

28 April 2014

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Ministerial Forum on Alcohol Advertising and Sponsorship

“Generally, there is a dose-response relationship between young people’s exposure to alcohol marketing and the likelihood that they will start to drink or drink more. The greater the exposure, the greater the impact. The evidence thus suggests that limiting the kind and amount of alcohol marketing would reduce drinking initiation and heavy drinking among young people” – WHO¹

Dear Nick

The New Zealand Medical Association (NZMA) welcomes the opportunity to make a submission to the Ministerial Forum on Alcohol Advertising and Sponsorship.

The NZMA is the country’s largest voluntary pan-professional medical organisation with approximately 5,000 members. Our members come from all disciplines within the medical profession and include general practitioners, doctors-in-training, specialists, and medical students. The NZMA aims to provide leadership of the medical profession, and promote professional unity and values, and the health of New Zealanders.

The NZMA has previously submitted on the 2010 Law Commission report ‘*Alcohol in our Lives: Curbing the Harm*’ and on the Alcohol Reform Bill, and has conveyed our support for further restrictions on alcohol advertising and sponsorship to reduce alcohol-related harms.

¹ World Health Organization (WHO). Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm. 2009. WHO Regional Office for Europe: Copenhagen. Available from http://www.euro.who.int/_data/assets/pdf_file/0020/43319/E92823.pdf

We were disappointed that, with the exception of new provisions limiting promotions, the recent reform process did not include the further measures that were recommended by the Law Commission to reduce exposure to alcohol advertising, particularly for young people. Instead, we note that the approach taken was to ‘monitor the research around alcohol advertising and sponsorship and to periodically undertake further reviews’.

While the relationship between alcohol marketing and consumption is complex, there is compelling evidence from several systematic reviews of longitudinal studies that alcohol marketing has a powerful effect on young people.² Alcohol marketing has been found to influence the age at which drinking commences, the volume and frequency of drinking, and alcohol-related beliefs and attitudes. Further, these effects have been found to be cumulative, becoming more pronounced as the volume of advertising and promotions increases. The NZMA contends that if we are to change New Zealand’s drinking culture, then we need to address the environment in which our young people are continually bombarded by sophisticated marketing messages that blatantly associate alcohol with social, sporting and sexual success.

While the Ministerial Forum has specifically requested evidence available post-2010 to guide its deliberations, we believe that the evidence base prior to 2010 is more than sufficient to support greater restrictions on alcohol marketing, particularly to young people. Recently published research generally appears to confirm earlier findings.³ Our counterpart associations in Australia and the United Kingdom – the Australian Medical Association and the British Medical Association – have both called for greater restrictions on alcohol marketing, including sponsorships, as well as a shift away from self-regulation towards independent statutory regulation of alcohol advertising.⁴

The NZMA reiterates its previous position in support of a ban on all alcohol advertising on television or radio before 10:00pm. However, we recognise that much advertising now occurs via social media and other digital platforms. Accordingly, we suggest that clear and transparent rules around the content of alcohol advertisements be developed and applied to all media, including digital media. We submit that the restrictions recommended by the Law Commission – advertising that communicates objective product information only, including the characteristics of the beverage, the manner of its production and price – be adopted. We also believe that restrictions on the content and quantity of alcohol advertising need to be supported by statutory regulation rather than self-regulation, which we consider has been largely ineffective.

² Anderson P, et al. Impact of alcohol advertising and media exposure on adolescent alcohol use: a systematic review of longitudinal studies. *Alcohol Alcohol*. 2009 May-Jun;44(3):229-43; Smith LA & Foxcroft DR. The effect of alcohol advertising, marketing and portrayal on drinking behaviour in young people: systematic review of prospective cohort studies. *BMC Public Health*. 2009 Feb 6;9:51; Booth A, et al. Independent review of the effects of alcohol pricing and promotion. Part A: systematic reviews. 2008. School of Health and Related Research: Sheffield. Available from http://www.shef.ac.uk/polopoly_fs/1.95617!/file/PartA.pdf

³ Grenard JL et al. Exposure to alcohol advertisements and teenage alcohol-related problems. *Pediatrics*. 2013 Feb;131(2):e369-79; Jones SC & Magee CA. Exposure to alcohol advertising and alcohol consumption among Australian adolescents. *Alcohol Alcohol*. 2011 Sep-Oct;46(5):630-7; Lin e, et al. Engagement with alcohol marketing and early brand allegiance in relation to early years of drinking. *Addict Res Theory* 2012; 20(4):329-38

⁴ British Medical Association. Under the influence: the damaging effect of alcohol marketing on young people. September 2009. Available from http://www.alcohollearningcentre.org.uk/_library/undertheinfluence_tcm41-1900621.pdf; Australian Medical Association. Alcohol marketing and young people: time for a new policy agenda. 2012. Available from https://ama.com.au/system/files/alcohol_marketing_young_people.pdf

The NZMA takes the view that there should be an end to alcohol sponsorship of sporting and youth cultural events. Ending alcohol sponsorship of our sporting icons is particularly important if we are to see a shift in the culture of drinking in New Zealand. Sponsorship of concerts, DJs, musicians and free music festivals target young drinkers in ways that are relatively invisible to older segments of the population. New Zealand research shows that alcohol brand images and lifestyle marketing are providing young people with commercialised identities to take up, along with the alcoholic products.⁵

The transition away from dependency on alcohol sponsorship could be a gradual one that is done in an incremental manner. We suggest that a proportion of the revenue from the tax from alcohol could be used towards sponsorship until alternative sponsors can be found. We believe that there are important lessons to be learned from the cessation of tobacco sponsorship. Contrary to predictions at the time, the Benson and Hedges Cricket series and the Rothmans rally did not collapse following the ending of tobacco sponsorship. Given the popularity of the All Blacks, it is difficult to envisage a scenario in which a replacement sponsor to the well known alcohol brand that sponsors the team could not be found.

We are also aware that the marketing of alcohol is increasing transnational in nature, particularly with the shift to online content. The infrastructure which supports and allows alcohol marketing is global in nature and requires a global response.⁶ Accordingly, the NZMA supports calls by the World Medical Association for the consideration of a Framework Convention on Alcohol that would facilitate a more effective global response to reducing alcohol harms.⁷ Finally, we reiterate that greater restrictions on the marketing of alcohol are just one of several measures that are necessary to reduce the harms from alcohol. Among the key other measures that we would like to see is an end to the availability of extremely cheap alcohol, often sold as ready-to-drink products, ideally by way of taxation and/or a minimum pricing scheme.

We hope our feedback to the Ministerial Forum on Alcohol Advertising and Sponsorship is helpful and look forward to learning of the outcomes arising from this round of consultations.

Yours sincerely



Dr Mark Peterson
NZMA Chair

⁵ McCreanor T, et al. Consuming identities: Alcohol marketing and the commodification of youth experience. *Add Res Theory* 2005;13(6):579-90

⁶ Casswell S. Current status of alcohol marketing policy – an urgent challenge for global governance. *Addiction* 2012;107:478-85

⁷ WMA Statement on Reducing the Global Impact of Alcohol on Health and Society. Available from <http://www.wma.net/en/30publications/10policies/a22/>