolescents. Therefore, public health campaigns usually use the terms either beer or arrack.

*People and the industry both categorize this [alcohol] as soft liquor and hard liquor.*

*.... we really can't use a generic term for alcohol [in Sinhala] we can't use the term madyasara [alcohol—written term] ... because then this target group won't understand it. Because there is no such thing in the market. What is in the market is... either beer, arrack, coconut arrack, whiskey, Brandy,... whatever, Vat 69... see we need names. (Participant: 01)*

The above participant also noted how current public health programs are unable to engage or attract adolescents, and the industry has used it to its advantage.

Participants presented a variety of interpretations on the effect of policy on contemporary local drinking culture and national consumption patterns. Those in policy-making roles believed that adolescent drinking was not a significant problem, due to the low drinking prevalence. *"These things are of course, urban phenomena... promotions and things I mean. Either in supermarkets or big hotels and pubs... is where these things happen"* (Participant: 06).

Many were largely unaware of the extent of social media marketing and its influence on adolescent drinking behavior. Several participants failed to accept changing trends of drinking behaviors and were dissociated from contemporary youth culture and alcohol marketing practices. This lack of understanding meant policy actors were not equipped to address new policy challenges.

Participants elaborated how the current glamor of social drinking stirred the need to "deglamorize" alcohol by dissociating it from being a social lubricant that provided fun and merriment. One participant however pointed out that stakeholders were compelled to accept social norms around drinking. *..."Very small amounts of alcohol are perhaps less harmful than very small amounts of tobacco.... But what really matters is the perception. So, people believe in this.... So we have to accept that"* (Participant: 11).

Completely denouncing all types of drinking was considered an unpopular strategy that some stakeholders were not prepared to support. Despite scientific evidence on the harms of alcohol they discussed how such attempts would not be accepted by the public, *"we can't turn this [the country] into a convent"* (Participant: 06).

Although participants who were experienced with adolescent health linked policy implications on young people, others considered policy issues in the general context. But lack of contextual understanding and dissociation from contemporary alcohol marketing strategies as well as adolescent drinking behavior was evident during interviews.

## DISCUSSION

The overarching theme identified in this study was that the Sri Lankan alcohol marketing policy environment is "lukewarm." This was shaped by the inherently "challenging policy environment" and externally influenced by the powerful "industry vector" and an "amber light" approach to public health programs. Policy inertia was associated with contextual issues such as passive policy enforcement, fragmentation, and deliberate thwarting of processes.

The main strength of this study was the representation of stakeholders with expertise in policy development, implementation, enforcement, regulation, and adolescent health from different institutions at regional and national levels. It is possible that the interviews that were translated may have lost the richness of comments made in Sinhala including contextual phrases used to expand on ideas. Despite being focused on rigorous qualitative analysis,



data analysis and interpretation cannot be completely independent of preconceived notions and ideas of the researchers (Caelli et al., 2003).

This study was influenced by various theories but did not employ any single framework during data analysis to preserve the richness of the data in the Sri Lankan context. Our inductive themes, though facilitated by the policy environment conceptualized by Cairney (2016), elaborate on the unique features of the alcohol marketing policy environment in Sri Lanka. Interesting connections could be made with the Advocacy Coalition Framework where policy ideas of different actors at multiple levels of government direct policy outcomes through goal conflicts (Sabatier, 1988). This study also links diverse policy ideas among actors and the lack of community cohesion on policy goals and issues (Shiffman & Smith, 2007).

Overall, policy inertia contributed to the overarching theme “lukewarm policy environment.” Local researchers have called for better multi-sectoral collaboration and strict implementation of laws as well as firm political will for alcohol control (Abeyasinghe, 2011). The social context of drinking in Sri Lanka is quite unique, and peoples' perceptions and behavior around drinking has been changing over the years, especially on female drinking (Hettige & Paranagama, 2005). This evolving culture elaborates the diverse perceptions of the drinking context among participants.

Weaknesses in the legal system and policy loopholes are evident in Sri Lanka (Navaratna-Bandara, 2017). The Sri Lankan Roman-Dutch legislative system, set in a UK-based administrative system and governed by an American-French hybrid Executive Presidency, provides many loopholes within the legislation (Keethaponcalan, 2014). These loopholes and ambiguity in policy discourse combined with the passive approach to enforcement lead to a weak policy environment. Diluted policy ideas emanating from policy actors who consider social drinking as a norm were not as evident among smoking tobacco policy actors.

The Ministry of Finance is more powerful than the Ministry of Health actor in both the cabinet (Government of Sri Lanka, 2020) and the alcohol marketing policy environment. Ministry of Finance manages supply and demand aspects of alcohol and makes an impact on national-level decisions, while the Ministry of Health is perceived to work on social aspects of alcohol such as marketing. This fractured system was thought to be counter-productive to effective policy development or enforcement.

The National Alcohol policy of 2016 was drafted to be an exemplar alcohol policy under the patronage of WHO whose main objective was to “reduce the harmful use of alcohol” (United Nations, 2012). A push-back from local policymakers ensured the objective was changed to “reduce harm from alcohol” to suit the local drinking culture and context, as the majority were abstainers (Ministry of Health and Indigenous Medicine Sri Lanka, 2016).

The effect of policy-level interventions on harmful commodities has been reiterated at a global level (Swinburn et al., 2019). Although policy expects to protect adolescents in Sri Lanka, this study reveals how pricing and access policies have disregarded evidence on their public health implications.

Globally, industry interference in alcohol policy occurs through misinterpreting evidence and misinforming policy (Jernigan, 2012); this study shows that Sri Lanka is no different. The industry's efforts on unethical partnering in policy formulation and implementation have been described in low income (Bakke & Endal, 2010) and in high-income countries (McCambridge et al., 2013). The call for governments and international agencies for evidence-based regulation, pricing, and legislation on alcohol and other harmful commodities has been made at a global level (Moodie et al., 2013; Swinburn et al., 2019). But global policy inertia is evident concerning the commercial governance of harmful commodities including alcohol (Clark et al., 2020).

Strong restrictive policies such as punitive laws are likely to create restrictive cultural and societal norms regarding alcohol use. Compared to other middle-income countries studied, Sornpaisarn et al. (2020) found that the increment in alcohol per capita consumption in Sri Lanka was much lower than expected in relation to its trend in economic growth. They alluded to this

phenomenon to the existing strict policies (especially marketing restrictions) despite loopholes in their enforcement and the religious and cultural taboos towards alcohol. Alcohol policy enforcement in Sri Lanka however has been described as “weak” (Abeyasinghe, 2011) and ambiguous, enabling industry activities that inadvertently normalize drinking.

Tobacco policy advocates were able to maintain consensus on policy solutions at a global level, especially with industry interference, enabling success stories in LMICs. But alcohol policy advocacy is still struggling with problem definitions and solutions to alcohol-related harm (Gneiting & Schmitz, 2016). Interestingly, the declining trend in smoking was achieved in the absence of a national tobacco policy in Sri Lanka. Even in the presence of a national alcohol policy, drinking in Sri Lanka is yet to witness such a significant decline.

Application of public health concepts refers to alcohol as the agent, drinker as the host, and alcohol industry and its associates as the vector (Jahiel & Babor, 2007). The industry vector captures adolescents through marketing despite the existence of control policies. Globally, evidence suggests that current alcohol marketing regulatory systems on social media are inadequate to protect vulnerable adolescents (Noel et al., 2017) and calls for an urgent policy response, engaging all stakeholders (Casswell, 2012a, 2012b); Sri Lanka is yet to recognize alcohol marketing on social media as an emerging issue.

Strong policies are essential especially to protect vulnerable groups such as young people from the harms of alcohol due to their high susceptibility to marketing (Babor et al., 2017; Paschall et al., 2009). Although alcohol policies in Sri Lanka appear comprehensive on paper, poor enforcement was evident. In LMICs in Latin America and the Caribbean, despite the availability of alcohol marketing policies, their poor enforcement and regulation resulted in high alcohol marketing exposure among young people through both local and international marketing campaigns (Noel, 2020; Robaina et al., 2020). Evidence from Europe and America has highlighted how limitations in restrictive alcohol policies have caused a high level of drinking among adolescents (Bendtsen et al., 2014).

The contentious relationship between social determinants (i.e. policy stakeholders, media, researchers, and public) and cultural determinants such as drinking culture, converged with policy support among drinkers in United Kingdom and Scotland (Li et al., 2017). Such evidence is lacking in Sri Lanka where alcohol policies have not been critically evaluated. In addition to a critical policy evaluation, future research needs to focus on commercial determinants of health operating in the alcohol marketing policy environment in Sri Lanka. This domain is difficult to study but important, especially due to the ambivalent nature of the alcohol marketing policy environment.

This study highlights evidence of political links with industry and that alcohol control, or adolescent drinking is not currently a priority in the Sri Lankan policy agenda. In addition, existing legal regulations on availability, access, and promotions of alcoholic products appear to be poorly enforced, although they have been set out to protect adolescents and children. In the policy arena, economic benefits appear to have been prioritized over the public health need to control alcohol. Political commitment was not apparent, and gaps were found in the public health response to control adolescent drinking. The study also emphasizes the importance of understanding policy challenges and weaknesses to move alcohol control forward. Policy inertia results in liberal alcohol marketing through social media and other innovative channels that directly target children and adolescents. Furthermore, civil society participation in alcohol control has been declining over time. Policymakers need to be made aware that the success of the tobacco control program, which they repeatedly allude to, lay in the action taken to change perception at a national level brought about by greater political will and policy support both nationally and globally facilitated by civil society.





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## CONFLICT OF INTERESTS

The authors declare that there are no conflicts of interest. This research was not supported by any grounds or outside sources. No patient data or personally identifiable information were used in this study.

## ETHICS STATEMENT

This study was approved by the Ethics Review Committee, Faculty of Medicine, University of Kelaniya (reference number: P135/07/2018), and University of Auckland Human Participants Ethics Committee (reference number: 021935).

## REFERENCES

- Abeyasinghe, R. (2011). Towards an evidence based alcohol policy. *Sri Lanka Journal of Psychiatry*, 2(1), 1.
- Athauda, L., Perera, M. N., Chandrasekara, B., & Jayawardhane, R. (2021). *A scientific investigation of tobacco and alcohol portrayal in Sri Lankan media and its public health implications*. Colombo, Sri Lanka. Retrieved from <https://cct.lk/?p=2201>
- Babor, T. F. (2010). Public health science and the global strategy on alcohol. *Bulletin of the World Health Organization*, 88(9), 643.
- Babor, T. F., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., Grube, J. W., Hill, L., Holder, H., Homel, R., Livingston, M., Österberg, E., Rehm, J., Room, R., & Rossow, I. (2010). *Alcohol: No ordinary commodity research and public policy* (2nd ed.). Oxford University Press.
- Babor, T. F., Robaina, K., Noel, J. K., & Ritson, E. B. (2017). Vulnerability to alcohol-related problems: A policy brief with implications for the regulation of alcohol marketing. *Addiction*, 112, 94–101.
- Babor, T. F., & Winstanley, E. L. (2008). The world of drinking: National alcohol control experiences in 18 countries. *Addiction*, 103(5), 721–725.
- Bakke, O., & Endal, D. (2010). Vested Interests in addiction research and policy alcohol policies out of context: Drinks industry supplanting government role in alcohol policies in Sub-Saharan Africa. *Addiction*, 105(1), 22–28. <https://doi.org/10.1111/j.1360-0443.2009.02695.x>
- Bendtsen, P., Damsgaard, M. T., Huckle, T., Casswell, S., Kuntsche, E., Arnold, P., de Looze, M. E., Hofmann, F., Hublet, A., Simons-Morton, B., ter Bogt, T., & Holstein, B. E. (2014). Adolescent alcohol use: A reflection of national drinking patterns and policy? *Addiction*, 109(11), 1857–1868.
- Blecher, E. (2015). Taxes on tobacco, alcohol and sugar sweetened beverages: Linkages and lessons learned. *Social Science and Medicine*, 136–137, 175–179. <https://doi.org/10.1016/j.socscimed.2015.05.022>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Caelli, K., Ray, L., & Mill, J. (2003). 'Clear as Mud': Toward greater clarity in generic qualitative research. *International Journal of Qualitative Methods*, 2(2), 1–13. <https://doi.org/10.1177/160940690300200201>
- Cairney, P. (2016). *The politics of evidence-based policy making*. Macmillan Publishers Ltd. <https://doi.org/10.1057/978-1-137-51781-4>
- Casswell, S. (2012a). Current status of alcohol marketing policy—An urgent challenge for global governance. *Addiction*, 107(3), 478–485. <https://doi.org/10.1111/j.1360-0443.2011.03701.x>
- Casswell, S. (2012b). The International Alcohol Control (IAC) study—Evaluating the impact of alcohol policies. *Alcoholism: Clinical and Experimental Research*, 36(8), 1462–1467.
- Casswell, S. (2018). The alcohol environment protocol: A new tool for alcohol policy. *Drug and Alcohol Review*, 37, S18–S26.
- Clark, H., Coll-Seck, A. M., Banerjee, A., Peterson, S., Dalglish, S. L., Ameratunga, S., Balabanova, D., Bhan, M. K., Bhutta, Z. A., Borrazzo, J., Claeson, M., Doherty, T., El-Jardali, F., George, A. S., Gichaga, A., Gram, L., Hipgrave, D. B., Kwamie, A., Meng, Q., ... Costello, A. (2020). A future for the world's children? A WHO–UNICEF–Lancet Commission. *The Lancet*, 395(10224), 605–658.
- Esser, M. B., & Jernigan, D. H. (2018). Policy approaches for regulating alcohol marketing in a global context: A public health perspective. *Annual Review of Public Health*, 39, 385–401. <https://doi.org/10.1146/annurev-publhealth-11-01-17-01-01-01>
- Giesbrecht, N., Bosma, L. M., Juras, J., & Quadri, M. (2014). Implementing and sustaining effective alcohol-related policies at the local level: Evidence, challenges, and next steps. *World Medical & Health Policy*, 6(3), 203–230. <https://doi.org/10.1002/wrmh3.98>



- Gneiting, U., & Schmitz, H. P. (2016). Comparing global alcohol and tobacco control efforts: Network formation and evolution in international health governance. *Health Policy and Planning*, 31(January), i98–i109.
- Government of Sri Lanka. (2006). *National authority on tobacco and alcohol act, No. 27 of 2006*. Parliament of the Democratic Socialist Republic of Sri Lanka.
- Government of Sri Lanka. (2015). *Census of Population and Housing 2012—Sri Lanka*. Colombo, Sri Lanka.
- Government of Sri Lanka. (2020). Office of the Cabinet of Ministers—Sri Lanka. Retrieved from [http://www.cabinetoffice.gov.lk/cab/index.php?option=com\\_content%26view=article%26id=22%26Itemid=40%26lang=en](http://www.cabinetoffice.gov.lk/cab/index.php?option=com_content%26view=article%26id=22%26Itemid=40%26lang=en)
- Hettige, S., & Paranagama, D. (2005). Gender and alcohol in Sri Lanka. In I. Obot, & R. Room (Eds.), *Alcohol, gender and drinking problems perspectives from low and middle income countries*. World Health Organization.
- Jahiel, R. I., & Babor, T. F. (2007). Industrial epidemics, public health advocacy and the alcohol industry: Lessons from other fields. *Addiction*, 102(9), 1335–1339.
- Jernigan, D., Noel, J., Landon, J., Thornton, N., & Lobstein, T. (2017). Alcohol marketing and youth alcohol consumption: A systematic review of longitudinal studies published since 2008. *Addiction*, 112, 7–20.
- Jernigan, D. H. (2012). Global alcohol producers, science, and policy: The case of the international center for alcohol policies. *American Journal of Public Health*, 102(1), 80–89. <https://doi.org/10.2105/AJPH.2011.300269>
- Keethaponcalan, S. (2014). A small power's struggle for independence in the independent era: The case of Sri Lanka. *African and Asian Studies*, 13(1), 167–186.
- Kotler, P., & Andreasen, A. R. (2003). *Strategic marketing for nonprofit organizations*. Prentice Hall.
- Li, J., Lovatt, M., Eadie, D., Dobbie, F., Meier, P., Holmes, J., Hastings, G., & MacKintosh, A. M. (2017). Public attitudes towards alcohol control policies in Scotland and England: Results from a mixed-methods study. *Social Science and Medicine*, 177, 177–189.
- McCambridge, J., Hawkins, B., & Holden, C. (2013). Industry use of evidence to influence alcohol policy: A case study of submissions to the 2008 Scottish Government Consultation. *PLoS Medicine*, 1(4), e1001431. <https://doi.org/10.1371/journal.pmed.1001431>
- McCambridge, J., Mialon, M., & Hawkins, B. (2018). Alcohol industry involvement in policymaking: A systematic review. *Addiction*, 113(9), 1571–1584.
- Ministry of Health and Indigenous Medicine Sri Lanka. (2016). *National policy on alcohol control*. Colombo, Sri Lanka. Retrieved from [http://mentalhealth.health.gov.lk/images/Resources/Publications/Policies/national\\_policy\\_on\\_alcohol\\_control\\_en.pdf](http://mentalhealth.health.gov.lk/images/Resources/Publications/Policies/national_policy_on_alcohol_control_en.pdf)
- Ministry of Youth Affairs and Skills Development. (2014). *National youth policy Sri Lanka*. Colombo, Sri Lanka.
- Moodie, R., Stuckler, D., Monteiro, C., Sheron, N., Neal, B., Thamarangsi, T., Lincoln, P., & Casswell, S., Lancet NCD Action Group. (2013). Profits and pandemics: Prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. *The Lancet*, 381(9867), 670–679. [https://doi.org/10.1016/S0140-6736\(12\)62089-3](https://doi.org/10.1016/S0140-6736(12)62089-3)
- Navaratna-Bandara, A. M. (2017). Decentralization and development of Sri Lanka within a Unitary State. In N. Cooray, & S. Abeyaratne (Eds.), *Local government system in Sri Lanka: A historical overview* (pp. 19–20). Springer.
- Noel, J. K. (2019). Associations between alcohol policies and adolescent alcohol use: A pooled analysis of GSHS and ESPAD Data. *Alcohol and Alcoholism*, 54(6), 639–646.
- Noel, J. K., Babor, T. F., & Robaina, K. (2017). Industry self-regulation of alcohol marketing: A systematic review of content and exposure research. *Addiction*, 112, 28–50.
- Parry, C., Londani, M., Enkhtuya, P., Huckle, T., Piazza, M., Gray-Phillip, G., Chaiyasong, S., Viet Cuong, P., & Casswell, S. (2018). Support for alcohol policies among drinkers in Mongolia, New Zealand, Peru, South Africa, St Kitts and Nevis, Thailand and Vietnam: Data from the International Alcohol Control Study. *Drug and Alcohol Review*, 37(2), S72–S85. [10625/57611/IDL-57611.pdf?sequence=2](https://doi.org/10.1002/dar.2018)
- Paschall, M. J., Grube, J. W., & Kypri, K. (2009). Alcohol control policies and alcohol consumption by youth: A multi-national study. *Addiction*, 104(11), 1849–1855.
- Patton, G. C., Sawyer, S. M., Santelli, J. S., Ross, D. A., Afifi, R., Allen, N. B., Arora, M., Azzopardi, P., Baldwin, W., Bonell, C., Kakuma, R., Kennedy, E., Mahon, J., McGovern, T., Mokdad, A. H., Patel, V., Petroni, S., Reavley, N., & Taiwo, K. (2016). Our future: A lancet commission on adolescent health and wellbeing. *Lancet*, 387(10036), 2423–2478.
- Sabatier, P. (1988). An advocacy coalition framework of policy change and the role of policy-oriented learning therein. *Policy Sciences*, 21, 129–168. <https://doi.org/10.1007/bf00136406#citeas>
- Scott, S., Muirhead, C., Shucksmith, J., Tyrrell, R., & Kaner, E. (2017). Does industry-driven alcohol marketing influence adolescent drinking behaviour? A systematic review. *Alcohol and Alcoholism*, 52(1), 84–94.
- Shiffman, J., & Smith, S. (2007). Generation of political priority for global health initiatives: A framework and case study of maternal mortality. *Lancet*, 370(9595), 1370–1379.

- Sornpaisarn, B., Shield, K., Manthey, J., Limmade, Y., Low, W. Y., Van Thang, V., & Rehm, J. (2020). Alcohol consumption and attributable harm in middle-income south-east Asian countries: Epidemiology and policy options. *International Journal of Drug Policy*, 83, 102856. [www.elsevier.com/locate/drugpo](http://www.elsevier.com/locate/drugpo)
- Swinburn, B. A., Kraak, V. I., Allender, S., Atkins, V. J., Baker, P. I., Bogard, J. R., Brinsden, H., Calvillo, A., De Schutter, O., Devarajan, R., Ezzati, M., Friel, S., Goenka, S., Hammond, R. A., Hastings, G., Hawkes, C., Herrero, M., Hovmand, P. S., Howden, M.... Dietz, W. H. (2019). The global syndemic of obesity, undernutrition, and climate change: The Lancet Commission Report. *The Lancet*, 393(10173), 791–846. [https://doi.org/10.1016/S0140-6736\(18\)32822-8](https://doi.org/10.1016/S0140-6736(18)32822-8)
- United Nations. (2012). *Political declaration of the high-level meeting of the general assembly on the prevention and control of non-communicable diseases*, A/RES/66/2. Geneva, Switzerland. Retrieved from [https://www.who.int/nmh/events/un\\_ncd\\_summit2011/political\\_declaration\\_en.pdf?ua=1](https://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1)
- World Health Organization. (2018). *Global status report on alcohol and health 2018*. Geneva, Switzerland.

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