



**Centre for Health Initiatives**

**Submission to the Community Affairs  
Committee regarding the inquiry into  
the Alcohol Toll Reduction Bill 2007**

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## INTRODUCTION

In a letter dated 18 February 2008, I was invited to provide a written submission to the Community Affairs Committee regarding the inquiry into the Alcohol Toll Reduction Bill 2007, addressing any or all of the terms of reference. Having conducted numerous studies into the effects of alcohol advertising on young people, and on the effectiveness of the current Australian system, I welcome this opportunity to be involved in a much-needed review of these issues.

I note that the Bill “aims to create a culture of responsible drinking and to facilitate a reduction in the alcohol toll resulting from excessive alcohol consumption,” and that the Committee will report back to the Senate by 18 June 2008.

## SUMMARY

- **Require health information labels on all alcohol products;**

I fully support this proposal, and strongly recommend that the exact nature of the standard be determined by consideration of the existing evidence on the nature and effectiveness of warning labels and, where necessary, the conduct of additional research with high-risk groups such as young people (see pages 3-4 of this submission).

In deliberating on this requirement the committee should also consider the possibility of unintended consequences of such warnings. These consequences can include reactance (where people actually increase their consumption in response to warning messages, which has been found in drug education) and the use of the information for the achievement of different aims to those envisaged (e.g. our recent research on standard drink labeling suggests that while adults use this information to assist them to monitor their drinking and stay within NHMRC guidelines, young people may use the same information to purchase the most potent drinks at the lowest prices – Jones & Gregory, under review).

Health messages are more effective when they are specifically tailored to their target audience. I would therefore also recommend considering the tailoring of warnings on different types of products to take into consideration the nature of the consumers and thus the salience of the messages. For example, the tailoring of warnings by gender and age, might result in labeling sparkling wine with warnings about the links to breast cancer but labeling alcopops with warnings regarding the acute harms associated with binge-drinking.

I would also recommend that the committee consider the means by which consumer response to the warnings will be assessed and monitored to allow an evaluation of their impact and any necessary adjustments to the strategy. This is also important in the context of message wear-out (where emotive messages, such as warnings, are found to be initially effective but need to be changed periodically to ensure attention remains high).

- **Restrict TV and radio alcohol advertising to after 9pm and before 5am, to stop alcohol being marketed to young people;**

I fully support this proposal and would particularly like to draw the attention of the committee to the exceptions made within the current codes for sporting broadcasts (ABAC, 2007). Due to high young viewing audience of sporting broadcasts I urge the committee to recommend the removal of this exception (see page 6 of this submission).

- **Require all alcohol ads to be pre-approved by a government body comprising an expert from the medical profession, alcohol and drug support sector, accident trauma support sector and the alcohol industry;**

I fully support this proposal, as there is clear evidence that the current industry pre-vetting system is ineffective in protecting young people from inappropriate messages about alcohol (see page 8 of this submission). However, the exact makeup of such a body needs to be carefully considered to ensure appropriate representation. For example, I strongly recommend that the pre-approval body be extended to include a communications expert and a youth studies expert, or other appropriate representative of young Australians.

I would also advise that the body be involved in supporting mechanisms that ensure community perceptions are at the heart of this process and that surveys of community perceptions are taken at regular intervals as any panel (no matter how thoughtfully composed) will ever be fully representative of the Australian community. Even if we make a concerted effort at a single moment in time to understand 'community standards' they are unlikely to remain static; this is particularly important given the changing demographics of our community over the coming years (e.g. the ageing of the population, possible shifts in migratory patterns).

- **Ban alcohol ads which are aimed at children or which link drinking to personal, business, social, sporting, sexual or other success.**

I fully support this proposal, but suggest that it be expanded to include the banning of alcohol advertising which encourages excessive consumption, associates drinking with driving or engagement in sport, or encourages consumption of the beverage based on its higher alcohol content. I note, however, that the capacity to ban alcohol advertisements based on their utilisation of such messages would be contingent on the replacement of the current self-regulatory system with a government or other independent body (proposed in the previous bullet point); as the alcohol industry has consistently shown itself to be unwilling or unable to give effect to such a ban (see page 10 of this submission).

## BACKGROUND

- **Mandatory health information labels on all alcohol products;**

There has been considerable debate between public health advocates and industry representatives in Australia as to the need for, and value of, health information labels on alcohol products produced and sold in this country.

Given the apparent persuasive power of labels, as well as the rising social costs of alcoholism in the US, government mandated warning labels were enforced and have appeared on all alcoholic beverage containers since 1989 (Stockley 2001). With the commencement of a government initiated alcoholic beverages warning label system in the US in 1989, came increased awareness of the risks of excessive alcohol use (MacKinnon et al. 2000). Health warning labels such as these are said to have two related but distinct aims: a) to increase consumer awareness and educate consumers and, as a result of this education, b) to prevent harmful consequences.

Short term cross-sectional studies following the initiation of warning labels suggested that warnings increased awareness of and memory for the message, but had little effect in changing alcohol related beliefs (Hilton 1993). However, attitudinal change may also be a slower and more gradual process. It has been suggested that exposure to messages may produce very small changes in beliefs, but over time these changes in individual beliefs may lead to changes in societal norms. These changes in norms may then lead to more noticeable behavioural changes and gradual reductions in alcohol usage (Gerbner et al. 1986). Thus studies using a short term cross sectional design may not be of sufficient duration to adequately tap into the complexities of attitude change.

Recent focus group research we have conducted with young people in New South Wales (Jones & Gregory, in prep) supports findings from overseas that alcohol warning messages *can* potentially be an effective intervention for young adults if they are enhanced to be more noticeable, varied, specific and contain messages that are more relevant to this age group. For example, while the young people we spoke to had a good knowledge of both the short- and long-term effects of alcohol consumption, they indicated almost unanimously that the short-term effects were of more concern to them, mainly because of the lack of timely relevance of long-term consequences. As a result of this, participants often indicated that alcohol warning labels were more likely to be effective if they highlighted the short-term consequences of alcohol consumption, rather than long-term effects such as cancer. This is consistent with previous findings that young people perceive long-term consequences of their actions as being irrelevant and unimportant, and that adolescent smokers hold unrealistically optimistic beliefs about their own invulnerability to negative effects (e.g., Arnett 2000; Reppucci et al. 2005).

Also, our research suggested that it is possible that warnings on alcohol labels are disregarded because the associated harms (both short- and long-term) are inconsistent with personal experiences relating to alcohol consumption. Relating to this, it was clear that messages regarding cancer are unlikely to be effective, mainly because of the perceived abundance of publicity relating to a range of known and suspected carcinogens,

resulting in the belief that “everything causes cancer” – which seems to be interpreted to mean that no change in behaviour can prevent cancer. This finding corresponds with findings of a study conducted by Andrews et al. (1991) who found that warnings about cancer were less believable than warnings about birth defects and driving impairment.

In relation to the specific message that alcohol consumption during pregnancy is harmful, while participants in our study (university students) did not perceive this message as relevant to them, US research conducted over a decade ago demonstrated that women who were not aware of the alcohol warning label (which is mandatory in that country) were likely to drink both at conception (50%) and antenatally (30%) (Hankin et al., 1996).

It is important to note that much of the current research on health messages/warning labels is based on studies utilising low-quality labels, which are unlikely to gain the attention of the target audience or to create sufficient interest to bring about change in awareness or intentions. In most cases, they are small text labels without the use of colour or any visually appealing content; plus, are likely a poor test of the utility of labels. In comparison, for example, much of the recent research on tobacco warning labels has utilised large print, coloured text, and/or the use of visual images designed to be attention getting and thought-provoking.

Significantly, it was clear from our research that if warnings are to be introduced, the format of these messages must be carefully considered. In the format that currently exists on some US products, young adults are likely to either: not even notice the warning, notice it only on the first occasion and never again, or not recognise the true importance of the message. It was suggested that large colourful text in a prominent location on the container would correspond with greater authority and would be more likely to catch their attention. The problems relating to the format and visibility of warning messages have also been recognised previously (Agostinelli and Grube 2002; Creyer et al. 2002), and the use of pictorials, colour, and signal icons has been previously found to improve recognition of alcohol warning labels (Laughery et al. 1993).

Importantly, I note that the Alcohol Toll Reduction Bill 2007 proposes the development of a standard for the labeling of alcohol products and food containing alcohol; the development of this standard will need to be carefully considered and informed by existing (and possibly additional) research on the most effective messages, formats, and images.

- **Restrict TV and radio alcohol advertising to after 9pm and before 5am, to stop alcohol being marketed to young people;**

#### Effects of youth exposure to alcohol advertising

Whether intended or not, there is increasing evidence that children and youth are exposed to and recall alcohol advertising (e.g., Lieberman and Orlandi 1987; Snyder et al. 2006) and like alcohol advertising (e.g., Grube 1993; Waiters et al. 2001). Further, there is also increasing evidence of associations between liking advertisements and underage drinking (Austin and Nach-Ferguson 1995; Austin et al. 2006); between exposure and alcohol expectancies (e.g., Lipsitz et al. 1993; Grube, 1995; Stacy et al. 2004); between exposure and drinking intentions (e.g., Austin and Meili 1994; Grube and Wallack 1994; Kelly and Edwards 1998; Stacy et al. 2004); and even between exposure and current or future drinking (Atkin 1990; Connolly et al. 1994; Casswell and Zhang 1998; Wyllie et al. 1998; Stacy et al. 2004; Ellickson et al. 2005).

In the US three recent longitudinal studies have confirmed in association between exposure to alcohol advertising and subsequent drinking intentions and drinking behaviours. The first, with almost 3000 students in Los Angeles, found that children who viewed more alcohol ads in 7th grade were more likely to drink alcohol in the 8th grade (Stacy et al. 2004). The second, with a similar number of students in South Dakota, found that exposure to magazine alcohol advertising in the 7th grade predicted frequency of drinking in 9th grade (Ellickson et al. 2005). The third, which included econometric data, found that for each additional advertisement a young person saw (over monthly youth average of 23) they drank 1% more; and for each additional dollar per capita on alcohol advertising in a local market, young people drank 4% more (Snyder et al. 2006).

However, the impact of alcohol advertising on young people goes beyond these direct associations between exposure and drinking behaviours - other concerns include the effect of alcohol advertising on young people's perceptions of drinking as a normative behaviour (e.g., Casswell 1995; Lieberman and Orlandi 1987); and the reinforcement of gender and racial stereotypes (e.g. Alaniz and Wilkes 1998).

#### Exposure to alcohol advertising among young Australians

A recent Australian study, commissioned by the Department of Health and Ageing, which analysed exposure to alcohol advertising via metropolitan free-to-air TV in Sydney and Melbourne found that exposure among 13-17 year olds was only slightly less than among 18-29 year olds (close to 90%). Importantly, the authors also cautioned that, while there is no data on exposure via subscription TV, we know that 32% of 13-17 year olds have access, and that these young people spend more time watching subscription TV than free-to-air; and there are currently no restrictions on alcohol advertising on subscription TV (King et al. 2005).

#### Alcohol and sport in Australia

Alcohol and sports have been argued to be closely associated in many countries, including the US where the alcohol industry spent more than \$540 million on advertising in sports programs on TV (Center on Alcohol Marketing and Youth, 2003), and university students who are sports fans have been found to drink more alcohol, be more likely to engage in binge drinking, and more likely to report alcohol-related problems than students who are not sports fans (Nelson and Wechsler 2003). Australia has been described as “a model case where alcohol and sport are united in a close partnership” (Munro 2000, p 199).

Sponsorship of sporting events by the alcohol industry is a common practice in Australia, and there is currently much debate within government, industry groups and public health advocates about whether associating alcohol with sport contravenes the spirit of the advertising codes of practice. Indeed, it has been argued that such an association is inappropriate because of the potential impact on underage consumers (e.g., Howard and Crompton 1995) and the inconsistency between alcohol consumption and the physical demands of sports participation (McDaniel et al. 2001). Australian studies have shown that non-elite sportspeople consume excessive levels of alcohol, and that members of male sporting teams feel pressured to drink alcohol because of the masculine image of sporting activity and mateship (Lawson and Evans 1992). Consumption of alcohol is typically associated with sport among Australian teenagers and young adults as an important component of post-game celebrations (McGuifficke et al. 1991). However, it is also associated with the general ethos of being part of the team, and men in particular are more likely to drink excessively when socializing with members of their sporting team than other groups of friends (Black et al. 1999).

Under the current regulations (the Commercial Television Industry Code of Practice) alcohol advertisements can only be shown in M, MA or AV classification periods (i.e., between 8.30pm and 5.00am on all days of the week and 12 noon to 3.00pm on school days) and as an accompaniment to the live broadcast of a sporting event on weekends and public holidays. Thus, Australian children who watch televised sport are potentially exposed to a large number of alcohol advertisements – further enhancing the perceived association between alcohol consumption and sport (and between drinking and sporting success).

#### What does the Australian public think?

A 1993 Australian survey of 3,500 people aged 14 years and over also found a high level of public support for a range of policies to control alcohol use and reduced levels of alcohol promotion; with 72% in favour of limiting advertising for alcohol on television until after 9:30 pm (McAlister 1995).

In 2005, the Australian Commonwealth Department of Health and Ageing conducted a survey on consumer perceptions of alcohol advertising and the ABAC with a random sample of 1,000 Australian adults (King et al. 2005). Key findings from this study included that 60% of respondents stated that alcohol advertising should be either more restricted or entirely prohibited; and that 69% believed that alcohol advertising encourages underage people to drink alcohol and 52% that it encourages underage people

to drink too much alcohol. Importantly, only 28% reported being aware of any restrictions or regulations regarding the advertising of alcohol and only 2% aware of any restrictions in relation to Internet advertising of alcohol; only 16% could name one of the two correct organizations to whom they could make complaints (ASB and ABAC); and, although 14% agreed that they had heard of the ABAC code, only 3% of the sample could correctly identify what was covered by the code.



- **Require all alcohol ads to be pre-approved by a government body comprising an expert from the medical profession, alcohol and drug support sector, accident trauma support sector and the alcohol industry;**

#### Regulation of alcohol advertising

The Alcohol & Public Policy Group report that countries with greater restrictions on advertising have fewer alcohol-related problems (International Centre for Alcohol Policies 2001). Further, they conclude that industry self-regulation tends to be largely ineffective, and that an effective system requires an independent body with the power to veto advertisements, rule on complaints and impose sanctions (International Centre for Alcohol Policies, 2001). Of 119 countries surveyed in 1996, five have a complete ban on alcohol advertising, 45 restrict alcohol advertising by statutory legislation, 21 combine statutory legislation with self-regulation, 17 are solely self-regulated, and the remainder (primarily developing countries) have no or limited controls (International Centre for Alcohol Policies 2001). Australia is one of those 17 which utilise only industry self-regulation.

#### The Australian self-regulatory system for alcohol advertising

There is extensive, and consistent, evidence that the self-regulatory system in Australia is ineffective in protecting young people from inappropriate messages about alcohol advertising (e.g., van Bueren and Davis 2005). Studies we conducted more than seven years ago clearly demonstrated that the decisions made by the self-regulatory groups were inconsistent with expert assessment of the same advertisements (Jones & Donovan 2002) and the messages in alcohol advertising perceived by young people (Jones & Donovan 2001). We have recently completed a series of studies assessing the apparent compliance of alcohol advertising with the revised ABAC code which show no improvement since its introduction in 2004, either in terms of expert assessment of board decisions (Jones et al. 2008) or young people's perceptions of messages in alcohol advertising (Jones et al. under review). Despite being given many opportunities to improve the system, following various public and government reviews, it is clear that industry self-regulation is not working in Australia and that external, and enforceable, regulation is urgently required.

However, it is important that any body or panel convened for the purpose of pre-vetting alcohol advertisements include representatives with the necessary expertise in all aspects of consumer interpretation of, and responses to, such advertising. While I fully support the proposal for such a body to include an expert from the medical profession, the alcohol and drug support sector, the accident trauma support sector, and the alcohol industry, I think it is important that it also include an expert from the Communications field (who would have the knowledge and expertise to comment on likely interpretations of, and responses to, messages in alcohol advertising) and either someone with extensive and current experience in working with young people or even a representative young person

(who would have the knowledge of current youth culture, which has considerable potential to influence the way that messages are interpreted and acted on).

I would also advise that the body be involved in supporting mechanisms that ensure community perceptions are at the heart of this process and that surveys of community perceptions are taken at regular intervals as any panel (no matter how thoughtfully composed) will ever be fully representative of the Australian community. Even if we make a concerted effort at a single moment in time to understand 'community standards' they are unlikely to remain static; this is particularly important given the changing demographics of our community over the coming years (e.g. the ageing of the population, possible shifts in migratory patterns).

- **Ban alcohol ads which are aimed at children or which link drinking to personal, business, social, sporting, sexual or other success.**

It is important to note that the two specific items covered in this proposal (alcohol ads which are aimed at children, and those which link drinking with success) are currently included, although not evidently enforced, in the industry's self-regulatory code. As stated above, there is extensive evidence that current alcohol advertising links drinking to personal, business, social, sporting, sexual or other success; in the opinion of experts (Jones & Donovan 2001; Jones et al. 2008) as well as the opinion of young people themselves (Jones & Donovan 2002; Jones et al, under review). For example, in the latter study we recruited 287 respondents aged 15-24 years who each viewed two alcohol advertisements (one print and one television) for which we had previously lodged complaints with the advertising standards board. Respondents completed a questionnaire immediately after viewing each advertisement. The respondents perceived messages in these advertisements regarding several social benefits of consuming alcohol, including that the advertised product would make them more sociable and outgoing, help them have a great time, help them fit in, help them feel more confident, help them feel less nervous, and help them succeed with the opposite sex. Across all advertisements, 74% believed that the advertisement suggested the advertised product would make them more sociable and outgoing, 89.9% that it would help them have a great time; 69.8% that it would help them fit in; 64.9% that it would help them feel more confident; 58.9% that it would help them feel less nervous; 46.5% it would help them succeed with the opposite sex; and 42% that it would make them feel more attractive (and for some of these advertisements the percentages reporting the presence of these messages was as high as 98% of those who viewed the ad). All of these messages transgress the terms of the self-regulatory code for alcohol advertising. There was also a strong association between emotional responses to the advertisements and stated intentions to try the advertised products.

Thus, the proposal to ban messages which the industry themselves have already stated to be unacceptable should not be subject to debate. What is evident, however, is that this will need to take the form of an externally imposed and monitored ban as the industry appears to have been unable or unwilling to enforce their own code despite several reviews and repeated assertions that they would do so.

However, I was concerned to see that the proposed ban did not extend to other important areas which are ostensibly covered by the current self-regulatory code. Specifically, ABAC A(i) – A(iv) which states that alcohol advertising must not encourage excessive consumption, underage drinking, or offensive behaviour; ABAC D which states that alcohol advertising must not depict any direct association between consumption of alcohol beverages and the operation of a motor vehicle or engagement with sport (although the current ABAC code has a significant loophole in the exclusion of low-alcohol beverages from this requirement); and ABAC E which states that alcohol advertising must not challenge or dare people to drink a particular beverage or prefer a beverage because of its higher alcohol content.

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