

12 August 2019

Claire Hofer
Advertising Standards Authority

By email: claire@asa.co.nz

Standards for advertising and promotion of alcohol

Dear Claire

The New Zealand Medical Association (NZMA) wishes to provide feedback on the above consultation. The NZMA is New Zealand's largest medical organisation, with more than 5,000 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. Our response has been informed by feedback from our Board and Advisory Councils.

Alcohol-related harm in New Zealand has been estimated at costing \$7.8 billion annually.¹ These costs include lost productivity (\$3.3 billion), health and road accident costs (\$860 million) and alcohol-fuelled crime (\$1.1 billion). 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.

In our policy briefing on reducing alcohol-related harms,³ we outlined why we believe that existing mechanisms to regulate alcohol marketing, such as the self-regulated Code for Advertising Liquor, are ineffective, especially in protecting children and young people from the marketing of alcohol. Two recent reviews in the journal *Addiction* have reinforced this view: a systematic review of content and exposure research found that violations of the content guidelines

¹ Nana G. BERL. Data presented at Alcohol Action Conference, Te Papa, Wellington, 18 August 2018

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 NZMA. Reducing alcohol-related harm. Policy Briefing, May 2015. Available from <http://www.nzma.org.nz/publications/policy-briefings/reducing-alcohol-related-harm>

within self-regulated alcohol marketing codes are highly prevalent in certain media⁴ and a review of compliance and complaint studies concluded that self-regulation of alcohol marketing is ineffective at removing potentially harmful content from the marketplace.⁵ In addition, alcohol advertising also has a negative impact on those with an existing drinking problem. These concerns, along with the extensive alcohol-related harms incurred by New Zealanders, led the NZMA to call for the phasing out of all forms of alcohol marketing as a key measure towards reducing alcohol-related harms.

In our policy briefing, we called for 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—to be adopted as the first step in a phased approach to the eventual complete cessation of all forms of alcohol advertising. Until then, we believe that restrictions on the content and quantity of alcohol advertising need to be supported by statutory regulation rather than self-regulation. This remains our position. It is also consistent with recommendations in the recent Government Inquiry into Mental Health and Addiction.⁶

We are also aware that the marketing of alcohol is increasingly 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. 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. 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 strongly recommend 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.

While our feedback may be outside the scope of the current consultation, we welcome the ASA's commitment to refer on these issues to the relevant government organisations.

Yours sincerely



Dr Kate Baddock
NZMA Chair

⁴ Noel JK, et al. Industry self-regulation of alcohol marketing: a systematic review of content and exposure research. *Addiction*. 2017 Jan;112 Suppl 1:28-50

⁵ Noel JK, Babor TF1. Does industry self-regulation protect young people from exposure to alcohol marketing? A review of compliance and complaint studies. *Addiction*. 2017 Jan;112 Suppl 1:51-56

⁶ Report of the Government Inquiry into Mental Health and Addiction. November 2018. Available from <https://mentalhealth.inquiry.govt.nz/assets/Summary-reports/He-Ara-Oranga.pdf>