



Alcohol Action Ireland Submission

30 April 2026

European Commission's public consultation on the evaluation and revision of the Audiovisual Media Services Directive (AVMSD)

About Us

Alcohol Action Ireland (AAI) is Ireland's national independent advocate for reducing alcohol harm. We campaign for the burden of alcohol harm to be lifted from the individual, community and State, and have a strong track record in effective advocacy, campaigning and policy research. Our work involves providing information on alcohol-related issues, creating awareness of alcohol related harm and offering policy solutions with the potential to reduce that harm, with a particular emphasis on the implementation of the Public Health (Alcohol) Act 2018. Our overarching goal is to achieve a reduction in consumption of alcohol and the consequent health and social harms which alcohol causes in society

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Introduction

Alcohol Action Ireland (AAI) welcomes the opportunity to contribute to the public consultation on the revision of the Audiovisual Media Services Directive (AVMSD). This submission sets out AAI's position on the urgent need to strengthen the AVMSD's provisions relating to alcohol advertising, with particular regard to the protection of children and young people. Alcohol is not an ordinary commodity, it is a carcinogenic, psychoactive, dependence-producing drug whose harms are comprehensively documented across decades of research. The current regulatory framework set out by the AVMSD, with its continued reliance on self- and co-regulation, has demonstrably failed to protect minors from exposure to alcohol marketing across both traditional and digital media and falls far short of what the evidence demands.

In this submission AAI will make a series of evidence-based recommendations which we believe are necessary to strengthen the AVMSD to ensure it offers protection to children from alcohol advertising.

AAI Recommendations

- Alcohol advertising restrictions: Article 9 must be strengthened to ensure that audiovisual commercial communications for alcoholic products are not seen by minors and do not encourage consumption.
- Influencer marketing: The revised directive must explicitly include influencers under alcohol advertising restrictions and introduce clear disclosure requirements.
- Protection of minors: Given alcohol's proven harms to physical health, neurological development, and its links to self-harm and suicide, Articles 6(a) and 28b must be amended to include explicit reference to alcohol.
- Video-sharing platform obligations: Article 28b must be updated to include alcohol and all regulatory codes must be underpinned by national primary legislation rather than self-regulation.
- AVMSD and the DSA: Alcohol marketing on VSPs and VLOPs must be explicitly recognised as a systemic risk under Article 34 of the DSA, and algorithmic recommender systems must be restricted to prevent alcohol advertising reaching minors.
- End self-regulation: The AVMSD must move decisively away from self-regulatory frameworks and mandate primary legislative regulatory codes.
- NoLo products: The same audiovisual commercial communications restrictions that apply to alcohol must be extended to no- and low-alcohol products.

1. Alcohol Advertising Restrictions (Article 9)

The qualitative requirements on audiovisual commercial communications explicitly limit alcohol advertising in Article 9 of the AVMSD. Point (e) of said Article states "audiovisual commercial communications for alcoholic beverages shall not be aimed specifically at minors and shall not encourage immoderate consumption of such beverages". While well meaning, this protection is extremely broad and falls well short of the outright ban on the advertising of tobacco products in point (b): "all forms of audiovisual commercial communications for cigarettes and other tobacco products, as well as for electronic cigarettes and refill containers shall be prohibited."

It is the contention of AAI that Article 9 must be strengthened in relation to alcohol, especially given Article 9, (c), (iii) states “audiovisual commercial communications shall not encourage behaviour prejudicial to health or safety”. We now know from decades of research that alcohol is prejudicial to both human health and safety. Indeed, in 2023 the World Health Organization stated that “no level of alcohol consumption is safe for our health”. In terms of a comparison with tobacco, there is strong international evidence that alcohol far outweighs the costs from alcohol given its impact both on the individual and the harm to others. For example, research from Canada has found that the cost of alcohol to the state is almost twice that of tobacco.

Alcohol is not an ordinary commodity – it is a carcinogenic, psychoactive, dependence-producing drug with severe consequences for Europeans and the health systems of member states across the EU, and Ireland is no different, with past research indicating 11% of the Department of Health budget is spent managing alcohol-related harms. Moreover, alcohol use is the seventh leading risk factor for both deaths and disability-adjusted life years globally, and the leading risk factor among those aged 15-49 years. Yet alcohol is a modifiable risk factor; reductions in alcohol consumption would lead to an associated reduction in the burden of disease, not only from conditions such as alcohol dependence and alcoholic liver disease, but also from commonly reported health conditions, including obesity, cardiovascular disease, and cancer.

This is of importance because alcohol is one of the most heavily marketed products in the world with estimates on annual spending ranging from \$7.7bn to \$17.7bn and we know the purpose of marketing is clear – it is to create a need or desire for a product. When it comes to alcohol this is interesting because alcohol is not a staple, it is not a necessary purchase, a market must be created for it – and new drinkers must be recruited to create, sustain, and expand that market and minors are an important part of this market.

Comprehensive research clearly tells us that alcohol marketing, including advertising, sponsorship and other forms of promotion, increases the likelihood that children and adolescents will start to use alcohol, and to drink more if they are already using alcohol. While research on digital marketing has revealed that exposure to this type of marketing is related to starting to drink and the odds of binge drinking.

When we look at the data on youth drinking, we can get an appreciation for the seriousness of the situation. Alcohol is the most commonly used substance among young people in Europe and is most commonly the first substance used by children. Alcohol is so deeply entrenched in Europeans lives that it is easy to discount the health and social damage caused or exacerbated by drinking alcohol. However, alcohol consumption among young people is a particular public health concern for government and policy makers as it carries significant health risks.

Research from the Netherlands found indications that alcohol consumption can have a negative effect on brain development in adolescents and young adults and entails a risk of later Alcohol Use Disorder. There is also extensive evidence that drinking alcohol as a child is more likely to lead to heavy episodic drinking and is a known risk factor for later alcohol dependency.

Furthermore, alcohol is no ordinary commodity; it is a depressant drug with significant health implications for those who use it, and it is a significant risk factor for suicide, as recognised by the World Health Organisation. Globally, in 2019, alcohol use ranked second for attributable disability-adjusted life-years (DALYs) among adolescents and young adults aged 10-24 years. Alcohol contributes to all the leading causes of death for young

people: suicide, road traffic collisions, poisoning, and assaults, while long-term use is linked to seven different types of cancer, cardiovascular disease, and liver disease.

Applying the existing research on digital marketing and its likelihood to increase alcohol consumption amongst children and young people, we can say with confidence that increasing consumption, and associated harms, is a related cause. Resultantly, we can say with certainty that alcohol advertising seen by children, especially in the online space, is prejudicial to their health or safety.

Therefore, it is the view of AAI that the AVMSD must be strengthened in relation to alcohol to state that “audiovisual commercial communications for alcoholic beverages shall not be seen by minors and shall not encourage consumption of such beverages”.

1. Influencer Marketing of Alcohol

The alcohol industry increasingly uses influencers to market products in ways that bypass traditional broadcasting rules, and existing AVMSD provisions have not kept pace with this trend. While revisions of the directive, in 2018 and 2022, extended its scope to video-sharing platforms and influencer advertising respectively, these provisions don't adequately cover alcohol-specific influencer content. Therefore, the relevant existing articles in the AVMSD should be strengthened to ensure clear disclosure requirements and explicit inclusion of influencers under alcohol advertising restrictions.

The alcohol industry has been quick to use increasingly innovative digital marketing strategies, such as influencers and content creators, to reach audiences. Recent research from YouGov and Cancer Research UK found that minors see an almost equal amount of alcohol advertising from industry (36%) as they do from influencers (38%) when using social media. The massive user base of social media and video sharing platforms, combined with the ability to precisely target ads and track engagement metrics, has made these platforms an increasingly attractive option for advertisers.

We know that the attraction with using celebrities in digital marketing is because they are often seen as attractive, trustworthy and expert. Indeed, this vulnerability of young people to celebrity endorsement has also been shown in the context of alcohol consumption. For example, research has shown that young people are more likely to recall exposure to online alcohol advertisements and videos including celebrities than adults.

However, where it comes to using social media influencers for advertising, children and teenagers are even more susceptible. This is because influencers and content creators can be more persuasive as they are deemed more similar and approachable for children and young people than celebrities, thereby creating stronger feelings of intimacy. Research into influencer alcohol posting which analysed the posts of 178 Instagram influencers found that 63.5% had at least one alcohol post among the last 100 posts. By seeing alcohol posts from influencers, children and young people might be encouraged to start drinking, or if they already drink, to consume more alcohol. This situation is exacerbated by the fact influencer marketing elicits less resistance to the ad message than traditional advertisements do.

The situation is further compounded by research from the Netherlands which revealed that young people posting alcohol-related posts on social media have been shown to increase drinking behaviours. This is reinforced by a

comprehensive European school-based survey in Germany, Italy, the Netherlands and Poland which found a strong association between young people explicitly presenting themselves as drinkers on social media and harmful drinking behaviour. This illustrates the blurring of the lines between commercial advertising messages and user-generated content, whether that be influencers or social media users themselves, on social media sites and video sharing platforms.

Therefore, it is the view of AAI that the AVMSD must be strengthened in relation to influencer advertising of alcohol, and the updated directive should ensure clear disclosure requirements and explicit inclusion of influencers under alcohol advertising restrictions.

1. Protection of Minors from Alcohol Advertising

Article 6 (a) of the AVMSD states:

“Member States shall take appropriate measures to ensure that audiovisual media services provided by media service providers under their jurisdiction which may impair the physical, mental or moral development of minors are only made available in such a way as to ensure that minors will not normally hear or see them. Such measures may include selecting the time of the broadcast, age verification tools or other technical measures. They shall be proportionate to the potential harm of the programme. The most harmful content, such as gratuitous violence and pornography, shall be subject to the strictest measures.”

While Article 28b states:

“Without prejudice to Articles 12 to 15 of Directive 2000/31/EC, Member States shall ensure that video sharing platform providers under their jurisdiction take appropriate measures to protect minors from programmes, user-generated videos and audiovisual commercial communications which may impair their physical, mental or moral development in accordance with Article 6a (1).”

It is AAI’s strong view that alcohol must be included in Article 6 (a) and Article 28b given the proven harm alcohol causes to the physical and mental health of minors, especially its impact on the mental development of minors and its role in suicide and self-harm.

Research from the Netherlands found indications that alcohol consumption can have a negative effect on brain development in adolescents and young adults and entails a risk of later Alcohol Use Disorder. There is also extensive evidence that drinking alcohol as a child is more likely to lead to heavy episodic drinking and is a known risk factor for later alcohol dependency.

Moreover, alcohol is no ordinary commodity; it is a depressant drug with significant health implications for those who use it, and it is a significant risk factor for suicide, as recognised by the World Health Organisation. A psychotropic depressant of the central nervous system, alcohol promotes simultaneous changes in several neuronal pathways, exerting a profound neurological impact that leads to various behavioural and biological alterations.

Alcohol has long been linked with poor mental health, including both self-harm and suicide. Research on alcohol has shown how its consumption can play a variety of negative roles in relation to mental health difficulties. Not

least, alcohol can be a contributory factor to mental health distress, it can be an exacerbator of existing mental health difficulties, while mental health difficulties can be a maintaining factor for alcohol consumption.

In addition, alcohol has a ripple effect which can also affect the mental health of those in the ecosystem of the consumer, especially children. Moreover, alcohol has been one factor that has been shown time and time again to increase the risk of suicidal behaviours and the implications of drinking alcohol is an extremely important consideration in any suicide reduction policy.

Furthermore, alcohol is also a Group 1 carcinogen and the leading risk factor for disease burden among 15–49-year-olds in Europe. Globally, in 2019, alcohol use ranked second for attributable disability-adjusted life-years (DALYs) among adolescents and young adults aged 10-24 years. Alcohol contributes to all the leading causes of death for young people: suicide, road traffic collisions, poisoning, and assaults, while long-term use is linked to seven different types of cancer, cardiovascular disease, and liver disease.

Therefore, given the proven physical and mental harm alcohol has on minors, especially in relation to neurological development and its role in self-harm and suicide, it is the view of AAI that Article 6 (a) and article 28b of AVMSD must include reference to alcohol.

1. Video-Sharing Platform Obligations (Article 28b)

Article 28b offers significant flexibility for video sharing platforms and only advocates for self-regulatory codes. It states:

“Member States shall encourage the use of co-regulation and the fostering of self-regulation through codes of conduct as provided for in Article 4a(1) aiming at effectively reducing the exposure of children to audiovisual commercial communications for foods and beverages containing nutrients and substances with a nutritional or physiological effect, in particular fat, trans-fatty acids, salt or sodium and sugars, of which excessive intakes in the overall diet are not recommended.”

This is not good enough. While the article seeks to protect the physical and mental wellbeing of minors, relying on self-regulatory codes makes this article of the AVMSD oxymoronic. Article 28b cannot achieve its aims if codes are self-regulatory. Furthermore, it is essential that Article 28b be amended to include alcohol.

Therefore, AAI recommend that Article 28b is updated to include alcohol, while also ensuring regulatory codes are underpinned by primary legislation and not self-regulation.

1. AVMSD and the DSA

Given the risks and harms alcohol poses to minors, the revised AVMSD must identify alcohol marketing as a systemic risk that requires coordinated enforcement between the AVMSD and Digital Services Act (DSA).

The DSA’s risk assessment framework, set out in Articles 34 and 35, requires Very Large Online Platforms (VLOPs) to identify and mitigate systemic risks arising from their services. Alcohol marketing to minors should be explicitly recognised as one such systemic risk, and providers should be required to put risk mitigation measures in place to

ensure that children do not see alcohol advertising. AAI believes the review of the AVMSD represents an opportunity to embed this recognition into the coordinated regulatory framework.

In the Irish context, AAI can confirm that there is an unfortunate inconsistency in how alcohol advertising protections under the AVMSD and national broadcasting codes are applied to media service providers, and we can further attest that they are weakly applied to platforms. While in the European context, it can be seen that DSA enforcement through the European Commission currently focuses on broader categories of illegal content and systemic risks for minors without specific reference to alcohol advertising. This means that explicitly recognising alcohol marketing as a systemic risk under Article 34 of the DSA cannot be achieved through an AVMSD revision alone, it requires parallel action through DSA enforcement channels. Therefore, a dual regulatory approach is needed and any future revision of the DSA should address this gap explicitly.

Moreover, we can see clearly how alcohol is so deeply entrenched in our lives that the AVMSD, the DSA, the European Commission, and many self-regulatory national broadcasting codes discount the health and social damage caused or exacerbated by drinking alcohol, especially in relation to children.

The outworking of this is an enforcement gap where alcohol marketing content such as influencer alcohol posts and user-generated content featuring alcohol falls between the AVMSD and DSA frameworks and is effectively unregulated in practice.

Moreover, the difficulties referenced in section 2 of this submission in relation to influencer alcohol advertising are further complicated by the use of sophisticated and predatory algorithmic systems designed to maximise engagement regardless of harm. Research is now scrutinising the use of algorithms to personalise content and sustain user engagement on social media as long as possible. Such research has painted a stark picture of the detrimental effects of social media and video platform advertising on minors which has a profound impact on the mental health, social development, and cognitive growth.

Algorithms play a core role in profiling children and teenagers based on their online behaviour and preferences, thus enabling targeted advertising that capitalises on their naivety and lack of experience. This unregulated manipulation of what young people can see and learn from has a strong impact on their education, beliefs, and practices. Where it comes to alcohol, this means normalising the product in the eyes of young people or framing alcohol as essential or central to weddings, funerals, socialising, relaxation, sport, music, parties or celebrations.

There is a fine line between persuasion and manipulation, particularly when marketing to children and young people. Persuasion seeks to influence behaviour through logical reasoning or emotional appeal; however, manipulation often employs deceptive tactics that take advantage of people's vulnerabilities – especially those of children and young people. This distinction becomes blurred when platforms use sophisticated and advanced algorithms to tailor advertisements, potentially breaching ethical standards controlling the information users see. Such manipulative techniques customise content based on financial, political, or other interests, delivering filtered information that may be incomplete or biased in order to advance a specific agenda – such as trying to sell a product.

Most critically, personalised algorithmic recommendations often target material to children that a platform's official policy forbids, such as alcohol; and as we have seen, alcohol marketing increases the likelihood that adolescents will start to use alcohol, and to drink more if they are already using alcohol. Current empirical research suggests that digital alcohol advertising content remains widespread on social networking and image

sharing sites, online video hosting/sharing platforms, and regular websites, including those currently most popular by children and teenagers.

Therefore, AAI recommends the revised AVMSD takes two additional courses of action.

Firstly, there must be explicit recognition in the AVMSD that alcohol marketing on video-sharing platform services (VSPs) and VLOPs constitutes a systemic risk under Article 34 of the DSA, requiring platforms to include alcohol in their mandatory risk assessments.

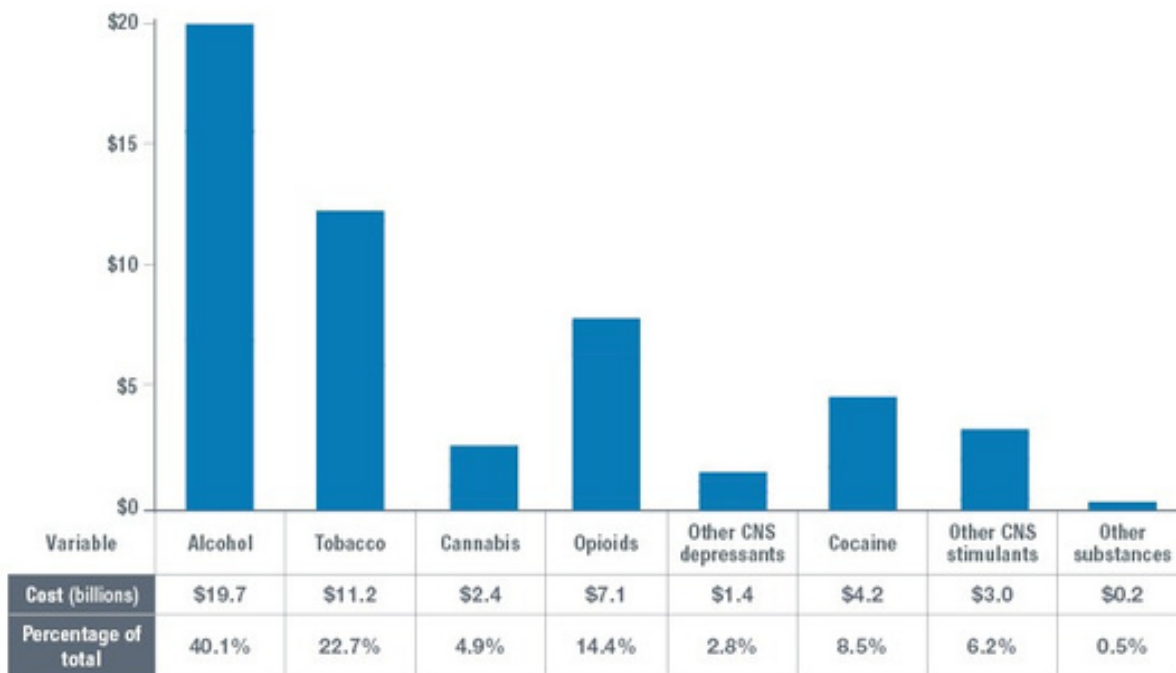
Secondly, AAI recommends restrictions on algorithms on the recommender systems of VLOPs to prevent alcohol advertising to minors.

1. Codes of Conduct and Self-Regulation

Self-regulation does not work and has been proven time and again not to work. It is hypocritical for the AVMSD to claim it wishes to protect the physical and mental health and wellbeing of minors while simultaneously allowing health harming industries every opportunity to circumvent rules on conduct because those codes are self-regulatory. There is, however, little surprise in this regard given the AVMSD's own revisions have been captured by industry interests. Provided with the opportunity to revise rules on marketing to children at different stages, the EU either maintained the status quo or capitulated to industry demands.

When the AVMSD was revised following a 2016 evaluation, it preserved its self- and co-regulatory framework for alcohol advertising to children, a decision made despite significant evidence supportive of statutory measures and pleas from the public health community to strengthen provisions. There is consistent evidential research in the Irish and European contexts of how self-regulation has been repeatedly tried and repeatedly failed. As comprehensive research has stated, "if the EU has embraced the regulation of cross-border marketing for tobacco products for over two decades, it has consistently resisted evidence-driven calls to regulate the marketing of other harmful commodities, preferring instead to rely on ineffective industry pledges". This is especially true in the case of alcohol, which is just as much a commercial determinant of health as tobacco. In recent years a body of research has been emerging in relation to four harmful commodities which four industries, tobacco, alcohol, unhealthy food, and fossil fuels, which are responsible for at least a third of global deaths per year.

However, alcohol is often overlooked by frameworks such as the AVMSD, especially in comparison to tobacco, despite research indicating that alcohol constitutes a much heavier financial burden on people, health services, and taxpayers. International estimates suggest that alcohol costs countries almost twice as much as tobacco. This is because of the additional significant impact of alcohol harm on others as well as the large fraction of the population who consume alcohol compared with tobacco. The costs of substance use in Canada is illustrated below and given similar consumption patterns in both countries, is likely to be comparable for Ireland and many other European countries.



Substance Use Costs in Canada in 2020

The alcohol industry and other commercial actors, through strategies that make their products affordable, hyper-convenient, and seductively attractive, are a key driver of ill health, a dynamic further entrenched by the AVMSD’s continued reliance on self-regulation, which effectively aids these industries in causing harm to the health of Europeans.

Given the ample evidence to prove that self-regulation does not work, it is imperative that the AVMSD does not again miss the historic opportunity that was missed during the last review, and once and for all moves away from self-regulation and co-regulation.

Therefore, AAI calls on the AVMSD to recommend primary legislative regulatory codes.

1. Strengthening Enforcement Coordination

There should be improved coordination between national regulatory authorities, such as Ireland’s Coimisiún na Meán, and the EU’s Media Board, specifically around the advertising of no and low alcohol products (NoLos).

Many leading alcohol producers now market alcohol-free and low-alcohol variants, collectively known as NoLos, often using branding identical to their full-strength products. While the industry portrays these as a harm reduction strategy, the WHO has found little evidence to support this claim. On the contrary, the WHO has flagged potential harms, including the risk of misleading minors, pregnant women, abstainers, and those seeking to reduce consumption about actual ethanol content. Indeed, just as vaping is not a public health solution to smoking, NoLo’s are not a public health solution to alcohol

NoLos are, in effect, deliberate brand extension strategies that serve identical marketing purposes to full-strength alcohol products. While research of NoLo sponsorship reveals deeply concerning levels of brand recognition amongst children:

- Children as young as 11 demonstrated high alcohol brand recognition, with one participant noting, “I just saw the alcohol brand, I never really thought of the zeros”;
- Children as young as 14 identified Guinness as the Six Nations sponsor;
- Children and young people tend to categorise NoLo drinks as alcoholic beverages rather than soft drinks; and,
- Australian research found that exposure to zero-alcohol advertising prompts adolescents to think about alcohol in similar ways to full-strength product advertising.

When evidence shows children are being harmed, inaction is not neutrality, it is a policy choice. The AVMSD must recognise that NoLo products are deliberate brand extension strategies that serve identical marketing purposes to full-strength alcohol products.

Therefore, AAI recommends that the AVMSD should apply the same audiovisual commercial communications restrictions to NoLo products as apply to alcohol.

Conclusion

AAI urges the European Commission to use this revision of the AVMSD as a genuine and historic opportunity to prioritise public health over industry interests. The evidence in relation to alcohol is unambiguous; self-regulation has repeatedly failed, children are being exposed to harmful alcohol marketing at scale, and the existing framework is wholly inadequate to address the realities of the modern digital media environment. The harms alcohol causes to children and young people, from neurological development to suicide risk, are well established and demand a commensurate policy response. AAI therefore calls for strengthened statutory provisions, explicit protections for minors from alcohol advertising across all platforms and services, and meaningful regulatory coherence between the AVMSD and the Digital Services Act.