

UK alcohol marketing regulation is failing: a new approach is needed to prioritise protection for all

Boniface S,^{1,2} Atkinson AM,³ Critchlow N,⁴ Jones M,⁵ Meadows B,³ Severi K¹

¹ Institute of Alcohol Studies, Alliance House, 12 Caxton Street, London SW1H 0QS, UK

² Addictions Department, Institute of Psychiatry, Psychology & Neuroscience, King's College London, 16 De Crespigny Park, London SE5 8AF, UK

³ Public Health Institute, Faculty of Health, Liverpool John Moores University, 3rd Floor, Exchange Station, Tithebarn Street, Liverpool L2 2QP, UK

⁴ Institute for Social Marketing and Health, University of Stirling, Stirling FK9 4LA, UK

⁵ Scottish Recovery Consortium, 2/1, 30 Bell Street, Glasgow G1 1LG, UK

Corresponding author: Dr Sadie Boniface, Institute of Alcohol Studies, 020 7222 4001, sboniface@ias.org.uk

Word count: Abstract 230, Main Body 2,539 (excl Box)

Abstract

This commentary about alcohol marketing regulation in the UK draws on a conference held by the Institute of Alcohol Studies, highlighting a need for policy interventions to prevent harm and improve public health. Hazardous and harmful alcohol use is associated with many health conditions, wider social consequences, and harms to others. Following no improvement in alcohol mortality rates in the past decade, 2020 saw alcohol-specific deaths rise to record levels in the UK. Bans or comprehensive restrictions on alcohol advertising across multiple types of media are listed by the World Health Organization (WHO) as one of the ‘best buy’ policies to reduce alcohol harm. The UK’s current complaints-led self-regulatory approach fails to protect consumers and vulnerable groups from being exposed to influential alcohol marketing. There are few meaningful sanctions to deter brands and companies from violating existing codes, processes are retrospective, reactive and slow, and the codes fail in their stated aim of protecting young people. Other important impacts on heavier drinkers and those in recovery, as well as on gender and health equity, are also inadequately addressed. Innovation is also urgently needed to effectively regulate ever-evolving digital alcohol marketing. Addressing these issues through a combination of comprehensive restrictions, content controls, labelling, and replacing self-regulation with an independent body will benefit public health as well as protecting the vulnerable, including heavier drinkers, people in recovery, and children and young people.

Keywords (MeSH terms): Alcohol Consumption, Advertising, Public Health

Introduction - UK policy on alcohol marketing has stagnated

Marketing includes advertising across traditional and digital media, and also other activities such as sponsorship of sporting and music events, packaging and promotion. In the UK, alcohol marketing is regulated through a complaints-led system of self-regulation by the alcohol and advertising industries (e.g. Portman Group and Advertising Standards Authority (ASA) respectively), as well as co-regulation with the Office of Communications (Ofcom).

The last alcohol strategy from the UK Government was published in 2012. Regarding marketing, this strategy supported a continuation of the existing self-regulatory framework, and stated their belief that existing evidence did not provide a sufficient mandate to ban alcohol advertising. This contrasts with recommendations from the UK Parliament's Health Select Committee in 2010, which concluded self-regulation of alcohol advertising was failing to protect young people, and that its procedures and scope needed strengthening (House of Commons Health Committee, 2010). The committee had recommended restrictions for outdoor, television, and cinema advertising, as well as independent regulation (House of Commons Health Committee, 2010).

With the proliferation of digital marketing and social media, issues such as age verification and signposting when content is paid-for advertising have grown hugely in importance since the last alcohol strategy. Policy developments are taking place regarding marketing of other unhealthy commodities: for example in 2019 the Government consulted on advertising restrictions for high fat, salt and sugar foods to prevent childhood obesity, resulting in new plans for a 9pm advertising watershed on television, and a wide-ranging online advertising restriction and this legislation is currently going through parliament (Department of Health and Social Care & Department for Digital, Culture, Media & Sport, 2021; UK Parliament, 2021).

The Government is also reviewing the impact and regulation of gambling advertising (Department for Digital, Culture, Media & Sport, 2021).

In light of these developments, alcohol marketing deserves renewed attention in the UK. Progress elsewhere includes WHO's recent report summarising alcohol marketing regulation in the European Region, and a forthcoming technical report on cross-border marketing as part of the development of a new global action plan to reduce alcohol harm. There are new restrictions on alcohol marketing in Ireland as part of the 2018 Public Health (Alcohol) Act. Within the UK, the Scottish Government is due to consult on its approach to regulating alcohol marketing. The current UK Government had promised a new alcohol strategy in 2018, with marketing being one of three priorities, however these plans appear to have been shelved.

Failure to meet stated aim of protecting children

There is a consensus that alcohol marketing should not be targeted at children, reflected in existing codes and regulations about where alcohol advertising can be placed and what it is allowed to communicate. Research on alcohol marketing has also predominantly been concerned with children and young people. Despite the codes, adolescents recall awareness of a range of marketing activities (Critchlow, MacKintosh, et al., 2019), and such exposure is associated with subsequent initiation of alcohol use and hazardous drinking (Jernigan et al., 2017). New evidence also shows alcohol adverts appeal to many underage adolescents (Boniface et al., 2021). When young people are included in expert panels rating whether alcohol marketing violates self-regulatory codes (or replicate the decision-making of these panels), young people are more likely than adults to rule that codes have been violated (Noel & Babor, 2017).

One solution within the current self-regulatory system would be to include young people in decisions about what kinds of marketing appeals to them. However, past attempts to involve

young people in existing processes have not been successful (see Box, point 2). Children and young people's voices and views represented in academic research have not been met with an effective regulatory response.

Vulnerabilities of heavier drinkers and people in recovery must be recognised

In contrast to the consensus that children should not be exposed to alcohol marketing, other vulnerable groups have been neglected. Heavier drinkers and people in recovery are particularly vulnerable to alcohol marketing (Babor et al., 2017). However this vulnerability has barely featured in debates around alcohol marketing regulation, despite research examining alcohol industry materials showing heavy drinkers are targeted by advertising campaigns (Maani Hessari et al., 2019).

People who have lived experience of alcohol-related problems can perceive marketing as reinforcing social norms around drinking cultures, which can act as significant barriers to recovery. Beyond small-scale studies, there is little research on the attitudes towards and impacts of alcohol marketing among heavier drinkers or people in recovery.

A better understanding of how heavier drinkers and people in recovery perceive and respond to alcohol marketing will inform the need for changes to the regulatory landscape. There is also scope for researchers to collaborate with the growing number of lived experience recovery organisations - such as the Scottish Recovery Consortium - to fill these gaps in knowledge. Addressing the impacts of alcohol marketing to protect heavier drinkers and people in recovery also has benefits more widely. For example, population level policies limiting exposure to alcohol marketing could also reduce harm among drinkers at other levels of alcohol consumption.

Gendered alcohol marketing poses a range of risks

Alcohol brand marketing is often highly gendered, with masculinity and femininity used to segment markets and increase sales (Atkinson et al., 2019). Examples include targeting women through the creation of new products (e.g. fruity, sweet-tasting) and lifestyle marketing messages (e.g. slimness, pinkness, shopping), both underpinned by gender stereotypes.

As well as increasing alcohol consumption, the stereotypes and relations depicted in alcohol marketing may cause harm by influencing normative expectations of gender roles, as well as how women are positioned and treated within society (Hall & Kappel, 2018). This was common among alcohol brands using sexualised images of women to target men, but today brands have largely moved away from this type of content. Brands internationally now align their marketing with messages of women's empowerment in order to target women (Atkinson et al., 2021; Feeny et al., 2021). ASA and Portman Group codes and guidance cover associations between alcohol use and sexual success, though there is evidence these are at times violated (Alcohol Concern & Alcohol Research UK, 2018). The codes now also cover the use of negative gender stereotypes, aiming to prevent content causing offence on the grounds of gender. However public engagement with the process is low with few complaints to the ASA on these grounds so far (see Box, point 2).

Content that sexualises and objectifies women remains common within the marketing of licenced nightlife venues, for example through using photographs of female patrons to promote nightlife venues on social media (Carah & Dobson, 2016). There is a risk that sexualised alcohol marketing could normalise sexual violence towards women and undermine anti-violence messages. UK evidence on this is limited, but research in Liverpool concluded that sexualised images of women in nightlife may provide a context in which unwanted sexual attention is normalised and condoned (Gunby et al., 2017). Ongoing research through the Equalise Nightlife Project is addressing this topic further.

Regulation of digital marketing has not kept pace with innovation

Notwithstanding the continued importance of marketing in traditional media (television, film, outdoor advertising, in sports etc), increased use of digital media and the amount of time spent online has provided alcohol companies with enhanced opportunities to reach, influence, and interact with consumers. The end result is a new ‘digital marketing mix’, incorporating paid-for online adverts (e.g. lead-in adverts on video sharing platforms), owned media (e.g. social media pages) and content ‘upcycled’ from consumers (e.g. fan photos) (Lobstein et al., 2017). Digital activities present unique opportunities for alcohol marketers, including: high consumer reach, potentially lower costs, the ability to co-opt consumers into producing and virally sharing marketing content, and the capability to link marketing to salient real-world events and disseminate content in near real-time (Critchlow, Angus, et al., 2019).

Digital alcohol marketing may be more powerful and less controllable than traditional activities. Specifically, marketing can be explicitly targeted using digital footprints and algorithmic processes, content can be virally spread and accessed in almost any context (e.g. mobile devices), age restriction gateways are challenging to effectively apply, and social media blurs the boundaries between commercial marketing activity and user content (e.g. ‘influencer’ endorsement, see Box, point 3) (Critchlow, Angus, et al., 2019).

Increased awareness of, and participation with, digital alcohol marketing is associated with increased consumption and risky drinking among young people (Noel et al., 2020). The UK Government’s last alcohol strategy, published almost a decade ago, suggested that digital media provided new opportunities to maximise protection for young people. Evidence, however, suggests such progress has not been made. Around a quarter of 11-19 year olds in the UK recall seeing alcohol marketing on social media at least weekly, a figure which is almost certainly an underestimate given the self-reported nature of the data (Critchlow, MacKintosh,

et al., 2019). The UK Government have shown willingness to tackle harms associated with digital media use. For example, there was a recent White Paper about Online Harms, and the obesity strategy proposed restrictions on digital marketing for food and drinks high in fat, salt, or sugar which are being introduced through the Health and Care Bill (UK Parliament, 2021). It would be efficient and logical to consider how the new restrictions for online unhealthy food and drink marketing could be expanded to include alcohol marketing.

Effective regulation of digital marketing comes with clear challenges. These include global marketing which transcends national regulation, user-generated promotional content which exists beyond brand-controlled spaces, challenges in effective age verification (e.g. shared devices, inaccurate user data), constant marketing innovation, and diffusion of responsibility among stakeholders (including platform operators) (Critchlow, Angus, et al., 2019). Researchers and harm-reduction groups have begun to identify pathways towards feasible solutions (WHO Europe, 2021), but further steps are needed to build consensus around the design and feasibility of these regulatory options and test their real-world impact. While some countries have taken proactive steps forward - for example Finland, where a law restricts the use of consumer-generated content in marketing and prohibits the use of games and lotteries - evaluations show that challenges still remain (Katainen et al., 2020).

Conclusion - A new approach is needed

The WHO recommends bans or comprehensive restrictions on alcohol advertising across multiple types of media as one of their ‘best buy’ policies for non-communicable disease prevention (World Health Organization, 2017). A recent study in 84 countries showed more restrictive marketing policies were inversely associated with lifetime drinking status among adolescents (Noel, 2019). Other countries do have alcohol advertising bans in place, such as

Lithuania and Norway. In Norway, the ban on alcohol advertising was introduced in 1975 and was followed by a reduction in recorded alcohol sales (Rossow, 2021). Over the past decade Lithuania implemented alcohol advertising bans alongside several other alcohol policies, and these policies led to a reduction in the all-cause mortality rate of 3.2% (Štelemėkas et al., 2021). Despite a growing number of studies, evidence remains limited. The most recent Cochrane review on this topic concluded that there was insufficient evidence for or against such alcohol advertising restrictions and recommended further evaluations of implementation and effectiveness should be a priority (Siegfried et al., 2014).

Beyond advertising bans, other international examples of good practice also exist for regulating alcohol marketing, which provide a starting point for improved regulation in the UK. These include the Évin law in France, the social media restrictions in Finland, and the Public Health (Alcohol) Act in Ireland. The French Évin law has evolved since it was first introduced in 1991, and an evaluation of the recent version of the law concluded young people were no longer adequately protected from alcohol marketing (Gallopel-Morvan et al., 2017). In Finland, where restrictions on social media were introduced, these were successful on many indicators, but did not affect marketers' ability to engage consumers (Katainen et al., 2020). In Ireland, there is a phased introduction of the alcohol marketing restrictions as part of the Public Health (Alcohol) Act, but implementation dates for some aspects of alcohol marketing are lacking more than three years after the law was passed (Critchlow & Moodie, 2021).

Lack of political appetite and alcohol industry opposition mean that globally, progress on marketing restrictions is not keeping pace with WHO recommendations. However these developments elsewhere are evidence to UK policymakers that statutory regulation of alcohol marketing is not a dichotomous choice between outright bans or maintaining the status quo. There are multiple alternatives which improve on the current system of self-regulation, and the

experiences of other countries are learning opportunities to strengthen the design and efficacy of these controls. Any new policies or regulatory frameworks for alcohol marketing are a chance to add to the evidence base on implementation and effectiveness.

Regarding other unhealthy commodities, progress on limiting harms from marketing has been achieved incrementally, which indicates the potential impact of similar policies for alcohol. For example, tobacco advertising was banned in the UK in stages between 1965 and 2016, while point-of-sale display and packaging design have also been subject to recent legislation (Action on Smoking and Health, 2019). Evaluations of these tobacco control policies have repeatedly demonstrated their effectiveness in the UK, among both adults and young people (Harris et al., 2008; Moodie et al., 2008).

Priority areas today for future alcohol marketing regulations in the UK are controlling exposure on digital media through a comprehensive restriction, and on television with a 9pm advertising watershed (both of which are currently proposed for unhealthy foods), and restricting sponsorship. These are among the dominant areas of alcohol marketing exposure, and the comprehensive restriction on digital media and the 9pm television advertising watershed can be achieved through including alcohol in the current proposals for marketing of unhealthy foods (UK Parliament, 2021). Improved labelling and health messaging on packaging should be incorporated into marketing regulations, building on the growing evidence base on labelling (Clarke et al., 2020). Content controls for permitted marketing need to be strengthened, for example following France's approach of limiting to factual information, to avoid subjectivity for example around determining appeal to young people. Self-regulation continues to fail consumers, long after concerns were raised (Hastings et al., 2010), and it is time policymakers considered establishing an independent body (free from vested interests) that has powers to authorise and remove marketing, sanction companies violating codes, and is directed to act in

the interests of public health. This will benefit health and gender equity generally as well as protecting the vulnerable, including heavier drinkers, people in recovery, and children and young people.

As well as action on alcohol marketing, other evidence-based policies are needed to address alcohol harm and a new national alcohol strategy in England is overdue. Minimum unit pricing has seen reductions in alcohol purchasing following its introduction in Scotland and Wales (Anderson et al., 2021), and it is time this was adopted both in England, to ensure consistency across mainland Britain, and in Northern Ireland to complement the introduction of minimum pricing in Ireland also. Alongside this, other evidence-based policy options include duty reform and controlling availability, and improved identification and access to treatment, which offers long-run savings. These policies are compatible with COVID-19 recovery planning and broader policy agendas around narrowing inequalities, and are needed to reverse worsening trends in alcohol harm.

Box. Limitations of the UK's self-regulation of alcohol marketing

UK rules on what types of marketing are not allowed are published in broadcast and non-broadcast codes.* The ASA is funded by an arms-length levy on the advertising industry (i.e. self-regulation) and is the body which runs the complaints-led system for broadcast and non-broadcast advertising. The broadcast code is overseen by Ofcom (i.e. co-regulation). The Portman Code of Practice covers marketing such as sponsorship, promotion and product naming and packaging, and is administered by the Portman Group, a social responsibility body and regulator funded by the alcohol industry (i.e. self-regulation).

1. Failure in stated aims to protect children and young people from exposure

The House of Commons Health Select Committee concluded that the UK codes do not protect young people over a decade ago (House of Commons Health Committee, 2010), and international systematic reviews corroborate this (Noel & Babor, 2017). Recent UK data show four in five adolescents recall seeing alcohol marketing in the past month (Critchlow, MacKintosh, et al., 2019).

2. Inadequacies in self-regulation systems

Alcohol Concern and Alcohol Research UK analysed 99 decisions of the Portman Group's Independent Complaints Panel in 2018. They concluded the Panel's decision-making had not been consistent over time, decisions often appeared subjective, and that oversight and scrutiny were lacking (Alcohol Concern & Alcohol Research UK, 2018).

Regarding the ASA, there are 87 relevant rulings as of July 2021 (Online Supplementary File). In a third of these rulings (29 out of 87, 33%), the complaint was rejected, and in a further 14% (12 rulings) the complaint was upheld only partially. There is an additional number of informally-resolved cases, but these are not put before the ASA Council, so no ruling is published and limited information is available.

Between 2015-18, the charity Alcohol Concern - in partnership with the Youth Alcohol Advertising Council - submitted 17 complaints to the ASA. Approximately two-thirds of these complaints were rejected. This incongruence between regulator decisions and perceptions of the general population has also been shown among the UK adult population (Searle et al., 2014). This is mirrored by international research studies, which have found young people are more likely than adults to rule that codes have been violated.(Noel & Babor, 2017)

A separate search for ASA rulings relating to sex (n=5) and gender (n=2) for alcohol brands, retailers or venues were based on a combined total of 10 complaints. Five rulings concerned codes stating alcohol should not be linked to 'seduction, sexual activity or sexual success nor imply that alcohol can enhance attractiveness', four of which were upheld/upheld in part. Only two rulings addressed new codes stating adverts must not include 'gender stereotypes that are likely to cause harm, or serious or widespread offence', with one being upheld due to its degrading portrayal of women. This was for a beer advert that depicted a woman performing household tasks while wearing a fitted dress and high heels, and being continuously interrupted and demeaned by the male protagonist when speaking. In their response, the brand claimed it was intended that the audience would dislike the male due to his treatment of the woman.

In a complaints-led system, timely decisions and action are critical, given that exposure to potentially harmful content has already begun. However the average duration (based on 69 rulings with dates available) between the advert being shown and the date of the ASA's ruling was four and a half months.

The ASA also does not have the power to force removal of adverts or to impose penalties or sanctions. Typical examples of the actions taken include: 1) *"The ad must not appear again in*

its current form. We told [SUPERMARKET CHAIN] that their future ads for alcohol must not be likely to appeal strongly to people under 18 years of age.” 2) “The ad must not appear again in its current form. We told [GLOBAL ALCOHOL PRODUCER] not to imply that alcohol could enhance people’s confidence.”

3. Weaknesses regulating digital marketing

Regulation of digital marketing has not kept pace with technological change. One example of this is online targeting of adverts, which makes breaches of the ASA’s rules more difficult to detect (Centre for Data Ethics and Innovation, 2020).

In the past two years, ASA rulings involving alcohol marketing by ‘influencers’ on Instagram have emerged (n=6 at the time of writing). These have concerned whether adverts feature those who appear to be under 25, and the exposure of under-18s to content. In response, Instagram analytics data about the demographic profiles of followers have been accepted in support of the audience being majority over-18 (The Telegraph, 2019). Proportional exposure is problematic because even a small percentage will represent high numbers of individuals exposed when the audience is large. It is also recognised elsewhere that age verification on websites, and especially social media, is subject to limitations (e.g., accurate input by users) and therefore may not provide absolute protection those underage (Critchlow, Angus, et al., 2019).

**Codes from each regulator are available online: [ASA CAP code section on alcohol](#), [ASA BCAP code section on alcohol](#), [Portman Group code on marketing](#), [Portman Group code on alcohol sponsorship](#).*

Biographical Note

AA, MJ and NC presented at the Institute of Alcohol Studies (IAS) conference on alcohol marketing in October 2019. SB conceived the idea for this commentary, wrote the first draft, reviewed ASA decisions for the Box, coordinated writing the manuscript and is guarantor. AMA's research explores the gendered nature of drinking cultures and the influence of media and marketing messages. AMA wrote the gender section. MJ is Lived Experience Development Officer at the Scottish Recovery Consortium and a person in long-term recovery. MJ wrote the section on heavy drinkers and people in recovery. BM is a Research Assistant on AMA's Equalise project exploring intersectional experiences of alcohol, nightlife and marketing. BM wrote the section on ASA complaints about sex and gender. NC's research examines how commercial marketing impacts on a range of health behaviours, including alcohol, tobacco, and gambling. NC wrote the section on digital marketing. KS is Chief Executive of IAS and wrote and advised on policy context and recommendations. All authors read and edited drafts of the full manuscript.

Funding details

This commentary received no direct funding. NC's contribution to this commentary was funded through his fellowship from the Society for the Study of Addiction (SSA).

Disclosure statement

SB and KS both work at the Institute of Alcohol Studies which receives funding from the Alliance House Foundation. The Institute of Alcohol Studies is an independent charity in the UK whose purpose is to advance the use of evidence in public policy decisions on alcohol. NC is on the Board of Directors at Alcohol Focus Scotland.

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