



## Regulation of alcohol marketing is needed to meet health, wellbeing and equity goals

15 December 2020

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**The Advertising Standards Authority (ASA) has just released the report on its review of their Code for Advertising and Promotion of Alcohol. The ASA is an industry body which develops the voluntary codes that set the standard for advertising of alcohol, and also adjudicates on complaints made by the public when advertisers breach the code. The ASA exemplifies both an ineffective approach to protection of the population from harm, and an explicit commercial**

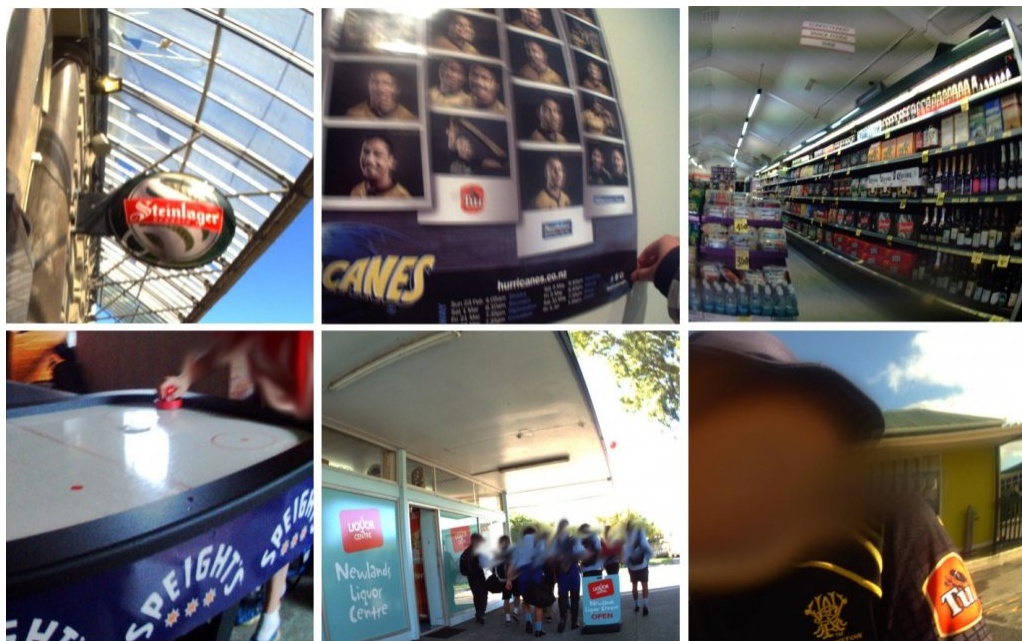
**conflict of interest. In this blog, the case for regulation of alcohol marketing and the need for urgency is made, and ways forward are described.**

In Aotearoa, alcohol results in a wide range of health and social harms affecting both drinkers and non-drinkers. However, drinking is “normal” with 80% of the population over 14 years of age being current drinkers, and 20% being hazardous drinkers.<sup>1</sup> The harm that results is social as well as physical and is distributed inequitably,<sup>2,3</sup> contributing to wider health and social inequities. Social costs of alcohol harm have been estimated to be more than 3% of GDP.<sup>4</sup> The case for regulation of alcohol marketing is supported by: 1. Evidence that it contributes to harmful alcohol consumption, 2. The very high levels of exposure to marketing in the local environment and in digital media, 3. The failure of self-regulation, 4. Our failure to afford Māori active protection from alcohol-related harm, 5. Our failure to protect children, 6. Strong public support for change.

Accumulated evidence of the causal contribution of alcohol advertising and sponsorship to alcohol-related harm has led to the World Health Organization including restrictions on marketing as one of the “best buys” to reduce harm.<sup>5</sup> Children and adolescents are particularly vulnerable, as exposure to alcohol advertising is associated with earlier initiation of drinking and with drinking larger amounts,<sup>6,7</sup> and NZ research has reported 50% of alcohol abuse and dependence develops before the age of 20.<sup>8</sup> Exposure to sports sponsorship is also associated with higher consumption in both children and adults.<sup>9</sup>

Among adults, exposure to marketing hinders efforts to reduce drinking or to remain sober. In 2015/16 one in four NZ drinkers reported they were thinking about cutting back on drinking,<sup>10</sup> but heavy and problem drinkers have been shown to be more responsive than others to alcohol advertising and imagery,<sup>11</sup> and liking of alcohol advertisements is associated with higher consumption.<sup>12</sup>

The NZ Kids’Cam study, which put cameras on children aged 11-13 years, found they were exposed, on average, to alcohol marketing 4.5 times per day across multiple places and media.<sup>13</sup> Product packaging added another 8 exposures per day.<sup>14</sup> The major exposures were sports sponsorship, followed by shop-front advertising and alcohol-branded merchandise. This study also showed pronounced inequities, with five times as much exposure for tamariki Māori and three times as much for Pacific children compared to others. Levels of exposure went up when children lived near bottle shops or had more of them near their school.<sup>15</sup>



NZ Kids' Cam Study images reproduced with permission

As alcohol advertising is not prohibited in the way that tobacco advertising is, it is common on digital platforms including social media like Facebook and Instagram. This has vastly expanded exposure and allowed a level of targeting based on users' data which has not been possible previously.<sup>16</sup> Digital platforms market alcohol using social media influencers, ephemeral video stories, augmented reality filters and sophisticated algorithms that recommend products. Harvesting data from all aspects of people's lives allows alcohol advertisements to be location-, time-, and context-specific, combining marketing with real life. For example, an ad offering home delivery of a favourite beverage may be presented after a text to a friend alerts the platforms that a drink is being considered.<sup>17</sup> These platforms, whose profitability relies on advertising, use 'native' marketing, where brand content is indistinguishable from other content. Such methods achieve very wide reach at low advertising cost for brand owners, and normalise drinking among young people.<sup>18-20</sup> In 2018, 40% of NZ teenagers were using five or more social media platforms.<sup>21</sup>

Self-regulation has failed in NZ as elsewhere. Conflict of interest is inherent in the system as it is run by those who profit from alcohol sales, and there is consistent evidence showing voluntary codes are ineffective at reducing the harms from alcohol advertising.<sup>22,23</sup> The Advertising Standards Authority (ASA) Code for Advertising and Promotion of Alcohol simply protects the vested interests it represents from any meaningful restrictions on marketing. The focus of the codes continues to be the content and timing of advertising, when the amount of cumulative exposure has been shown to matter,<sup>24</sup> and these codes do nothing to address the reality of digital marketing.<sup>16</sup>

## Action is needed

It has been argued<sup>25</sup> that the Crown's abdication of its responsibilities for the regulation of advertising to the ASA has failed to afford Māori active protection, by exposing Māori to unwanted and harmful advertising of alcohol, and that this will be pursued as part of a Treaty claim. In addition, NZ is a signatory to the United Nations Convention on the Rights of the Child. The UN Committee on the Rights of the Child has affirmed that governments' duties to respect and protect children's right to health include the prevention of advertising, marketing, or sale of alcohol to children.<sup>26</sup> It has been recognised internationally that action to reduce exposure of children to alcohol marketing has been

slow and inadequate, and that digital platforms represent a harmful environment where regulation is a challenge, requiring international collaborative action.

Public support for regulation of marketing is high and was a feature of the submissions to the Law Commission review back in 2009.<sup>26</sup> This was echoed by the Mental Health and Addiction Inquiry in 2018.<sup>27</sup> Recent Health Promotion Agency (HPA) surveys show high public support (at 80%) for increasing restrictions on alcohol advertising or promotion seen or heard by people under 18 years, and 68% support for banning alcohol-related sponsorship at events that people under 18 years may attend.<sup>28,29</sup>

We have the means to move forward. Strong recommendations for effective controls on alcohol advertising and sponsorship have been made by the Law Commission in 2010,<sup>26</sup> the Ministerial Forum on Alcohol Advertising and Sponsorship (MFAAS) in 2014,<sup>30</sup> and the Government Inquiry into Mental Health and Addiction in 2018.<sup>27</sup> They are well-aligned. The Law Commission expressed its “ultimate aim” as “no alcohol advertising should be permitted in any media other than that which communicates objective product information”. MFAAS recommended a ban on all sports sponsorship and associated advertising as well as restricting other promotion likely to result in exposure of people under 18 years of age. The Mental Health and Addiction Inquiry called for a stricter regulatory approach informed by these two preceding reviews.

Three major directions are indicated:

1. Development of an alcohol sponsorship replacement model, possibly funded by an increase in the Health Promotion Agency levy on alcohol,<sup>31</sup>
2. Legislation modelled on best practice to restrict all forms of “lifestyle” marketing in traditional media, similar to Norway or France,
3. National regulation of digital media marketing informed by existing models, and advocacy for global cooperation on restricting alcohol marketing in social media and on other digital platforms.

Most importantly, development of all policy and all regulation must be conducted independently of commercial interests, and independently monitored and enforced.

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## References

1. Ministry of Health. Tier 1 statistics 2018/19: New Zealand Health Survey. 2019. (14 November).  
<https://www.health.govt.nz/publication/tier-1-statistics-2018-19-new-zealand-health-survey>.
2. Connor J, Kydd R, Maclennan B, Shield K. Alcohol-attributable cancer deaths under 80 years of age in New Zealand. *Drug and Alcohol Review* 2017;36:415-23. doi: 10.1111/dar.12443.
3. Connor J, Kydd R, Shield K, Rehm J. The burden of disease and injury attributable to

alcohol in New Zealanders under 80 years of age: marked disparities by ethnicity and sex. *New Zealand Medical Journal* 2015;128:15-28.

4. Nana, G. (2018). *Paper presented by Ganesh Nana*. Alcohol Action Conference 2018: Who should pay for all the harm from alcohol?, Te Papa, Wellington, 15 August.
5. World Health Organization. Global status report on noncommunicable diseases 2010. 2011. [http://www.who.int/nmh/publications/ncd\\_report2010/en/](http://www.who.int/nmh/publications/ncd_report2010/en/).
6. Jernigan D, Noel J, Landon J, Thornton N, Lobstein T. Alcohol marketing and youth alcohol consumption: a systematic review of longitudinal studies published since 2008. *Addiction* 2017;112:7-20.
7. Anderson P, de Bruijn A, Angus K, Gordon R, Hastings G. Impact of alcohol advertising and media exposure on adolescent alcohol use: a systematic review of longitudinal studies. *Alcohol and Alcoholism* 2009;44:229-43.
8. Rapsey CM, Wells JE, Bharat MC, Glantz M, Kessler RC, Scott KM. Transitions Through Stages of Alcohol Use, Use Disorder and Remission: Findings from Te Rau Hinengaro, The New Zealand Mental Health Survey. *Alcohol and Alcoholism* 2018;54:87-96.
9. Brown K. Association Between Alcohol Sports Sponsorship and Consumption: A Systematic Review. *Alcohol and alcoholism (Oxford, Oxfordshire)* 2016;51:747-55.
10. Health Promotion Agency. Cutting back on alcohol consumption: Key results from the 2015/16 Attitudes and Behaviour towards Alcohol Survey & 2016 Health and Lifestyles Survey. Wellington, New Zealand: Health Promotion Agency, 2018.
11. Babor TF, Robaina K, Noel JK, Ritson EB. Vulnerability to alcohol-related problems: a policy brief with implications for the regulation of alcohol marketing. *Addiction* 2017;112:94-101.
12. Casswell S, Huckle T, Wall M, Parker K, Chaiyasong S, Parry CDH, Viet Cuong P, Gray-Phillip G, Piazza M. Policy-relevant behaviours predict heavier drinking and mediate the relationship with age, gender and education status: Analysis from the International Alcohol Control Study. *Drug and Alcohol Review* 2018;37:S86-S95.
13. Chambers T, Stanley J, Signal L, Pearson AL, Smith M, Barr M, Ni Mhurchu C. Quantifying the Nature and Extent of Children's Real-time Exposure to Alcohol Marketing in Their Everyday Lives Using Wearable Cameras: Children's Exposure via a Range of Media in a Range of Key Places. *Alcohol and Alcoholism* 2018;53:626-33.
14. Chambers T, Stanley J, Pearson AL, Smith M, Barr M, Mhurchu CN, Signal L. Quantifying Children's Non-Supermarket Exposure to Alcohol Marketing via Product Packaging Using Wearable Cameras. *Journal of Studies on Alcohol and Drugs* 2019;80:158-66.
15. Chambers T, Pearson AL, Kawachi I, Stanley J, Smith M, Barr M, Mhurchu CN, Signal L. Children's home and school neighbourhood exposure to alcohol marketing: Using wearable camera and GPS data to directly examine the link between retailer availability and visual exposure to marketing. *Health & Place* 2018;54:102-9.
16. Andrew, D. Programmatic trading: the future of audience economics. *Communication Research and Practice* 2019;5:73-87, DOI: 10.1080/22041451.2019.1561398
17. Carah N, Brodmerkel S. Alcohol marketing in the era of digital media platforms. *Journal of Studies on Alcohol and Drugs* 2020, in press.
18. Niland P, McCreanor T, Lyons AC, Griffin C. Alcohol marketing on social media: young adults engage with alcohol marketing on facebook. *Addiction Research and Theory* 2017;25:273-84.
19. Atkinson AM, Ross-Houle KM, Begley E, Sumnall H. An exploration of alcohol advertising on social networking sites: an analysis of content, interactions and young people's perspectives. *Addiction Research & Theory* 2017;25:91-102.
20. Griffiths R, Casswell S. Intoxicogenic Digital Spaces? Youth, Social Networking Sites and Alcohol Marketing. *Drug & Alcohol Review* 2010;29:525-30
21. Netsafe. New Zealand teens' digital profile: A Factsheet. 2018.

[https://www.netsafe.org.nz/wp-content/uploads/2018/02/NZ-teens-digital-profile\\_factsheet\\_Feb-2018-1.pdf](https://www.netsafe.org.nz/wp-content/uploads/2018/02/NZ-teens-digital-profile_factsheet_Feb-2018-1.pdf).

22. Noel J, Babor T, Robaina K. Industry self-regulation of alcohol marketing: a systematic review of content and exposure research. *Addiction* 2017;112:28-50.
23. Noel JK, Babor TF. Does industry self-regulation protect young people from exposure to alcohol marketing? A review of compliance and complaint studies. *Addiction* 2017;112:51-6.
24. Gordon R, Harris F, Marie MacKintosh A, Moodie C. Assessing the cumulative impact of alcohol marketing on young people's drinking: Cross-sectional data findings. *Addiction Research and Theory* 2011;19:66-75.
25. Ratu R. Regulation urgently needed to protect Māori from alcohol advertising. *New Zealand Medical Journal* 2019;132:106.
26. United Nations Committee on the Rights of the Child. General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24).  
<http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPrICAqhKb7yhsqlkirKQZLK2M58RF%2F5F0vHCIs1B9k1r3x0aA7FYrehINUfw4dHmlOxmFtmhaiMOkH80ywS3uq6Q3bqZ3A3yQ0%2B4u6214CSatnrBIZT8nZmj>
27. New Zealand Law Commission. *Alcohol In Our Lives: Curbing the Harm*. Wellington, 2010. (Law Commission report; no. 114).
28. Government Inquiry into Mental Health and Addiction. *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction*. Wellington, New Zealand. 2018. [www.mentalhealth.inquiry.govt.nz/inquiry-report/](http://www.mentalhealth.inquiry.govt.nz/inquiry-report/)
29. Health Promotion Agency. *Alcohol-related attitudes overtime: Results from the Health and Lifestyles Survey, 2018*. 2018.  
<https://www.hpa.org.nz/research-library/research-publications/alcohol-related-attitudes-over-time-infographic>.
30. Health Promotion Agency. *Alcohol-related attitudes - Results from the 2018 Health and Lifestyles Survey*. 2019.  
<https://www.hpa.org.nz/research-library/research-publications/alcohol-related-attitudes-results-from-the-2018-health-and-lifestyles-survey-infographic>.
31. Ministerial Forum on Alcohol Advertising & Sponsorship. *Recommendations on Alcohol Advertising & Sponsorship*. Wellington: Ministry of Health. 2014. (October).  
<https://www.health.govt.nz/system/files/documents/publications/ministerial-forum-on-alcohol-advertising-and-sponsorship-recommendations-on-alcohol-advertising-and-sponsorship-dec14.pdf>.
32. Chambers T, Signal L, Carter MA, McConville S, Wong R, Zhu W. Alcohol sponsorship of a summer of sport: a frequency analysis of alcohol marketing during major sports events on New Zealand television. *New Zealand Medical Journal* 2017;130:27-33.

Public Health Expert Briefing (ISSN 2816-1203)

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