



21 August 2019

Submission to the Advertising Standards Authority: Consultation on the Standards for Advertising and Promotion of Alcohol

The New Zealand College of Public Health Medicine (the College) thanks the Advertising Standards Authority for the opportunity to provide feedback on the consultation on their Standards for Advertising and Promotion of Alcohol. The College is the professional body representing the medical specialty of public health medicine in New Zealand. We have 222 members, all of whom are medical doctors, including 185 fully qualified Public Health Medicine Specialists with the majority of the remainder being registrars training in the specialty of public health medicine.

Public Health Medicine is the branch of medicine concerned with the assessment of population health and health care needs, the development of policy and strategy, health promotion, the control and prevention of disease, and the organisation of services. The College partners to achieve health gain and equity for our population, reducing inequalities across socioeconomic and cultural groups, and promoting environments in which everyone can be healthy.

The College recognises that consumption of alcohol causes significant harm in NZ. Alcohol is a highly addictive and harmful substance. There is strong evidence that alcohol causes cancer, that this risk increases with higher consumption and that there is no safe level of alcohol consumption for any human^{1,2}. Not only does alcohol cause harm to the individual consuming, but the harm is shared with their families, communities, and the economy.³ It has been estimated that alcohol-related harm costs New Zealand \$7.8 billion annually, including through lost productivity (\$3.3 billion), health and road accidents (\$860 million) and alcohol-fuelled crime (\$1.1 billion).⁴

In New Zealand alcohol marketing is highly detrimental for public health as it works to normalise and sustain New Zealand's toxic drinking culture. A breadth of evidence from systematic reviews of longitudinal studies shows that exposure to alcohol marketing is associated with increased initiation of alcohol use and more hazardous drinking behaviours particularly amongst young people.^{5, 6, 7, 8} Furthermore, many of the studies reviewed found that a dose-response relationship existed, meaning that increased exposure to alcohol marketing was associated with more pronounced effects. Alcohol sponsorship of events like sports games and festivals, which is less regulated than traditional advertising, is also problematic because it normalises alcoholic consumption and effectively communicates messages about alcohol use to children and young people.^{8,9} Sport is emotionally charged which makes sponsorship more persuasive than traditional advertising.¹⁰ Further, alcohol marketing has a negative impact not only on children and young people, but also on those with an existing addiction problem.

Ultimately, the College would like to see the complete cessation of all forms of alcohol advertising. In the interim, we support the gradual phasing out of all forms of alcohol marketing and sponsorship and call for restrictions to alcohol advertising as per the 2010 Law Commission's recommendations, including limiting advertising to communicate only the objective product information such as characteristics of the beverage, the manner of production and the price, as a first step in a process of ultimately phasing out all forms of alcohol marketing and sponsorship.^{11, 12}

The College is aware that the ASA is a media industry body that sets voluntary standards for advertising in New Zealand. Evidence shows that self-regulated voluntary codes and complaints-processes which exist in many countries may be ineffective at restricting alcohol marketing, particularly at limiting children's exposure.^{8,13} Both the advertising and alcohol industries are reliant on alcohol marketing to increase sales; thus, the self-regulation of alcohol advertising suffers from a serious conflict of interest. In New Zealand the ASA voluntary advertising codes have failed to protect the most vulnerable especially children and young people from the effects of alcohol marketing. On average, New Zealand children are exposed to alcohol marketing 4.5 times a day, and Māori and Pacific children are exposed to alcohol marketing five and three times more than New Zealand European children.¹⁴ These results represent a significant inequity and indicate that the government is failing to meet its obligations under te Tiriti o Waitangi, particularly given that Māori are 1.5 times more likely to be hazardous drinkers than non-Māori.^{14, 15, 16} For these reasons the College is opposed to the self-regulation of alcohol.

In conclusion, the College believes that voluntary regulation is insufficient to impact the alcohol advertising landscape and prevent subsequent harms. Our view is that restrictions need to be put in place on the content and quantity of alcohol advertising which are supported by statutory regulation rather than self-regulation. We therefore call for statutory regulation for all alcohol advertising and promotion, outside of the ASA's role in setting its own policy regarding advertising standards for member organisations' publications.

Thank you for the opportunity for the NZCPHM to submit on the Standards for Advertising and Promotion of Alcohol. We hope our feedback is helpful and are happy to provide further clarification on the matter covered in this submission.

This submission also has the endorsement and support of the Royal New Zealand College of Urgent Care (RNZCUC).

Sincerely,



Dr Felicity Dumble, President, NZCPHM

References:

-
1. Connor J. Alcohol consumption as a cause of cancer. *Addiction*. 2017;112:222-228. (<https://onlinelibrary.wiley.com/doi/abs/10.1111/add.13477>)
 2. Connor J, Kydd R, Maclennan B, Shield K, Rehm J. Alcohol-attributable cancer deaths under 80 years of age in New Zealand. *Drug Alcohol Rev*. 2017;36:415– 423. (<https://onlinelibrary.wiley.com/doi/abs/10.1111/dar.12443>)

-
3. New Zealand College of Public Health Medicine. Alcohol Policy Statement. Wellington: NZCPHM, 2012. (https://www.nzcpmh.org.nz/media/31199/2012_06_alcohol_policy_statement.pdf)
 4. Nana G. Business and Economic Research Data presented at Alcohol Action Conference, Te Papa, Wellington, 18 August 2018.
 5. Anderson P, Bruijn A, Angus K, Gordon R, Hastings G. Impact of alcohol advertising and media exposure on adolescent alcohol use: a systematic review of longitudinal studies. *Alcohol Alcoholism*. 2009;44(3):229-243. (<https://academic.oup.com/alcalc/article/44/3/229/178279>)
 6. Smith L, Foxcroft D. The effect of alcohol advertising, marketing and portrayal on drinking behaviour in young people: systematic review of prospective cohort studies. *BMC Public Health*. 2009;9(1):51 (<https://bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-9-51>)
 7. Jernigan D, Noel J, Landon J, Thornton N, Lobstein T. Alcohol marketing and youth alcohol consumption: a systematic review of longitudinal studies published since 2008. *Addiction*. 2016;112:7-20. (<https://onlinelibrary.wiley.com/doi/full/10.1111/add.13591>)
 8. Babor T, Raul C, Sally C, et al. Alcohol: No Ordinary Commodity Research and Public Policy. *Rev Bras Psiquiatr*. 2003;26(4):280-3.
 9. Chambers T, Signal L, Carter MA, McConville S, Wong R, Zhu W. Alcohol sponsorship of a summer of sport: a frequency analysis of alcohol marketing during major sports events on New Zealand television. *N Z Med J*. 2017;130(1448):27-33. (<https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2017/vol-130-no-1448-13-january-2017/7122>)
 10. Adams J, Coleman J, White M. Alcohol marketing in televised international football: Frequency analysis. *BMC Public Health*. 2014; 14(1):473. (<https://www.ncbi.nlm.nih.gov/pubmed/24885718>)
 11. New Zealand Medical Association. NZMA Policy Briefing: Reducing alcohol-related harm. Wellington: NZMA, 2015. (https://www.nzma.org.nz/_data/assets/pdf_file/0017/42542/Alcohol-Briefing18.may.FINAL.pdf)
 12. Law Commission. Alcohol in our lives: Curbing the harm. A Report on the review of the Regulatory Framework for the sale and Supply of Liquor (NZLC R114). Wellington, Law Commission, 2010. (<https://www.lawcom.govt.nz/sites/default/files/projectAvailableFormats/NZLC%20R114.pdf>)
 13. Noel J, Babor T. Does industry self-regulation protect young people from exposure to alcohol marketing? A review of compliance and complaint studies. *Addiction*. 2011;112:51-6 (<https://onlinelibrary.wiley.com/doi/full/10.1111/add.13432>)
 14. University of Otago Press Release. New Zealand children's exposure to alcohol marketing. Dunedin: UoO, 2018. (<http://www.scoop.co.nz/stories/PO1807/S00371/new-zealand-childrens-exposure-to-alcohol-marketing.htm>)
 15. New Zealand College of Public Health Medicine/New Zealand Medical Association. NZCPHM Health Equity Policy Statement (adopting the New Zealand Medical Association Position Statement on Health Equity 2011). Wellington: NZCPHM, 2016. (https://www.nzcpmh.org.nz/media/58923/2016_11_17_nzcpmh_health_equity_policy_statement.pdf)
 16. New Zealand College of Public Health Medicine. Māori Health Policy Statement. Wellington: NZCPHM, 2015. (https://www.nzcpmh.org.nz/media/89786/2015_11_30_m_ori_health_policy_statement.pdf)