

Under the influence

The damaging effect of alcohol marketing
on young people

September 2009



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This publication has been endorsed by the Alcohol Health Alliance UK.

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Declaration of interest

For information about the authors please see page ii. For information about the editorial secretariat or Board members please contact the BMA Science and Education Department which holds a record of all declarations of interest: info.science@bma.org.uk

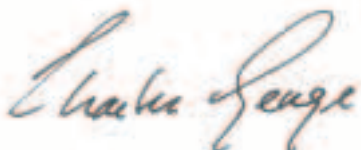
Foreword

For 175 years the BMA has promoted medicine and the allied sciences as part of its founding principle to maintain the honour and interests of the medical profession. One element of this work is to be advocates for the health of the public. Alcohol consumption represents an integral part of modern culture in the United Kingdom (UK), and is also a significant cause of morbidity and premature death.

It is always tempting to blame the irresponsible few, and in particular, the younger generation who visibly drink to excess. While many young people drink alcohol, and do so irresponsibly, it is not an isolated phenomenon or an exception standing out in an otherwise sober population; it is a social phenomenon driven by values and norms that are prevalent throughout society and underpinned by clever alcohol marketing, in all its forms.

Changing these excessively pro-alcohol social norms cannot be achieved by targeting irresponsible drinkers alone. We all have an obligation to balance our collective relationship with alcohol. This does not mean that we should all become abstainers. Many human behaviours carry risk and this commonly adds to their appeal; these risks need to be properly understood and appropriate precautions taken. As the World Health Organisation (WHO) reminds us, alcohol is no ordinary commodity, but a toxic and addictive drug that should be carefully regulated and controlled. Strong measures are required at a population level to eliminate the unhealthy cues and prompts that serve to encourage alcohol consumption. By far the most important of these is the marketing and promotion of alcohol. At the same time, the choice to abstain from alcohol use should be supported as a viable and acceptable option.

The BMA has developed comprehensive policy on alcohol, and this report continues the work of the Board of Science on alcohol and public health which has resulted in a number of publications including *Alcohol misuse – tackling the UK epidemic* (BMA 2008), *Fetal alcohol spectrum disorders – a guide for healthcare professionals* (BMA 2007), and *Adolescent health* (BMA 2003). The aim of this report is to identify effective ways of protecting young people from the influence of alcohol promotion and marketing, thereby redressing the excessively pro-alcohol social norms to which they are exposed. As with other BMA Board of Science publications, this report is intended for policy makers with strategic or operational responsibility for public health and health promotion in the UK, and will be of interest to healthcare professionals and the general public.



Professor Sir Charles George
Immediate past Chair, BMA Board of Science (2005-2009)

The Board of Science, a standing committee of the BMA, provides an interface between the medical profession, the UK Governments and the public. The Board produces numerous reports containing policies for national action by governments and other organisations, with specific recommendations and areas for action affecting the medical and allied professions.

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Executive summary

Alcohol consumption in the UK has increased rapidly in recent years, not just among young people, but across society. The population is drinking in increasingly harmful ways and the result is a plethora of avoidable medical, psychological and social harm, damaged lives and early deaths. As consumption has increased, so the market for alcohol has grown. In 2007, sales (including supermarket, off-licence, restaurant and bar sales) were high enough to put virtually every British adult over government guideline drinking levels. These sales are driven by vast promotional and marketing campaigns that dwarf health promotion efforts: the UK alcohol industry spends approximately £800m each year encouraging consumption of its wares.

Alcohol marketing communications have a powerful effect on young people and are independently linked with the onset, amount and continuance of their drinking. These come in many forms, from traditional advertisements on television through ubiquitous ambient advertising to new media such as social network sites and viral campaigns. The cumulative effect of this promotion is to reinforce and exaggerate strong pro-alcohol social norms. Current controls on alcohol promotion are completely inadequate because they are based on voluntary agreements and focused on content, rather than the amount of alcohol advertising. Even in their control of content the rules are weak with, for example, prohibitions on advertising which associates drink with youth culture or sporting success sitting alongside alcohol sponsorship of iconic youth events like music festivals and premiership football.

Beyond marketing communications, companies use other integrated consumer marketing strategies including pricing, distribution and product design to develop and manage brands, and these also promote consumption. The unprecedented affordability of alcohol in the UK and anomalies in taxation are compounded by heavy discounting and price promotions, especially in the retail sector, and this encourages over consumption across the population, including by young people. The liberalisation of licensing laws has also contributed to the excessively pro-alcohol social norms in the UK, and resulted in a dramatic increase in the number of venues catering specifically for the young. In addition, recent years have seen the introduction of a range of novel drinks such as alcopops and shooters (cocktails served in a shot glass), many of which have a particular appeal to young people.

Stakeholder marketing by the alcohol industry, including partnership working and industry funded health education, has served the needs of the alcohol industry, not public health. In particular it has focused attention on ineffective educational initiatives and partial solutions, rather than evidence-based population level approaches. The reality is that young people are drinking more because the whole population is drinking more and our society is awash with pro-alcohol messaging, marketing and behaviour.

Redressing this imbalance requires strong measures. Specifically, as a part of a comprehensive alcohol control strategy, the UK Governments should:

1. Implement and rigorously enforce a comprehensive ban on all alcohol marketing communications
2. Establish minimum price levels for the sale of alcoholic products
3. Increase the level of excise duty paid on alcohol above the rate of inflation and rationalise the current taxation system so that it is accurately linked to alcoholic strength for all products
4. Regulate the availability of alcoholic products through a reduction in licensing hours for on- and off-licensed premises
5. Commission further independent research and evaluation of sales practices, covering all aspects of industry marketing (including that of producers, distributors and supermarkets). This should be used to inform, and where appropriate, strengthen the current regulatory system
6. Ensure that the density of alcohol outlets is taken into account in planning or licence applications, and where necessary, introduce legislative changes to ensure these factors are considered
7. Assess the impact on public health of the changes to licensing legislation in the UK, and in particular the emergence of pubcos^a
8. Undertake a full audit of the market, and consider ways to prohibit any products that either appeal to young people more than adults, or are particularly associated with problematic drinking
9. Introduce a compulsory levy on the alcohol industry with which to fund an independent public health body to oversee alcohol related research, health promotion and policy advice. The levy should be set as a proportion of current expenditure on alcohol marketing, index linked in future years.

a A 'pubco' is defined as a group of pubs owned by a single company which either manages the pubs directly or leases them to tenants.

Section 1

Introduction

Alcohol consumption represents a significant cause of medical, psychological and social harm in the UK. Particular concern is expressed about the drinking of young people^b and the hurt this causes both to them and to society as a whole. In particular reports of binge drinking youth has become a focus of news coverage, attracting frequent public criticism and even generating its own television series.^c The greater vulnerability of the young to harm from alcohol has heightened the disquiet. To understand this phenomenon, however, it is necessary to look beyond young people. They are drinking in increasingly harmful ways – but so is the rest of society.

Britain's ambiguous relationship with alcohol has deep cultural roots and dates back at least as far as Roman times. Over the centuries alcohol has become established as the country's favourite drug. The vast majority of people use it, most on a regular basis (Robinson & Lader 2009), and not drinking, either on a specific occasion or in principle, is perceived as an oddity that has to be excused. Furthermore, over a third of adults regularly exceed the Government's recommended guidelines,^d one in five drink problematically (ibid), and consumption among older age groups is just as extensive as among the young.

Young people's drinking, then, is not an aberration; it is a predictable manifestation of an excessively pro-alcohol social norm, and the policy response must recognise this. It has to be broadly targeted rather than focusing disproportionately on the individual or aberrant subgroups. As the recent Scottish Health Action on Alcohol Problems (SHAAP) review commented '*the available international evidence shows that as overall alcohol consumption increases, so does alcohol-related harm. In other words, the more alcohol a nation consumes, the greater the burden of harm it will experience*' (SHAAP 2007). Thus, while it is important to target interventions at people facing particular problems with their drinking, an evidence-based policy should aim to lower total alcohol consumption in the population as a whole (SHAAP 2007, see also Academy of Medical Sciences 2004, Babor et al 2003, Hobbs et al 2005, Room – 2004). The response has to be as much about drinking in general as it is about harmful drinking.

In the case of young people, selective targeting is also likely to make alcohol more attractive by reinforcing its forbidden and adult nature – and smack of double standards. As with tobacco control policies, reducing alcohol-related harm in the UK requires a comprehensive strategy that promotes individual behaviour change across society as a whole and seeks to remove or mitigate the unhealthy and unhelpful influences on that behaviour (Berridge 2007).

b For the purpose of this report, a young person is defined as under the age of 25 years.

c *Booze Britain* (first broadcast in April 2005 on satellite and cable channel Bravo) and *Booze Britain 2: Binge Nation* (first broadcast in September 2005 on Bravo) is a documentary series 'offering the inside story on Britain's drink culture' by following drinkers from a different UK town or city in each half-hour episode. Repeat episodes from both series were shown up to December 2008 (British Universities Film & Video Council 2009).

d The UK Government recommends that men should not regularly drink more than three to four units of alcohol per day, and women should not regularly drink more than two to three units of alcohol per day. In terms of weekly limits, men are advised to drink no more than 21 units per week and women no more than 14 units per week. Although there is no nationally or internationally agreed definition, the Office of National Statistics (ONS) defines binge drinking as drinking more than twice the UK recommended guidelines daily guidelines (8 units in one day for men, 6 units for women).

Thus there is a need to tackle any factors that are encouraging or reinforcing the UK's overly pro-alcohol norms. Some of these are embedded in our culture, but others are being deliberately generated by vested commercial interests. The alcohol industry uses its prodigious marketing skills and massive budgets to promote positive images about alcohol, and back these up with incentives, branding, enticing new products and sophisticated public relations. Arguably it is no surprise that young people are drawn to alcohol when £800m is spent promoting it every year; when advertising and (especially) sponsorship links it with their cultural icons on the football pitch and at music festivals; when new products like alcopops or toffee vodka have such obvious youth appeal, or, like shooters patently encourage additional consumption; when their favourite nightclubs contact them through their social networking sites and offer special 'drink-all-you-want' deals (see **Figure 1**); when Government, far from reining in these excesses, then allows their perpetrators to take charge of alcohol education.^e

Figure 1 – Special offers promoted on the social networking website Facebook

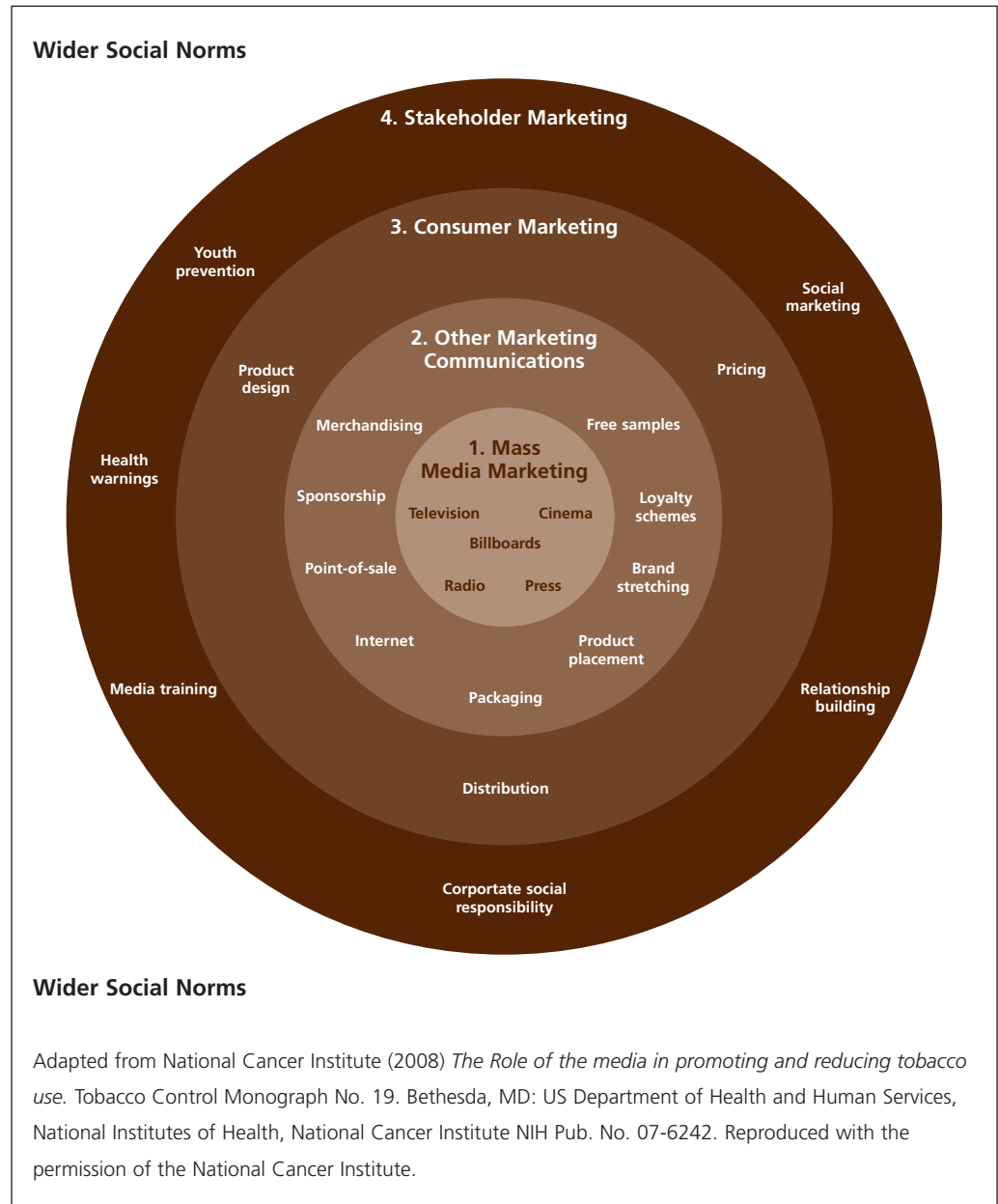


Source: www.facebook.com (accessed 14.4.09).

Furthermore, this promotional activity is carefully coordinated to maximise its effect. **Figure 2** is based on a schemata drawn up last year by the National Cancer Institute to describe tobacco marketing, but it works just as well for alcohol. It shows how mass media advertising links in with wider marketing communications – including consumer and stakeholder marketing – to impact not just individual consumers but overall social norms about alcohol.

^e Through the Drinkaware Trust.

Figure 2 – The multiple layers of alcohol marketing



One obvious indicator of the success of this marketing effort is that alcohol has become a popular loss leader^f for supermarkets. Loss leaders are selected because they are core and very familiar purchases; their price is well known, so discounts can be immediately recognised as bargains. Traditionally bread and milk are the classic candidates for this kind of purchase; the fact that alcohol has now achieved the same status as these staples tells its own tale.

As the leading professional organisation representing doctors in the UK, the BMA aims to promote the development and implementation of comprehensive alcohol control policies. This report considers how society's relationship with alcohol adversely affects young people's relationship with alcohol in the UK. It starts by briefly examining the patterns and trends of alcohol consumption and the harmful consequences associated with its use which have been covered more extensively in previous publications from the Board of Science (see **Box 1**). It goes on to show that alcohol promotion and marketing have a proven influence on young people and that steps to reduce this effect have to be at the heart of any policy response.

Box 1 – Recent Board of Science publications on alcohol control

In 2008, the BMA Board of Science published *Alcohol misuse: tackling the UK epidemic* which examines the patterns and trends of alcohol consumption in the UK and goes on to review the range of adverse effects both on the individual and society that are associated with its harmful use. The report concludes by considering the evidence for effective alcohol control policies and discusses the current approaches in the UK. The Board's 2007 report *Fetal alcohol spectrum disorders – a guide for healthcare professionals* examines the incidence, cause and outcomes of the range of disorders associated with alcohol consumption during pregnancy. It further outlines the responsibilities of healthcare professionals and the wider medical community in managing and reducing the incidence of these disorders. Further information is available at www.bma.org.uk

^f A product offered especially by a retailer at cost or below cost to attract customers.



Image source: Getty Images

Section 2

Alcohol consumption and its burden on society

2.1 Alcohol consumption in the UK

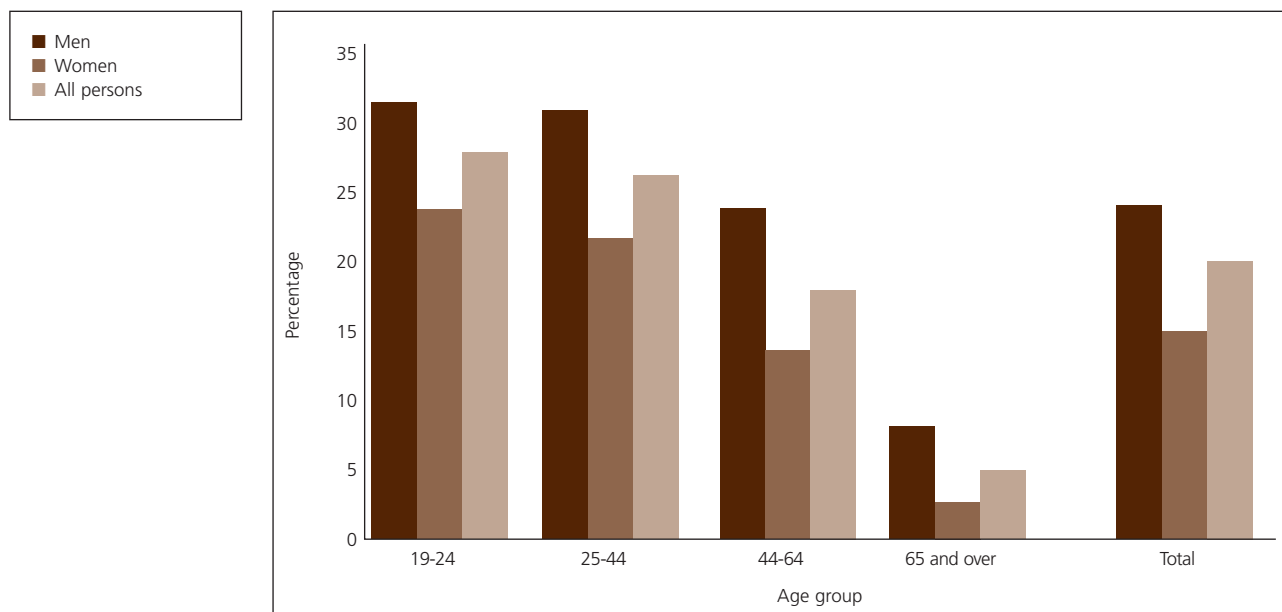
Alcohol consumption in the UK has increased rapidly in recent years, not just among young people, but across society. As highlighted in *Alcohol misuse: tackling the UK epidemic* (BMA 2008), the UK is among the heaviest alcohol consuming countries in Europe. The vast majority of the UK adult population consume alcohol and analysis of drinking patterns reveals that a significant proportion do so above the UK recommended guidelines. Of particular concern is the pattern of drinking among adolescents, and the high level of binge drinking and heavy drinking among men and women in the 16 to 24 and 25 to 44 age groups.

2.1.1 Adults

In 2007, over a third (37%) of adults (aged 16 and over) in Great Britain were found to have exceeded UK recommended guidelines for regular drinking in the previous week, and 20 per cent of adults consumed more than double the benchmark on their heaviest drinking day of the week (Robinson & Lader 2009). Data show that it is not just young people who binge drink: in 2007, the proportion of 16 to 24-year-old and 25 to 44-year-old males whose maximum daily amounts of alcohol drunk on any one day in the last week exceeded 8 units were found to be similar (32% and 31% respectively); while the corresponding figure for the 45 to 64 age group was 24 per cent (see **Figure 3**) (Robinson & Lader 2009).

During the 1990s, the prevalence of harmful alcohol use increased among both men and women in the UK, and in particular in the 16 to 24 age group. This upward trend was particularly marked among young women to the extent that consumption among this group is now the highest in Europe. The upward trend may have peaked, but is not yet reversing. In the UK, the gender gap in drinking alcohol at excessive levels has decreased over recent years (Smith & Foxcroft 2009a). Over the last 15 to 20 years, women's drinking behaviour has increased towards that of men (ibid). In 2007 there was a slight fall in the proportion of adults in Great Britain who had consumed an alcoholic drink in the preceding week compared to the previous four years (Robinson & Lader 2009). Between 2003 and 2005 the proportion of men and women who reported having an alcoholic drink in the last seven days fell from 75 to 72 per cent and 60 to 57 per cent respectively (ibid). Since then the figures have remained relatively constant: in 2007, 72 per cent of men and 57 per cent of women reported having an alcoholic drink in the last seven days (ibid). There was also little change in the levels of heavy drinking among men and women. In 2006, the proportion of men reporting heavy drinking was 23 per cent compared to 24 per cent in 2007, and the proportion of women reporting heavy drinking was 15 per cent in both years (ibid).

Figure 3 – Proportion of adults whose maximum daily amount of alcohol (drunk on any one day last week) was more than 8 units (men) or 6 units (women), Great Britain, 2007



Source: *General household survey 2007* (Office for National Statistics, 2009).

2.1.2 Under 16s

A number of surveys have examined alcohol consumption among under 16s in the UK. In England in 2007, 54 per cent of 11 to 15-year-olds had drunk at least one alcoholic drink in their lifetimes, with the likelihood of having drunk alcohol increasing with age (Fuller 2008). In 2006 in Scotland, 57 per cent of 13-year-olds and 84 per cent of 15-year-olds reported ever having consumed a whole alcoholic drink (Maxwell et al 2007). The proportion of pupils who stated they have never drunk alcohol has risen since previous waves of the surveys conducted in England (Fuller 2008), Scotland (Maxwell et al 2007) and Northern Ireland; although this is not consistent across boys and girls of different ages (Smith & Foxcroft 2009a). In England, the average number of units consumed by 11 to 15-year-olds who had drunk alcohol in the previous week was 9.2 units in 2007 (Fuller 2008), with boys generally drinking more units than girls. In Scotland in 2006 the average figure was 14.5 units (Maxwell et al 2007). Alcohol consumption levels by younger adolescents (11 to 13-year-olds) increased substantially in England between 1992 and 2006 and young people are drinking twice as much now as they did in 1990 (Smith & Foxcroft 2009a). Twenty per cent of 11 to 15-year-olds in England in 2006 were found to have been drunk in the last four weeks; with around a third (35%) getting drunk deliberately (Fuller 2007). In Scotland, a third of 13-year-olds stated that they had been drunk (consuming five or more drinks on the same occasion) at least once in the past 30 days (Maxwell et al 2007).

The 2005/06 cross-national Health Behaviour in School-aged Children (HBSC) study found that with the exception of the UK, 11 to 15-year-old boys in Northern Europe reported low rates of

weekly drinking (Currie et al 2008). In terms of drunkenness, 11 to 15-year-olds in Northern Europe have relatively high rates compared with Southern Europe, with boys significantly more likely to report being drunk compared to girls in most countries (ibid). The 2003 European School Survey Project on Alcohol and other Drugs (ESPAD) found that in Europe, UK teenagers were among the most likely to report heavy consumption of alcohol, being intoxicated and experiencing adverse effects of drinking (eg delinquency) (Hibell et al 2004).

2.2 Alcohol-related harm

Ethanol is a toxic compound that can affect the body in a variety of ways. The effects of alcohol on an individual are dependent on various factors including age, weight, type of drink, level of dehydration, previous exposure to alcohol, level and timing of food intake, and gender of the drinker. According to the WHO, alcohol is the third leading risk factor for premature death and disability in developed countries after tobacco and blood pressure (World Health Organization, 2002). It is the fifth leading risk factor worldwide. It is likely that even this is an underestimate of the damaging effect of alcohol, as it does not take account of the harms to people other than the drinker, and overestimates the protective effect of moderate alcohol consumption on cardiovascular disease (Anderson and Baumberg 2006). A summary of the main types of alcohol-related harm is provided in **Box 2**.

Box 2 – The burden of alcohol-related harm

Alcohol consumption has been shown to be causally related to over 60 different medical conditions and is a significant cause of morbidity and premature death worldwide. In the majority of cases there is a dose-response relation, with risk increasing with the amount of alcohol consumed. Consumption at moderate levels (on average two units a day) or below in older men and women can reduce the risk of coronary heart disease (CHD), ischaemic stroke and diabetes mellitus, compared to individuals who abstain from alcohol. Alcohol can increase the risk of a wide range of short- and long-term health problems. In the short term, alcohol can lead to drunkenness, and, when used excessively, poisoning. In the long-term, alcohol can increase the risk of physical problems such as liver damage and brain damage, as well as dependency and other mental health problems. Alcohol consumption is a contributory factor to many other conditions such as stroke, abdominal disorders and certain cancers. When used in high doses, it is also a cause of heart disease. The frequency of heavy drinking by the mother is also associated with the occurrence of a range of completely preventable mental and physical birth defects collectively known as fetal alcohol spectrum disorders (FASD). These are lifelong conditions resulting from maternal alcohol consumption during pregnancy that can significantly impact on the life of the individual and those around them.

In the UK, the burden of alcohol-related morbidity and mortality is shifting to younger age groups in both men and women, and toward the most socially deprived groups. The pattern of consumption is important in determining the impact of alcohol use on health. Binge

drinking is a particularly harmful form of alcohol consumption and significantly increases the risk of alcohol dependence in men and women. Alcohol use can lead to many harmful consequences for the individual drinker, their family and friends. It significantly impacts on family life and is also a contributory factor in domestic violence incidents in about 50 per cent of cases. Parental alcohol use is also correlated with child abuse and impacts on a child's environment in many social, psychological and economic ways. Driving under the influence of alcohol is a significant cause of death and serious injury from road traffic crashes in the UK. Alcohol consumption by other road users such as cyclists and pedestrians is also associated with fatalities and injuries. Drinking alcohol, especially drinking heavier quantities, is also a significant factor in criminal and disorderly behaviour.

Recent estimates of the annual costs of alcohol-related harm to the UK include: workplace loss of productivity or profitability costs of £6.4-7.3bn in England, £320m in Wales and £223.8m in Scotland. Crime and disorder-related costs have been estimated at £7.3bn in England, £365m in Wales and £276.7m on criminal justice and emergency services in Scotland, and healthcare costs have been estimated at £1.7-2.8bn in England, £110.5m in Scotland, £85m in Wales and around £34m in Northern Ireland. Other quantified costs include £96.7m for social work services in Scotland, £21bn in England for families losing income or having to pay informal care costs, and £230m on social costs to individuals and families due to family break-ups or premature deaths in Wales.

Sources: *Alcohol misuse: tackling the UK epidemic* (BMA 2008), *Fetal alcohol spectrum disorders – a guide for healthcare professionals* (BMA 2007), *Addressing alcohol misuse issues* (DPPW 2006).



Image source: Alamy

Section 3

Alcohol sales and marketing expenditure

As alcohol consumption in the UK has increased rapidly in recent years, the market for alcohol has expanded accordingly. These sales are driven by vast promotional and marketing campaigns that dwarf health promotion efforts.

3.1 Alcohol sales

Household expenditure on all alcoholic drinks increased by 81 per cent between 1992 and 2006; in particular, expenditure on wine increased by 133 per cent (DEFRA Expenditure and Food Survey, as cited by NHS Information Centre 2008). Recent years have seen an increasing trend among UK adults toward home-based alcohol consumption. Since 1992, consumption of alcoholic drinks in the home has increased overall; the figures peaked in 2003-04 and have varied since (ibid). Volumes of alcoholic drinks consumed outside the home have decreased overall, falling by 23 per cent between 2001-02 and 2006 (ibid). This trend toward home-based alcohol consumption most likely reflects the lower cost of alcohol in off-licences compared to licensed premises in the UK. Among younger adults, there is also an increased tendency to consume alcohol at home prior to going out.

In 2007, one quarter of adults (16 years and over) in Great Britain had purchased alcohol from a supermarket and one quarter had bought alcohol from a licensed bar in the past week (Lader 2009). Men were found to be twice as likely as women to have bought alcohol in a bar (35% versus 16%) but proportions were similar for buying alcohol at the supermarket (ibid). The heaviest drinkers (male and female) were the most likely to have bought alcohol from a bar and the most likely to have bought alcohol from a supermarket, compared with those with lower alcohol consumption levels in the previous week (ibid). Lader (2009) highlights that sub-group differences may reflect purchasing patterns rather than drinking patterns: men may be more likely to purchase drinks at a bar in mixed company and supermarket shoppers might not drink the alcohol they purchase themselves.

Alcohol industry sales data covering both the off-trade (eg supermarkets and off-licences) and the on-trade (eg in bars, restaurants and public houses), show that in 2007 there was nearly enough alcohol sold in Great Britain to enable every man and woman over the age of 16 years to exceed UK recommended guidelines for men (The Nielsen Company 2008). Weekly sales were equivalent to 19 alcohol units per capita (population 16 years and up) (ibid).⁹ In Scotland in 2007, sales exceeded the UK recommended guidelines for men with nearly 23 units of alcohol sold per capita (population 16 years and up) (The Nielsen Company 2008; The Scottish Government 2008). Alcoholic drinks sales in Great Britain were estimated to be worth £33.7bn in 2007; including £21.3bn from on-trade sales (63%) and £12.4bn from off-trade sales (37%) (The Nielsen Company 2008).

These sales data highlight an increasingly divergent discrepancy between alcohol sales in the UK and the self-reported alcohol consumption data collected in population surveys (Catto 2008). Alcohol sales have increased steadily over the past 20 years whereas consumption data have slowed over the

⁹ The data do not include personal imports, mail order, internet and on-trade events (eg T in the Park) and the tourist trade is likely to have some influence on results (visitors arriving and the home population leaving) (The Nielsen Company 2008).

past 5 to 10 years (see section 2.1.1). Survey underestimation of alcohol intake may be as much as 50 per cent (ibid). This suggests that levels of alcohol consumption in the UK may be increasingly underestimated and therefore levels of future harm in the population will also be understated.

3.2 Alcohol marketing and advertising spend

A significant proportion of the revenue from these sales is used to fund alcohol marketing and promotion. It is estimated that the UK alcohol industry spends approximately £800m every year promoting its products,^h and other business sectors – most noticeably the supermarkets – play their part in generating an excessively pro-alcohol environment. As highlighted by a 2008 Scottish Government discussion paper *'Alcohol is widely and intensively advertised and promoted through an expanding range of media. And alcohol sponsorship of sport, music and cultural events is increasingly common'* (The Scottish Government 2008).

3.2.1 Alcohol advertising spend

In the UK, expenditure by the alcohol industry on marketing and promotion is substantial, and significantly more than expenditure on health promotion marketing and advertising. Recent figures show that the total annual advertising expenditure in the UK across all sectors – from car insurance to soft drinks – is just below £9bn (Nielsen Media 2006, as cited by Ofcom & Advertising Standards Authority 2007). In the UK, the total spent on alcoholic drinks advertising on television, the radio, in the press, outdoors, and in cinemas increased from £167m in 2002 to £221m in 2005, and decreased to £194m in 2006 (Nielsen Media 2006, as cited by Ofcom & Advertising Standards Authority 2007). The £27m fall in expenditure between 2005 and 2006 included a £26m decline in alcoholic drinks television advertising and a small reduction in cinema advertising, although outdoor advertising and radio advertising expenditure increased at an above average rate (Ofcom & Advertising Standards Authority 2007). The 2006 Nielsen Media data also showed that within alcoholic drinks sectors, between 2002 and 2006, there was an increase in total media advertising expenditure for cider/perry and a reduction for the alcopops sector (Ofcom & Advertising Standards Authority 2007). The other alcohol drinks sectors remained consistent.

In comparison, in 2007 equivalent expenditure on carbonated soft drinks and hot drinks was £109m and £41m respectively (Nielsen Media Research 2007, as cited by Key Note 2008a). Main media advertising expenditure on all food products (excluding sweeteners, jams and spreads, confectionary and beverages) was £413m in 2006 (Nielsen Media Research 2006, as cited by Key Note 2007a) and for general insurance (including motor, home contents, building, travel, sport and healthcare), main media advertising in the UK in 2007 was £170m (Nielsen Media Research 2007, as cited by Key Note 2008b).

^h As alcoholic drinks industry data are commercially sensitive and costly to buy, the information presented relies on data collected by companies specialising in marketing intelligence and media measurement which have then been published in secondary sources. Aside from advertising (on television, radio, outdoors, in the press and cinemas) the only other form of data available were for sports sponsorship.

Despite the decline in overall expenditure in 2006, television remained the key medium for alcoholic drinks advertising, accounting for 49 per cent of expenditure compared with 43 per cent of total UK advertising spend on television, the radio, in the press, outdoors, and in cinemas (Ofcom & Advertising Standards Authority 2007). In terms of the volume of alcoholic drinks advertising, between 2004 and 2006, there was an increase in the number of commercial spotsⁱ aired on television: 367,000 in 2004, 412,000 in 2005 and 442,000 in 2006 (Nielsen Media 2006, as cited by Ofcom & Advertising Standards Authority 2007). Lager products had the highest proportion of total commercial spots for alcoholic drinks between 2002 and 2006 (25% and 30%), with cider/perry accounting for the biggest rise in share of the sector in 2006 (18%), and the alcopops sector share declining the most that year (to 3.5%). Analysis of the 2002 to 2006 Nielsen Media data found a decline in the amount of UK alcoholic drinks television advertising young people were exposed to, measured by commercial impacts^j (Ofcom & Advertising Standards Authority 2007). Over the five years, there was a decline of 31 per cent in 16 to 24-year-olds' and 39 per cent in 10 to 15-year-olds' alcoholic drinks television advertising impacts (Ofcom & Advertising Standards Authority 2007).^k This report notes however, that the appeal of such advertising to young people has increased – as has its perceived ability to encourage young people to drink (see section 4.3).

Television, notwithstanding its dominance, is also only part of the marketing communications strategy. The 2001 WHO *Global Status Report on Alcohol and Young People* (Jernigan) emphasises the growing trend for marketing expenditure to shift away from traditional forms of direct advertising in the print and broadcast media (known as 'above-the-line' activity), to 'below-the-line' activity, such as sponsorship, competitions, special promotions and an increased focus on new media online and via mobile phones. In 2003, it was estimated that the UK alcohol industry's £200m annual spend on mass media advertising expands to £800m for marketing communications as a whole (The Cabinet Office 2003); five times more than the Central Office of Information's (COI) entire advertising turnover for 2002-03, including that focusing on the adverse health impact of alcohol consumption (Central Office of Information 2003).

3.2.2 Sports sponsorship by the alcohol industry

In the UK, the sponsorship of sport and cultural events, many with a particular appeal to the young, has become a key promotional vehicle. Market data on sports sponsorship collected by Ipsos MORI demonstrates that alcoholic drinks companies were the second largest source of sponsorship funding from 2003 to 2006, behind the financial services sector (Key Note 2007b). In 2006, the financial services industry accounted for 19.2 per cent of sports sponsorship, alcoholic drinks industry 11.6 per cent and the sports goods industry 10.2 per cent of active deals. Forty-nine of the 71 UK sponsorship deals included in the analysis were paid for by the brewing industry,

i A television advertising spot transmitted in a commercial break during a televised programme.

j An 'impact' is equivalent to one member of the target audience viewing one commercial spot.

k The methodology and sample size for measuring commercial impacts among the two age groups are not reported.

with the rest by other alcohol producers (Key Note 2007b). From the perspective of the alcohol industry, despite the conflict between sporting activity/performance and drinking alcohol, by using sports sponsorship drinks companies can expose their brands to a traditionally 'hard to reach' group of active, affluent young men and women (Key Note 2007). Examples of alcohol industry sports sponsorship deals are provided in **Box 3**.

Box 3 – Examples of alcohol industry sports sponsorship deals, 2008

<i>Brand</i>	<i>Sport sponsorship deal</i>
Carling lager	Title sponsorship of the Football League cup in England and shirt sponsorship of Glasgow's Celtic and Rangers Football Clubs
John Smith's ale	Title sponsor of the Grand National plus other race days at the majority of UK racecourses
Magners Irish Cider	Sponsors two British rugby union teams, was title sponsor of a rugby union league championship for Ireland, Scotland and Wales, and hosted a golf championship in Wales and in Scotland
Guinness stout	Title sponsor of an English rugby union league
Johnnie Walker whisky	Formula One McLaren Team sponsors
Stella Artois lager	Title sponsor of a London tennis tournament for 30 years, ending 2008

Source: Key Note Ltd (2007) *Sports Sponsorship*. Market Report November 2007. Hampton: Key Note Ltd.

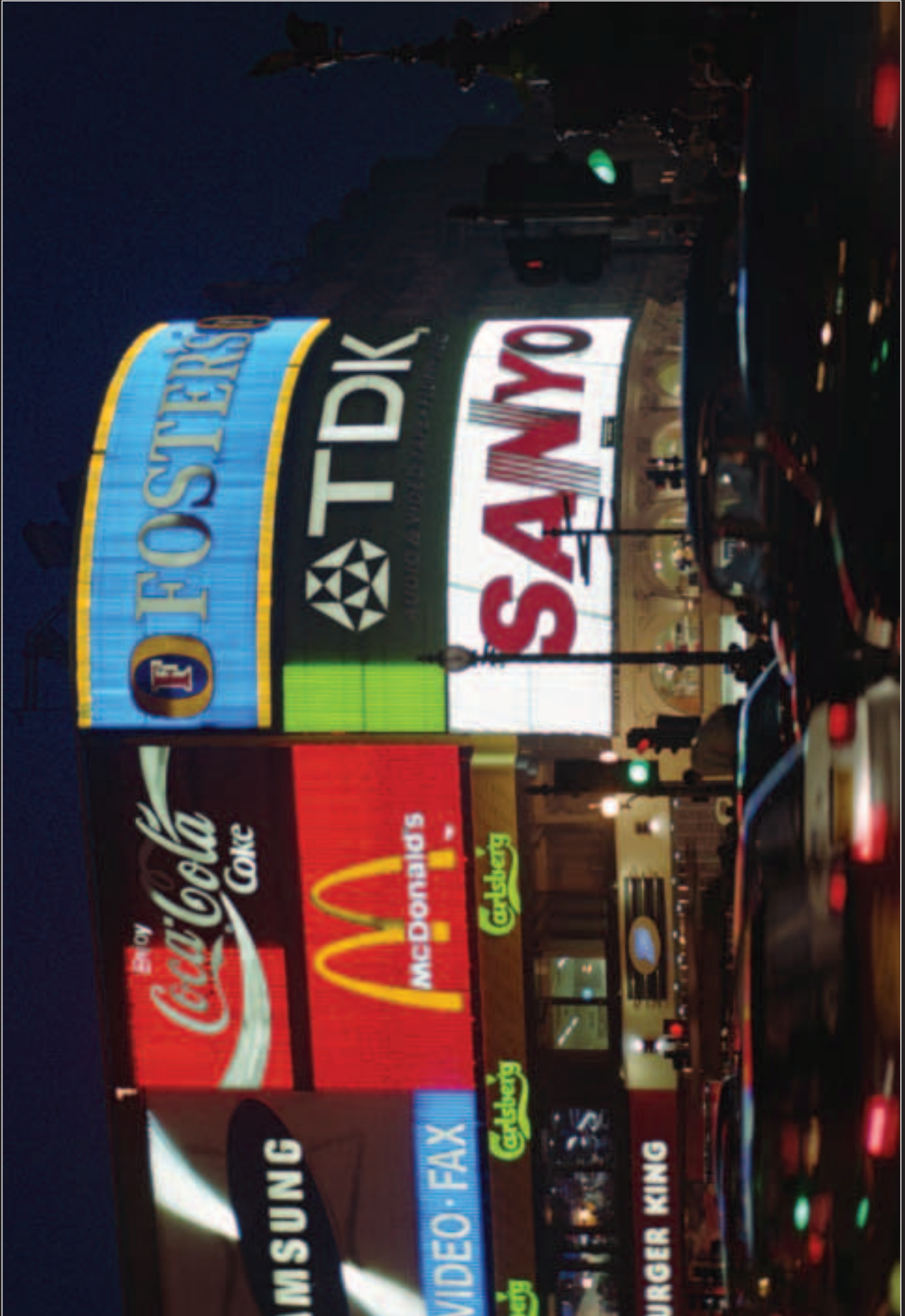


Image source: Getty Images

Section 4

The web of alcohol marketing and promotion

The vast expenditure on alcohol advertising and promotion has already been noted. This section reviews the evidence showing that this has a powerful effect on young people encouraging them to both take up drinking and drink more once they do. It also explains that these specific effects are only part of the problem: marketing communications come in many forms and their cumulative impact on social norms is also a cause for great concern. Finally it notes that in the UK alcohol promotion is subject to completely inadequate controls.

4.1 The impact of alcohol promotion on young people

A substantial body of research has found that alcohol advertising and promotion influences the onset, continuance and amount of alcohol consumption among young people. This evidence base originates from econometric and consumer studies.

4.1.1 Econometric studies

Early attempts to measure the impact of alcohol advertising on young people relied on econometric studies,¹ mostly conducted in the 1980s and 1990s. These examined the correlation between the amount of advertising taking place in a particular jurisdiction (typically in terms of expenditure) and the amount of alcohol being consumed (typically in terms of sales). With one notable exception (Saffer & Chaloupka 2000), these have found little or no evidence of advertising influencing young people, which has led one author to describe the effects as 'barely measurable' (Duffy 1989). The fact that they are difficult to measure, however, does not mean that they are minimal or do not exist; it may just reflect inadequate research methods. Furthermore, econometric study methods have a number of serious deficiencies:

- they depend on the use of extremely complex models that allow for the possible effect of all the variables that influence drinking (including availability, age, gender) and high-quality longitudinal data for some of these variables are often lacking
- it is difficult to measure variations in effect unless there are significant changes in the amount of advertising taking place, and such variations are typically small. Only policy interventions prohibiting advertising are likely to cause major changes and, unlike tobacco, these have not been widely implemented or studied
- they tend to focus on whole populations, which hides any effects on young people. It is highly likely, for instance, that young people, who are just experimenting with and learning about alcohol, will be more responsive to advertising than established adult drinkers (see section 4.1.2).

In response to these problems, more recent studies have adopted a different approach to the problem.

4.1.2 Consumer studies

Consumer studies examine advertising from the perspective of the young person, thus emulating the commercial marketer who uses consumer research to both guide the design of advertising and measure its effect on the target group. The measurement of effect involves looking for connections between exposure to, and appreciation of, advertising, and drinking knowledge, attitudes and behaviour.

¹ Studies in the branch of economics concerned with the use of mathematical and statistical models applied to economic theories and problems.

Such studies have shown consistent links between marketing communications and young people's drinking. All the major forms of mass media advertising – press, television and billboards – have been found to have an effect. In particular, studies using longitudinal data provide an effective method to determine cause and effect. Three independent systematic reviews of this literature have been undertaken in the last two years and all have concluded that advertising does have an effect on young people's drinking (Smith & Foxcroft 2009b, Booth et al 2008, Anderson et al 2009).

The most recent of the review shows that no fewer than 13 longitudinal studies following up a total of over 38,000 young people have been conducted in recent years, and 12 have found advertising and promotion effects on subjects' self-reported drinking status, with the 13th finding effects on future interventions (Anderson et al 2009). The studies used a wide range of methods to measure exposure to marketing communications, and follow-up periods ranged from eight months to eight years. Initiation among non-drinkers, and maintenance, levels and frequency of consumption among drinkers, were also examined.

The review demonstrates that exposure to marketing communications is consistently linked to both the onset of drinking and the amount of alcohol being consumed. The authors conclude that *'based on the strength of this association, the consistency of findings across numerous observational studies, temporality of exposure and drinking behaviours observed, as well as the theoretical plausibility regarding the impact of media exposure and commercial communications, we conclude that alcohol advertising and promotion increases the likelihood that adolescents will start to use alcohol, and to drink more if they are already using alcohol'* (Anderson et al 2009).

Since this review has been published the Science Group of the European Commission's Alcohol and Health Forum^m have also examined the evidence base and again concluded that alcohol promotion is influencing children to start drinking and encouraging them to drink more once they do (Science Group of the European Alcohol and Health Forum 2009).

4.1.3 Beyond mass media advertising

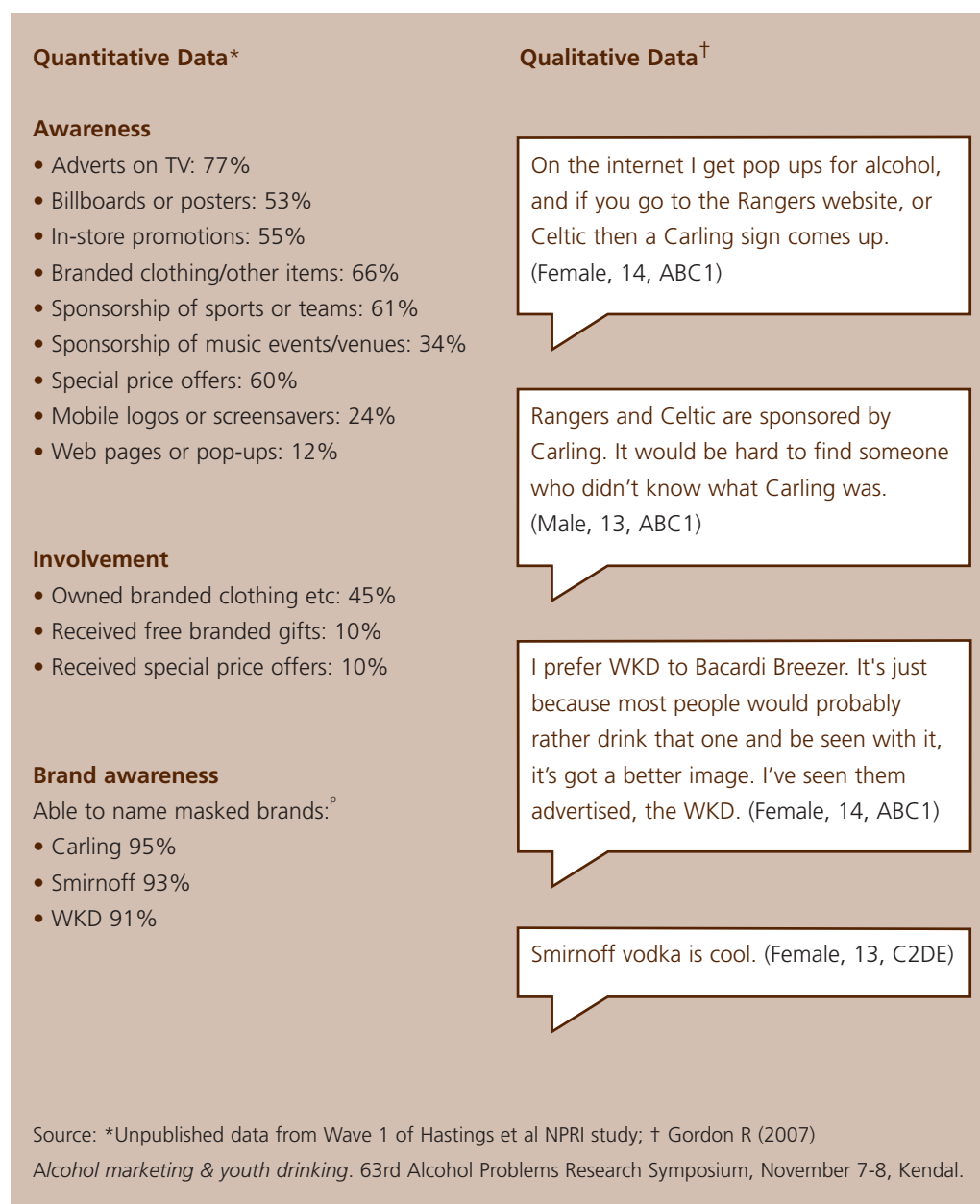
Anderson et al (2009) also found that a multiplicity of types of marketing communication have been shown to influence young people. In addition to the effects of mass media advertising, six of the categories of broader marketing communications (eg sponsorship, merchandising, product placement) highlighted in **Figure 2** (see page 5) have been found to influence youth drinking. A longitudinal study currently being undertaken as part of the National Prevention Research Initiative (NPRI),ⁿ illustrates just how pervasive communications about alcohol have become. The research has interviewed a cohort of 1,000 teenagers at age 13 and again at 15 years old. Three quarters of the teenagers surveyed at age 13 were familiar with television advertisements, and two

m http://ec.europa.eu/health/ph_determinants/life_style/alcohol/Forum/alcohol_science_group_en.htm

n The NPRI is a national initiative made up of Government departments, research councils and major medical charities that are working together to encourage and support research into chronic disease prevention. Founded in 2004, its core aim is to develop and implement successful, cost-effective interventions that reduce people's risk of developing major diseases by influencing their health behaviours. The University of Stirling holds an NPRI award for 'Assessing the cumulative impact of alcohol marketing communications on youth' for 2006-10 (see Medical Research Council 2005).

thirds sports sponsorship. Nearly half were found to own alcohol branded merchandise and, when shown masked prompts, the vast majority could name the leading brands.^o Qualitative research conducted as part of the NPRI study illustrates the extent to which teenagers in the UK are aware of alcohol, alcohol brands and related communications (see **Figure 4**).

Figure 4 – The impact of alcohol marketing communications on UK 13-year-olds



^o Results from the second wave of interviews of the teenagers at age 15 are currently being analysed.

^p Respondents are shown colour pictures of five alcoholic drinks that have the name covered up. For each one, respondents are asked by the interviewer what make or brand they think it is.

4.2 The cumulative effect and social norms

The different forms of marketing communication are not intended to act as independent levers, but are combined into an 'integrated marketing communications mix' (Hutton 1996). A brand's television advertising, sport and events sponsorship, merchandising, internet presence, electronic communications and point-of-sale (POS)^q marketing all combine to embed the young person in a network of pro-drinking stimuli (see **Figure 5**). This web becomes even more tangled when indirect media references are taken into consideration – from soap operas set in pubs, through the plethora of drinks references on greetings cards to radio DJs bragging about their hangovers (Daykin et al 2009). As a result, young people in the UK are growing up in an excessively pro-alcohol real and virtual environment. At the same time, alcohol brands in the UK have acquired enormous power, and value. Budweiser, for instance, was estimated to be worth \$11.44bn in 2008, and the UK's Smirnoff brand \$3.59bn (Interbrand 2008).

Figure 5 – The cumulative effect of alcohol promotion



q POS marketing relates to all the activity that takes place in the retail environment to promote alcohol.

These cumulative forces have a powerful symbolic dimension. The fact that promotion is allowed, ubiquitous and heavily linked to mainstream cultural phenomena, communicates a legitimacy and status to alcohol that belies the harms associated with its use. It also severely limits the effectiveness of any public health message. As highlighted by a 2008 Scottish Government discussion paper it *'helps portray alcohol as just another ordinary product, de-sensitising consumers to the potential for harm'* (The Scottish Government 2008) – this is contrary to the WHO-endorsed warning that it is in reality *'no ordinary commodity'* (Babor et al 2003).

Alcohol promotion therefore influences social norms, and there is substantial evidence that these in turn influence young people's relationship with alcohol. The more common and acceptable young people think drinking is, both in society as a whole and among their peers, the more likely they are to be a drinker and the greater quantities of alcohol they are likely to consume (LaBrie et al 2008, 2009, Doumas & Hannah 2008, Neighbors et al 2007, Perkins 2007, Walters et al 2007). The public health and policy response has to take an equally broad perspective and address these damaging norms. This confirms the point made in the introduction about the need for comprehensive strategies to combat the UK's current alcohol problems: micro solutions targeting subsets of the population have little prospect of working when they are deployed in such an unsupportive context. Similarly, piecemeal controls on alcohol promotion, as discussed in the next section, are also destined to fail.

It is important to note that the focus is on norms concerning alcohol use, as well as just its harmful use. The aim, however, is not to promote abstinence (despite the fact that the majority of adults worldwide are abstainers (WHO 2007)) or completely denormalise drinking – just to make it less central to people's lives: to make it a little less normal, and thereby reduce per capita consumption.

4.3 Voluntary codes

In the UK, alcohol marketing and promotion is regulated via voluntary codes governing creative content. There are separate codes for broadcast and non-broadcast media; the only significant difference in their provisions is that television advertising has to be cleared prior to transmission (see **Box 4**). With this exception, the codes depend on the public making complaints to the Advertising Standards Authority (ASA), and when these are made an investigation is considered and, where deemed to be appropriate, conducted. If an advertisement is found to contravene the code, it is withdrawn, and a fine may be issued. In the last three years (preceding 31 March 2009), for instance, 11 examples of alcohol marketing breached broadcast advertising standards and 17 breached the non-broadcast advertising standards (Advertising Standards Authority 2009a). In each of these cases companies were no longer allowed to display or broadcast the advertisement in its current form but no fines were issued. Over the same period, complaints about a further 26 advertisements potentially breaking either of the two codes were not upheld by the ASA (Advertising Standards Authority 2009a).

Box 4 – The main provisions of the UK voluntary codes for alcohol advertising

Broadcast media:*

11.8.1(e) ...advertisements must not imply that alcohol can improve any type of performance.

11.8.2(a)(1) Advertisements for alcoholic drinks must not be likely to appeal strongly to people under 18, in particular by reflecting or being associated with youth culture.

Article 15(b) [Television advertising and teleshopping for alcoholic beverages] shall not link the consumption of alcohol to enhanced physical performance...

Non-broadcast media:†

56.7 Marketing communications should not be associated with people under 18 or reflect their culture.

56.8 Marketing communications must neither link alcohol with seduction, sexual activity or sexual success nor imply that alcohol can enhance attractiveness, masculinity or femininity.

Committee of Advertising Practice (CAP) Executive Advice: The Code prohibits marketers from suggesting that alcohol can enhance mental or physical capabilities or sporting achievement.

These rules were tightened in 2005 to be stricter on 'the general appeal of alcohol ads to young persons, especially under-age drinkers, and references to "youth culture"' (Ofcom & Advertising Standards Authority 2007).

Sources: * *Radio Advertising Standards Code* (2008) - Alcoholic Drinks pp. 47-9; *Television Advertising Standards Code* (2008) – Alcoholic Drinks pp. 71-4. † *The British Code of Advertising, Sales Promotion and Direct Marketing* (2009) – Alcoholic Drinks pp. 32-3. CAP (2009) *AdviceOnline: Alcohol: Enhanced sporting, mental and physical capabilities* (www.asa.org.uk accessed 3 November 2008).

Central to the voluntary codes of practice are proscriptions on associating drinking with sexual or sporting performance, or youth culture. These provisions were reinforced by the Alcohol Social Responsibility Principles laid down in the voluntary youth alcohol action plan, which requires companies 'To avoid any suggestion that drinking alcohol can enhance social, sexual, physical, mental, financial or sporting performance, or conversely that a decision not to drink may have the reverse effect' (Wine and Spirit Trade Association et al 2005, and in Scotland, the Advertising Association et al 2007).

There are four major weaknesses in this system of voluntary regulation.

1. With the exception of the pre-vetting of television advertisements, regulatory controls are only applied after an advertisement has been run and a complaint has been made. Any action will therefore only occur after the advertisement has been in the public domain and already had an effect. Furthermore, the penalties for transgressions are minimal and do not act as an effective deterrent or protect young people from future offences. **Figure 6** illustrates this problem. In March 2009 a night club in Leeds was found guilty of associating drinking with sexual performance using provocative imagery and the strapline '*I love (using a heart symbol) S.E.X*'; and the ASA's website proudly proclaims that they were required to remove the offending posters (Advertising Standards Agency 2009b). But these posters had already been used to entice and attract young people, and to reinforce inappropriate associations between drink and sex. The damage had been done. Just a month later an almost identical campaign – complete with love heart commitment to '*I love (using a heart symbol) S.E.X*' – was running in Liverpool. Thus post hoc punishments have little or no effect and fail to act as a deterrent.
2. The reliance on public complaint is of limited effectiveness, especially in an increasingly fragmented media market place. In many instances, young people will be the only ones to be aware of marketing and promotions, and they are unlikely to be a critical audience. How many parents, for example, know what advertising is reaching their children through social networking sites like Facebook or Bebo?
3. The codes' focus on content cannot adequately address alcohol promotion in the form of images and associations. Sponsorship of sporting events or teams, for example, clearly draws connections between alcohol and sporting success (examples of these forms of promotion are illustrated by the figures at the start of each section of this report). This also extends to merchandise targeted directly at children and young people: the Liverpool FC website (accessed 27/2/09), for instance, advertises its junior replica football shirts complete with Carlsberg branding. Likewise, T in the Park, and other link-ups between alcohol companies and music festivals self evidently draw connections with central planks of youth culture.
4. No attention is given to the amount of alcohol advertising. Objections can be made on the style, language or design of a particular advertisement, but not on the volume of advertising. This is despite the fact that the evidence base highlighted in section 3.2 has shown that it is advertising per se that influences young people, not just certain types of appeal or particular campaigns.

Figure 6 – How alcohol sponsorship makes a mockery of advertising codes which prohibit allusions to sex and youth culture

ASA adjudication in March 2009 requiring a nightclub in Leeds to remove a poster for *S.E.X. – the Saturday Entertainment Xperience* which ‘showed pictures of young women dressed in mini-skirts and cropped-tops. A large circle on the left of the poster and a smaller circle in the centre stated “I love (using a heart symbol) S.E.X (R)” Text underneath stated “the Saturday Entertainment Xperience!” Large headings above the women stated “Leeds’ Wildest Saturday Night Party – SATURDAYS!” and “THE BIGGEST SATURDAY NIGHT PARTY IN LEEDS – NOW AT BAJA!!!” Smaller circles towards the bottom of the poster stated “£1 SHOTS! SAMBUCA – TEQUILA – YES!” and “£2 VODKA REDBULL – YES!”^{*}

A similar poster was used in April 2009 in Liverpool: [†]

I Love S.E.X @ Studio, Liverpool (Sat Apr 11, 2009)

Flyer

Location

Studio
 Madras Street, L1 9AG Liverpool
 Show map
 Formerly known as Jaxx, STUDIO has been bought by the owners of Society. This very same team won Society Best Bar None...

Description

I LOVE S.E.X - EVERY SATURDAY @ STUDIO (FORMERLY JAXX)

I LOVE S.E.X (SATURDAY ENTERTAINMENT EXPERIENCE)

From the people who bring you Vodka RedBull, Thursday @ Getback...

Liverpool's BIGGEST new student night launches into action on **SATURDAY 11TH APRIL** at Liverpool's hottest new nightclub Studio (formerly Jaxx)

After dominating the student scene in various cities around the north for years, I Love S.E.X arrives in Liverpool with an amazing line-up to provide an exclusive student only Saturday night, promising to bring breaking themed events, celebrity DJs, amazing entertainment, and INCREDIBLE SATURDAY DRINKING OFFERS

Information

Sources: * Advertising Standards Authority (2009) *ASA Adjudications. Taking Liberties Ltd. 11 March 2009*. London: Advertising Standards Authority. [†] <http://uk.tilllate.com/en/event/6181292> (accessed 14.4.09).

Thus voluntary codes are an entirely inadequate response to the onslaught of alcohol promotion which has now been shown to directly influence the uptake and level of youth drinking. The Ofcom/ASA evaluation of the recent tightening of the code – which again focuses on content – highlights the problem (Ofcom & Advertising Standards Authority 2007). Since the revised code's introduction it is stated that ‘*there has been no change in how much young people say they like the adverts and there has been an increase in those saying the adverts make the drink look appealing and would encourage people to drink it*’ (ibid p63-4). Little reassurance is provided by

the qualifying statement that *'there has been a decline in the proportion of young people saying they feel the commercials are aimed at them'*, particularly given the references to 'kidult marketing' earlier in the report which *'blurs the fixed lines between adults and children'* and that *'alcohol advertisements that play on the boundary of adult and teenage behaviour to bring the teenage and adult world closer together appear to have strong appeal for young people'* (ibid p50-1). This evaluation illustrates that the codes, far from protecting young people from alcohol promotion, act as a veil behind which business can go on as usual.

In light of the ineffectiveness of the voluntary code of practice, it is essential – as the Welsh Assembly Government has noted (Hart 2005) – that severe restrictions are put on the amount of alcohol marketing communications, and that these are comprehensive and rigorously enforced. In France, this problem has been addressed through the introduction of the 'Loi Evin' which prohibits the use of key media, including television and sponsorship, and, rather than saying what cannot be done in other media, instead defines what is permitted – and this is limited to factual information about the product. In the UK, however, a simpler and well-tested alternative is to implement a complete ban on advertising as has been done very successfully with tobacco.

Image source: Getty Images

**GIRLS
DRINK
FREE!**

UNTIL 1 am
(see staff for details)

Girls Drink FREE

EVERY NIGHT

til' 1 am

Section 5

The integrated marketing mix

Beyond marketing communications, companies use consumer marketing strategies including product design, pricing and distribution to develop and manage brands, and these also promote consumption.

5.1 Pricing

As highlighted in *Alcohol misuse: tackling the UK epidemic* (BMA 2008), there is strong and consistent evidence that increases in price have the effect of reducing consumption levels, and rates of alcohol-related problems. Price has also been found to have an even greater influence on youth consumption compared to marketing communications. Several reviews have found that taxation and price changes have larger effects on young people compared to the overall population (Österberg 1995; Godfrey 1997; Chaloupka 2004). A 2007 wide-ranging expert seminar on pricing and alcohol concluded that *'controls on price and availability of alcohol, have the highest evidence for effectiveness in reducing levels of harm in the population, particularly young people'* (SHAAP 2007). The most recent systematic review on alcohol pricing in the UK (Booth et al 2008) found *'scattered evidence that suggests that the various pricing policy options have a similar or stronger effect for the identified at-risk groups (young people under 18, young adult binge drinkers, and, in some studies, heavy drinkers) and may thus be especially suitable for reducing overall harms in these groups'*. A recent cross-sectional survey with 15 and 16-year-olds in the North East of England also found that young people's disposable income showed a strong relationship with bingeing when drinking alcohol (Bellis et al 2007).

In the UK, the affordability of alcohol increased by 69 per cent between 1980 and 2007 (NHS Information Centre 2008) because income has increased much faster than prices. The difference between the retail price index and the alcohol price index has also fallen, meaning that the rate of increase of the price of alcoholic drinks, relative to all retail items, has decreased. In order to reduce alcohol consumption among young people, the level of excise paid on alcohol should be increased and related to the number of units of alcohol. This increased taxation would not only reduce consumption levels, but could also contribute much needed funding for public health research and education (see section 6.2) and to meet the social and economic costs of alcohol use (eg healthcare service costs, police enforcement). In the UK, the current taxation system has serious anomalies, with, for example, cider (which is a favourite among young people, particularly boys aged under 16) and wine attracting lower duty than other drinks. The taxation system in the UK should be rationalised so that excise accurately reflects the alcoholic strength of different drinks.

In addition to its effect as a fiscal measure, pricing is also a marketing tool used by companies at a micro level. On trade price promotions such as *'Beat the clock'* specials, *'buy one get one free'* happy hours, *'any coin any drink'*, *'ladies' night'* and *'penny beers'* (Ernberg & Hacker 1997; Christie et al 2001; Cooke et al 2001) are commonplace in bars and nightclubs, and have all been criticised in the public health literature. Unsurprisingly, such price promotions have been found to increase drinking among young people. Kuo et al (2003) conducted a study of over 10,000 college students in the US, and found that alcohol price promotions were prevalent around college campuses, and were associated with higher binge drinking rates. Christie et al (2001) found price promotions resulted in the belief that increased consumption would take place, while young people have been found to value the cheapness of designer drinks (Hughes et al 1997).

Off-trade pricing also represents a significant problem. In the UK, as noted in section 1, alcohol is frequently used as a promotional tool – or loss leader – to attract customers into supermarkets. Furthermore the fact that alcohol attracts value added tax (VAT) subsidises this price cutting: the supermarket can reclaim 15 per cent tax on any discount. These cheap offers are thus partly underwritten by the taxpayer.

All the UK's major operators have admitted that they sell alcohol at a loss on a regular basis (SHAAP 2007). This discounting undermines the effectiveness of fiscal measures in reducing consumption (ie increased taxation only acts as a disincentive when passed onto the consumer). These promotions are also heavily publicised in a variety of media, including television, door to door and at the POS, thereby reinforcing the profile and normalcy of the product. It is clear that alcohol marketers have succeeded in positioning alcohol as close to our hearts as staple foods such as bread and milk, where it can be bought as a part of the family shopping. It is essential that these forms of promotional activity are strictly regulated through the introduction of legislation prohibiting price promotions on alcoholic products, and establishing minimum price levels (Booth et al 2008). In February 2009 the Scottish Government announced proposals to introduce a minimum price per unit of alcohol (Scottish Government 2009); the other UK Governments should also commit to such action.

5.2 Distribution

In the on-trade, price promotions also link in with wider POS marketing, and these promotional activities often directly encourage faster and greater levels of alcohol consumption. A 2008 KPMG independent review of the voluntary social responsibility standards in the production and sale of alcoholic drinks identified many areas of poor practice frequently used, including:

- the promotion of alcohol through low price offers, inducements by DJs to consume greater quantities, and glamorisation through links with sexual imagery
- sales to blatantly intoxicated people
- people who appear to be under-18 frequently being admitted to age restricted venues in which they cannot purchase alcohol legally
- encouragement to drink more and faster through shots and shooters being 'downed in one' (KPMG 2008).

The KPMG research team concluded that *'our observation studies in eight locations have revealed many irresponsible and harmful practices. Moreover, these poor practices are more prevalent in venues frequented by people apparently under the age of 18'* (KPMG 2008). The research team further concluded that their *'preferred option is a model based on a local Government led approach, but working to national standards and conditions laid down by central Government'* (KPMG 2008).

In December 2008, the UK Government announced plans to introduce a UK-wide mandatory code to tackle irresponsible retailing such as two for one and happy hours, and is currently consulting on the provisions of the code (Home Office 2009).

As well as providing financial incentives to drink irresponsibly, POS activity also helps develop brand value. This is often achieved through the use of slogans and catchphrases designed to be irreverent and edgy. This form of POS marketing also links to the promotional activities on websites, sponsorship and the fun advertising imagery of the wider marketing communications strategy. One leading brand, for example, is currently running a promotion for publicans which entitles them to a 'football kit' including bar towels bearing the slogan 'no dribbling at the bar'. As with event and sports sponsorship, this type of POS promotion contravenes the voluntary agreements regulating alcohol marketing and promotion (see section 4.3). In light of the current regulatory system, it is essential that there is further independent research and evaluation of sales practices on a regular basis, covering all aspects of industry marketing (including that of producers, distributors and supermarkets).

In the UK, licensing reforms and the increasing emphasis on extended trading hours for the on- and off-trade have further contributed to the development of pro-alcohol social norms. As highlighted in *Alcohol misuse: tackling the UK epidemic* (BMA, 2008) licensing interventions are one of the most influential methods for controlling alcohol consumption through regulation of where, when and to whom alcohol can be sold. In reducing young people's access to alcohol, and therefore its ubiquitous distribution, it is important that the availability of alcoholic products is regulated through a reduction in licensing hours for on- and off-licensed premises.

Studies have also shown a strong link between the number of outlets and increased consumption (McGuinness 1980) and problem drinking (Scribner et al 2000, Huckle et al 2008). A high density of outlets has, for example, been found to adversely impact on the young and inexperienced drinker: '*It appears that the "wettest" communities may be particularly risky for young people whose drinking does not reflect entrenched high-risk patterns*' (Weizman et al 2003). Similar results were found across six university campuses in New Zealand with both on- and off-licensed outlets (Kypri et al 2008) and in a study of 32 college campuses in the USA (Scribner et al 2008).

This is particularly problematic in the UK where as a result of licensing liberalisation there has been a rapid increase in the number of licenses granted and the size of the venues covered. This has led to heavily commercialised zones in urban areas with vast and multiplying numbers of outlets, while traditional rural pubs with a mix of clientele are closing at an increasing rate. Between 1997 and 2004, for example, the licence capacity of Nottingham's city centre increased from 61,000 to 108,000, while Manchester city centre has a capacity of 250,000 (Hobbs 2005). This expansion of large inner city venues aimed at young people has been driven by robust alcohol marketing and promotion. It is therefore important that the density of alcohol outlets is taken into account when considering planning or licence applications, and where necessary, legislative changes are introduced to ensure these factors are considered.

Licensing policy, and specifically the requirement in the late 1980s for brewers to dispense with their tied houses (ie ownership links or contractual obligations to a specific manufacturer), has seen the emergence of ‘pubcos’. These companies buy up and then let pubs to prospective landlords, charging them high rents and tying them in to expensive supply contracts. The resulting high costs and narrow margins result in increased pressure on landlords to maximise sales, and there is concern that this may be encouraging excessive consumption. It is essential that the outcomes following the changes to licensing legislation in the UK, such as the emergence of pubcos, are assessed in relation to the impact on public health.

5.3 Product development

In recent years, in the UK there has been an unprecedented increase in the number of new alcohol products and associated marketing and promotional activities. Numerous studies have examined how new alcoholic drinks – such as wine coolers^r (Golberg et al 1994), designer drinks (fruit flavoured wines and strong white ciders) (McKeganey et al 1996; Hughes et al 1997), alcopops (also known as ‘flavoured alcoholic beverages’ or ready-to-drink (RTD) spirits) (Barnard & Forsyth 1998, Romanus 2000), or shots and shooters, (Measham & Brain 2005) – appeal to various segments of the youth market, are very popular with young people, and can contribute both to heavier drinking and to lowering the age of onset of drinking. **Box 5** highlights how two such products meet the needs of younger and older teenagers.

r A wine cooler is an alcoholic beverage made from wine and fruit juice, often in combination with a carbonated beverage and sugar.

Box 5 – The appeal of MD 20/20 and Bacardi Breezer

MD 20/20

Segment

- 11-15 yr. olds
- once per week
 - illicit/outdoors
 - to get drunk

Product design

- Assists transition to adulthood
 Disguise taste of alcohol
 User-friendly

Distribution

- Ubiquity and accessibility
 Small local shops
 Wide distribution network

Price

- Price sensitive
 Value for money
 Low price per unit alcohol

Promotion

- Public relations
 Point of sale
 Word of mouth

Branding

- Functional
 Not crucial strategy

Bacardi Breezer

Segment

- 16-17 yr. olds +
- >once per week
 - sensible
 - image
 - 'established' drinkers

Product design

- Image
 Maturity
 Reassuring branding
 'Brand in the hand'
 Packaging

Distribution

- On-trade
 Image of outlet

Pricing

- Image sensitive
 Premium pricing

Promotion

- Communicates brand
 Mass media
 Sales promotion
 Packaging
 Sponsorship

Branding

- Identity is very important
 Branding is key

Consumer Penetration (1997)

- 33% of 18-24 yr. olds
 <10% of 25+ yr. olds

Source: Jackson M, Hastings GB, Wheeler C et al (2000) Marketing alcohol to young people: Implications for industry regulation and research policy. *Addiction* **95**: S597-608.

It has been suggested that the new types of alcoholic product on the market (eg wine coolers, designer drinks, alcopops, shots, shooters) seem to be competing directly with the youth market for illegal drugs (Brain 2000; Jackson et al 2000; Measham & Brain 2005; Measham 2008). They may also have the effect of infantilising alcohol consumption with flavours like chocolate and lemon meringue, bottles adorned with spiders, and names like 'Big Beastie' and 'sidekick shots'.

As a result of this unprecedented rate of product development, the range of products available to consumers means that alcoholic drinks commonly dominate shelf space in the retail environment. The pictures in **Figure 7** are from a small mini-market; it could be seen as a microcosm of UK society where alcohol has become an equally central feature of life. The rate of development has also meant that it is difficult to maintain a clear indication of the range of available products, not least because some drinks are so well targeted at young people that they are not included within regulatory systems. It is essential that a full audit of the market is conducted, and consideration is given to how any drinks that either appeal to young people more than adults, or are particularly associated with problematic drinking, are removed.

Figure 7 – POS display illustrates the enormous range of alcohol products now on sale





Image source: Alamy

Section 6

Stakeholder marketing

Economic success is not only dependent on a company's own micro level marketing activities – getting the right product, in the right place, at the right price and positioning it to maximum advantage – it also relies on the macro political and economic environment (Jobber 2003, Kotler & Armstrong 2004, Wilson & Gilligan 2005). Businesses therefore systematically analyse and map the operating environment in order to identify potential threats, and adapt strategies accordingly – and, where possible, look to develop these threats into opportunities. Typically this means building relationships with stakeholders who can influence the business environment, most notably policy makers and regulators. Such stakeholder marketing is a standard business practice designed first and foremost to meet corporate goals and maximise returns to shareholders.

6.1 Communications with stakeholders

Communications with stakeholders are not usually mass mediated; they typically comprise meetings and personal communications. These have the specific purpose of ensuring that the industry is seen to be working cooperatively to tackle alcohol-related harm. In reality, however, as noted in *Alcohol misuse: tackling the UK epidemic* (BMA, 2008) this involvement has at its heart a fundamental conflict of interest that does not adequately address individual or public health. The greater the emphasis on partnership with the industry, the more likely policy makers are to veer toward the use of ineffective voluntary codes and systems of self-regulation. This is illustrated by the findings of the KPMG independent review of the voluntary social responsibility standards for the production and sale of alcoholic drinks highlighted in section 5.2.

Box 6 illustrates another example of partnership working between the UK Governments and the alcohol industry. In this instance, the framing of alcohol problems in the UK reflects industry perspectives rather than the public health evidence base by emphasising the need 'to tackle the minority of drinkers who cause problems'. As noted previously, this over-emphasis on aberrant sub-groups ignores the evidence base for the need to address alcohol-related harm at a population level through measures that reduce per capita consumption (see Academy of Medical Sciences 2004; Babor et al 2003; Hobbs et al 2003; Room – 2004).

The influence of the alcohol industry on the development of alcohol control policies is also evidenced by the continued use of a voluntary code of practice regulating alcohol marketing and promotion (see section 4.3).

Box 6 – Successful stakeholder marketing

Ministers and industry join forces to cut alcohol menace

20 May 2004

Key players in the alcohol industry today joined forces with the Prime Minister, Hazel Blears, Richard Caborn and Melanie Johnson to discuss ways of reducing the alcohol-fuelled violence which has become a regular feature of town and city centres at weekend closing times. Alcohol abuse is extremely harmful to individuals and communities – almost half of all violent crime is related to alcohol, around 70 per cent of weekend A&E admissions are drink-related, alcohol abuse results in 17 million lost working days, 150,000 hospital admissions and costs the taxpayer around £20 billion each year.

The Government's Alcohol Harm Reduction Strategy, published earlier this year, aims to tackle the minority of drinkers who cause problems. A key part of that strategy is working in partnership with the industry. In addition, the Licensing Act will lead to a more civilised and responsible culture in the country's pubs, bars and restaurants. It is a key plank of the Government's drive to cut down on crime and anti-social behaviour.

Today's meeting is part of ongoing joint work to find practical ideas and solutions to reduce the impact of alcohol abuse.

Source: Home Office press release (20.05.04) *Ministers and industry join forces to cut alcohol menace*.

Such has been the success of the industry in building its links with policy makers, two leading UK sociologists have concluded that '*it is the logic of the market that informs governmental policy on alcohol*' (Hayward & Hobbs 2007). Even in Scotland – where the Government has moved away from partnership working toward a population-level approach with the aim of reducing per capita consumption – the vested interest of the industry in the development of effective alcohol control policies is evident (see **Box 7**). As with tobacco, putting the fox in charge of the chicken coop – or at least putting him on a par with the farmer – is a dangerous idea.

Box 7 – Students’ licensing protest backed by drinks industry

‘The main student body leading the charge against the off-sales policy is Cardas, set up in April. However, it has since emerged that Cardas is being bankrolled by the Wine and Spirit Trade Association (WSTA), a body that represents drinks giants such as Chivas Brothers and Diageo.

Tom French, a student in Edinburgh who heads Cardas, confirmed to the Sunday Herald that his organisation received support from the drinks industry. ‘Absolutely, yes, we did’ he said. ‘We received funding for our campaign materials’. Cardas’s highly visible campaign included the production of 500 posters, 5,000 leaflets and 500 constituency lobby cards, the invoices from which were paid by the drinks industry. It also understood the agreement to pay the group’s costs came after a meeting between Cardas and the industry body in the Scottish Parliament. The WSTA is opposed to the government’s alcohol policies on raising the drinking age as it would reduce the profits of their members. It can also be revealed that the legal firm that has questioned the government’s plan to set minimum prices for drinks has strong links to the industry.’

Source: Hutcheon P (2008) Students’ licensing protest backed by drinks industry. Campaign against raising off-sales purchase age given four-figure sum. *The Sunday Herald*, 11th October.

6.2 Marketing by any other name

In the UK, through stakeholder groups like the Drinkaware Trust, the alcohol industry assists governments in providing public health communications. While this form of social responsibility may appear helpful and cost-effective, in reality, its impact is likely to be counterproductive.

Educational initiatives have been shown by the WHO to be the least effective approach to tackling alcohol-related harm and to be much less powerful than regulation (Babor et al 2003). There is also concern that the principal beneficiaries are company reputations, not public health. This is because industry responsibility campaigns are less effective than ones from other sources, keep messages in a commercial comfort zone (eg avoiding dire health consequences), and distract attention and energy from more effective ‘environmental’ efforts (American Medical Association 2002, Yoast & Williams 2004). While there are important differences between alcohol and tobacco, many of the lessons from tobacco control demonstrate the problems associated with industry involvement in public health messaging (see **Box 8**).

Box 8 – The tobacco industry's ineffective public health message

Several studies have compared the effectiveness of tobacco industry-funded health communication campaigns with ones from conventional public health sources. In general, industry-funded campaigns have not been found to be associated with increased anti-tobacco attitudes and beliefs, and are less effective than tobacco control advertisements (Donovan et al 2006, Farrelly et al 2002, Henriksen et al 2006, Terry-McElrath et al 2005, Wakefield et al 2005, Wakefield et al 2006a). In some cases, industry-funded campaigns have even been found to be associated with an increased intention to smoke (Farrelly et al 2002; Henriksen et al 2006).

Other studies have found that industry-funded curriculum materials focused on the legal age of smoking (ie portraying smoking as an adult choice) and not its health consequences or general unacceptability (DeBon and Klesges 1996; DiFranza and McAfee 1992; Landman et al 2002; Wakefield et al 2006b). It is also noted that, despite substantial financial investment in the preventive mass media programmes, the industry's own evaluations do not specify substantive public health outcomes and are not designed to assess effects on youth smoking behaviour (Landman et al 2002; Wakefield et al 2006b). Of significant concern is that the tobacco industry prevention campaigns have been found to consistently cause young people to become more favourably inclined towards the tobacco industry (Henriksen et al 2006; Wakefield et al 2005; Wakefield et al 2006a).

The evidence base also supports the critics of alcohol industry responsibility campaigns. A study by Christie et al (2001) which assessed the impact of adding drink-driving messages to bar advertisements showed that *'inclusion of the message has positive effects on the perception of the advertiser in terms of concern about the safety of bar customers, but it does not affect the attitudes or intentions variables'*. Binge drinkers were especially inclined to disregard the message, and across the sample there was evidence of 'psychological reactance' – a tendency for the responsibility message to be rejected by a group who do not like being told what to do. A 2006 study found the message in social responsibility spots to be ambiguous, especially for 16 to 18-year-olds (Smith et al 2006), but that the source of the message was favourably perceived. The authors conclude that their *'research demonstrates how seemingly pro-health messages can serve to subtly advance both industry sales and public relations interests'*.

This enhancement of reputation, however, does not necessarily mean that alcohol companies are a respected source of health information. A study by Szykman et al (2004) suggests that the public is cynical about the motives of corporate sponsors, and that non-governmental organisations (NGOs) make a more credible source. Another study suggests that while both succeed, non-industry advertisements are better at getting across a drink-driving message (Ognianova & Thorson 1997, quoted in Ringold 2008). In this study, there was greater recall of moderation messages from alcohol companies among heavy drinkers compared with those from

other sources. This finding, however, can be explained by access – drinkers are more likely to encounter such messages when they are distributed through alcohol outlets.

There is also evidence, as with tobacco (see **Box 8**), that alcohol companies avoid the use of messages focusing on the harmful consequences of irresponsible drinking (Lavack 1999) and set their messages within a ‘drinking as normal’ context (Dejong et al 1992). The Drinkaware Trust, for example, states that ‘*we promote responsible drinking and find innovative ways to challenge the national drinking culture and tackle alcohol misuse*’ (The Drinkaware Trust 2009a). This overlooks the possibility that abstinence may be the best option for some people all the time, and for all people some of the time. It also reinforces the idea of safe limits rather than relative risks, and maintains that problems only arise when people use the product in certain ways. The Drinkaware website further states that ‘*drinking heavily can also lead to an increased risk of a variety of cancers, including breast cancer and cancer of the gullet*’; while this is true, it does not adequately reflect the fact that any level of drinking increases the risk of cancer (The Drinkaware Trust 2009b).

Social responsibility communications have even been known to use the public health message to serve product marketing objectives. This is illustrated, for example, by a recently launched advertising campaign for Vladivar vodka, which – as a leading trade website^s explains – places ‘a “moderation” message at the heart of its new campaign in an effort to promote the new look brand’. The campaign uses the strapline ‘*Drink quality not quantity*’ with a series of spoof advertisements designed to show what could happen when people drink too much. One advertisement has a striking image of a man and a gorilla cuddling in a zoo cage the morning after the night before.^t

Scepticism about industry-funded health education also arises from the vast imbalance in spending between responsibility and product advertising. A study in the US, for instance, shows that between 2001 and 2005 alcohol companies spent \$4.9bn on product advertising, but only \$104m – or 2.1 per cent – on educational programmes (Center on Alcohol Marketing and Youth 2005). As a result, young people were 239 times more likely to see a product advertisement than an industry-funded public health advertisement (ibid).

Further problems arise because involvement in this kind of cooperative agreement is typically voluntary. In the case of the Drinkaware Trust, contributions to the fund are donations and have consistently undershot expectations.^u In difficult financial times these shortfalls are likely to increase. More fundamentally this means that the real customers of the Drinkaware Trust are the alcohol industry, not alcohol consumers or the general public – with predictable effects on the organisation’s culture and priorities.

s www.talkingDrinks.com (accessed 21 July 2009)

t www.vladivar.com (accessed 21 July 2009)

u When the Drinkaware Trust was launched as a charity in 2006, the alcohol industry pledged £12 million to it over the following three years to fund the Trust’s activities (Department of Health 2006). Donations published on the Trust’s website for 2007 to July 2009 indicate that less than £2.8 million per year has been received to date (The Drinkaware Trust 2009c).

It is clear then, that while alcohol industry-sponsored social marketing^v seems like a good idea, its public health value is questionable, and given its stakeholder marketing agenda, the effects are likely to be counterproductive. Such activity also focuses attention on individual rather than population level solutions, and can delay more effective statutory measures.

One way to address these problems is to ensure that industry social marketing is independently evaluated, that the balance between statutory and voluntary action is not disturbed, and that future strategy combines individual and population-level approaches. It is likely, however, that the involvement of commercial operators will always seriously undermine such an approach. The goals of the alcohol industry and of public health may overlap in a few areas, but they do not coincide.

A much better option would be to move away from voluntary cooperation in this area and move to a mandatory system with a levy on industry being used to fund a genuinely independent public health body (either government or NGO). This body would take responsibility for alcohol-related research, health promotion and policy advice. The levy could be set as a proportion of current expenditure on alcohol marketing, index linked in future years.

v 'Social marketing is concerned with the application of marketing knowledge, concepts, and techniques to enhance social as well as economic ends. It is also concerned with analysis of the social consequence of marketing policies, decisions and activities.' (Lazer & Kelley 1973: pix). In the case of the Drinkaware Trust however, the focus is limited to the first part of this definition.

Section 7

The way forward

The last 20 years has seen considerable deregulation and liberalisation of the governmental approach to alcohol control, and in particular alcohol marketing and promotion. This has led to the proliferation of all forms of commercial communications, unprecedented increases in the number of new alcohol products, rising levels of irresponsible retailing practices, and significant increases in the affordability and availability of alcohol. At the same time, the emphasis on partnership working has afforded the alcohol industry considerable influence on alcohol control policies and allowed it to co-opt the public health agenda. This has resulted in a rapid increase in alcohol consumption across the population, and an extremely damaging shift toward excessively pro-alcohol social norms. In these circumstances the increase in youth drinking is as predictable as that of the rest of the population.

Redressing this imbalance requires the implementation of tough measures that limit alcohol marketing and promotion. In the UK, the devolved Governments have developed separate alcohol control strategies which are being implemented at a varying pace. **It is essential that all the UK Governments move away from partnership with the alcohol industry and look at effective alternatives to self-regulation.** Specifically, as a part of a comprehensive alcohol control strategy, the UK Governments should:

1. Implement and rigorously enforce a comprehensive ban on all alcohol marketing communications
2. Establish minimum price levels for the sale of alcoholic products
3. Increase the level of excise duty paid on alcohol above the rate of inflation and rationalise the current taxation system so that it is accurately linked to alcoholic strength for all products
4. Regulate the availability of alcoholic products through a reduction in licensing hours for on- and off-licensed premises
5. Commission further independent research and evaluation of sales practices, covering all aspects of industry marketing (including that of producers, distributors and supermarkets). This should be used to inform, and where appropriate, strengthen the current regulatory system
6. Ensure that the density of alcohol outlets is taken into account in planning or licence applications, and where necessary, introduce legislative changes to ensure these factors are considered
7. Assess the impact on public health of the changes to licensing legislation in the UK, and in particular the emergence of pubcos
8. Undertake a full audit of the market, and consider ways to prohibit any products that either appeal to young people more than adults, or are particularly associated with problematic drinking
9. Introduce a compulsory levy on the alcohol industry with which to fund an independent public health body to oversee alcohol-related research, health promotion and policy advice. The levy should be set as a proportion of current expenditure on alcohol marketing, index linked in future years.



Image source: Getty Images

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