

Online advertising programme consultation

Response by the Institute of Alcohol Studies

We welcome the opportunity to respond to this consultation.

The Institute of Alcohol Studies (IAS) is an independent institute bringing together evidence, policy and practice from home and abroad to promote an informed debate on alcohol's impact on society. Our purpose is to advance the use of the best available evidence in public policy decisions on alcohol. IAS is a member of the Alcohol Health Alliance UK (AHA), an alliance of more than 60 non-governmental organisations.

We support and endorse the AHA's response to this consultation

1. Do you agree with the categories of online advertising we have included in scope for the purposes of this consultation?
 - a) Yes
 - b) No**
 - c) Don't know

The list of categories should be broadened to include brand marketing in addition to product-specific marketing.

Contemporary alcohol advertising primarily focuses on brands rather than specific products. It aims to build brand identity and emotional connection with the consumer.¹ This means that harmful products, such as alcohol, and their consumption, can be promoted without advertising the specific product.

Brand marketing can take various forms and can include both brand sharing and alibi marketing. For brand sharing, non-alcoholic products and services are used to promote a brand. We've increasingly seen this for non-alcoholic beers, for example when Heineken 0.0 is used to promote Heineken, or similarly Guinness 0.0 is used to promote Guinness. For alibi marketing, the brand name is replaced with key components of the brand identity. For example, Carlsberg used the *Probably* slogan during football tournaments, which led a similar level of recall to advertising campaigns that featured the brand name.²

Research has shown that these marketing tactics are successfully promoting brands. Consumers are easily able to identify alcohol brands simply from visual cues, such as font, type, colour, strapline or shape.³

¹ Casswell, S. et al. (2005). [Regulation of alcohol marketing: a global view](#). *Journal of Public Health Policy*.

² Purves, R. et al. (2017). [Foul Play? Alcohol marketing during UEFA Euro 2016](#). Institute of Alcohol Studies.

³ Nicholls, E. (2022). [The Marketing and Consumption of No and Low Alcohol Drinks in the UK](#). Institute of Alcohol Studies; Glendinning, M. (2016). [Euro 2016 activation: Five things we learnt from Carlsberg's campaign](#). *SportBusiness*; Murray, R. et al. (2018). [Carlsberg alibi marketing in the UEFA euro 2016 football finals: implications of probably inappropriate alcohol advertising](#). *BMC Public Health*.

Moreover, these forms of marketing can be used to circumvent marketing restrictions. It is therefore essential that brand marketing is covered by new online advertising regulations.

Furthermore, owned media should not be excluded from the proposals. We oppose the suggestion for the ASA to continue to regulate advertising on owned media. This would lead to inconsistency and fail to reduce harm from online advertising.

Owned media can have significant reach and can be promoted by users through sharing, liking and commenting, making users distributors of alcohol marketing. Moreover, brands have no reliable way of knowing the characteristics of their followers (ie age), which raises concerns about mistargeting or targeting vulnerable groups. There is extensive research that age-gating processes are largely ineffective and can easily be circumvented.⁴

2. Do you agree with the market categories of online advertising that we have identified in this consultation?
 - a) Yes
 - b) No**
 - c) Don't know

As outlined in response to Question 1, the categories should be expanded to include brand marketing and owned media.

3. Do you agree with the range of actors that we have included in the scope of this consultation?
 - a) Yes
 - b) No
 - c) Don't know**
4. Do you agree that we have captured the main market dynamics and described the main supply chains to consider?
 - a) Yes
 - b) No
 - c) Don't know**
5. Do you agree that we have described the main recent technological developments in online advertising in this section?
 - a) Yes
 - b) No
 - c) Don't know**

⁴ Critchlow, N. et al. (2019) [Lessons from the digital frontline: Evidence to support the implementation of better regulation of digital marketing for foods and drinks high in fat, salt and sugar](#). Cancer Research UK. Barry, A. E. et al. (2015). [Underage Access to Online Alcohol Marketing Content: A YouTube Case Study](#). *Alcohol and Alcoholism*. Jones, S. C. et al. (2014). [Internet filters and entry pages do not protect children from online alcohol marketing](#). *J Public Health Policy*.

6. Do you agree that our taxonomy of harms covers the main types of harm found in online advertising, both in terms of the categories of harm as well as the main actors impacted by those harms?
- a) **Yes**
 - b) No
 - c) Don't know

We agree with the taxonomy of harms, and in particular with the inclusion of adverts for products which are harmful but not illegal (such as alcohol), mis-targeting, and targeting of vulnerable populations. To ensure a robust regulatory framework for online advertising, it is important that these types of harm are considered.

While not illegal, alcohol does cause a significant amount of harm: it is the leading risk factor for death, ill-health and disability among 15-49-year-olds in England, and causes almost 20,000 deaths and a million hospital admissions every year.⁵ It is linked to seven types of cancer, suicide and obesity, and causes more working years of life lost than the ten most common cancers combined.⁶ Overall, alcohol harm is estimated to cost the UK at least £27 billion every year, including £3.5 billion to NHS England.⁷

Alcohol harm has further escalated during the COVID pandemic, with deaths across the UK increasing by almost 20% in 2020.⁸ We are likely to see worsening harms and widening inequalities in the next few years.

However, alcohol not only has health impacts, but is also involved in 4 in 10 crimes in England and can increase the occurrence and severity of domestic abuse.⁹

Alcohol is also a significant driver of health inequalities. Deaths and hospital admissions rates due to alcohol are over 60% higher in the most deprived groups than the least.¹⁰

Given these harms, it is important that the consultation document highlights the harm that can be caused by online advertising of products that are legal but harmful, such as alcohol.

Moreover, much harm can be done by mistargeting such adverts, for example to children and young people, or by targeting vulnerable groups, such as those in recovery or with/at risk of alcohol dependence.

⁵ Public Health England (2016). [The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies](#); Public Health England (accessed October 2021). [Local alcohol profiles for England](#).

⁶ Public Health England (2016). [The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies](#).

⁷ Burton, R. et al. (2016). [A rapid evidence review of the effectiveness and cost-effectiveness of alcohol control policies: an English perspective](#). The Lancet. Home Office (2012). [Impact assessment: a minimum unit price for alcohol](#).

⁸ Office of National Statistics (2021). [Alcohol-specific deaths in the UK: registered in 2020](#).

⁹ World Health Organisation (2006) [Intimate partner violence and alcohol](#).

¹⁰ Office of National Statistics (2019). [The nature of violent crime in England and Wales: year ending March 2018](#); Public Health England (accessed December 2020). [Local alcohol profiles for England](#).

7. Do you agree that our above description of the harms faced by consumers or society cover the main harms that can be caused or exacerbated by the content of online advertising?
- a) Yes
 - b) No
 - c) Don't know

As outlined above, alcohol is a legal product which causes significant amounts of harm.

There is significant evidence that marketing of alcohol leads to increased consumption, including among children.¹¹ Studies have shown that people who saw alcohol advertisements consumed more alcohol than those that did not.¹² Online advertising is particularly powerful and research has shown that actively participating with such advertising, for example by liking or sharing posts, is more closely associated with increased alcohol use than simple exposure.¹³ Moreover, 'buy now' and 'swipe up' features can directly facilitate purchases on online advertisements. This further underlines the need to regulate owned media.

As outlined in the consultation document, children and vulnerable people, such as those in recovery or with/at risk of alcohol dependence, are particularly at risk.

Alcohol use during adolescents can affect brain development processes and adversely impact young people's cognition, mood and decision-making.¹⁴ Drinking earlier and more also increases the risk of developing alcohol dependence later in life.¹⁵ Exposure to alcohol marketing leads children and young people to start drinking earlier and more than they otherwise would.¹⁶

Alcohol marketing also causes harm to those drinking at increased risk, and with (or at risk of) developing alcohol use disorder. Those drinking at hazardous or harmful levels account for 78% of all alcohol consumption, and 68% of industry revenues.

¹¹ Anderson et al. (2009). Impact of Alcohol Advertising and Media Exposure on Adolescent Alcohol Use: A Systematic Review of Longitudinal Studies. *Alcohol and Alcoholism*, 44(3):229-43; Smith, L. & Foxcroft, D. (2009). The Effect of Alcohol Advertising, Marketing and Portrayal of Drinking Behaviour in Young People: A Systematic Review of Prospective Cohort Studies. *BMC Public Health*, 9:51; Jernigan, D. et al. (2016). Alcohol Marketing and Youth Consumption: A Systematic Review of Longitudinal Studies Published Since 2008. *Addiction*, 112: 7–20. Sargent, J. D., & Babor, T. F. (2020). [The Relationship Between Exposure to Alcohol Marketing and Underage Drinking Is Causal](#).

¹² Stautz, K. et al. (2016). [Immediate effects of alcohol marketing communications and media portrayals on consumption and cognition: a systematic review and meta-analysis of experimental studies](#). *BMC Public Health*.

¹³ Noel, J. K. et al. (2020). [Exposure to digital alcohol marketing and alcohol use: A systematic review](#). *Journal of Studies on Alcohol and Drugs*; Critchlow, N. et al. (2019). [Awareness of alcohol marketing, ownership of alcohol branded merchandise, and the association with alcohol consumption, higher-risk drinking, and drinking susceptibility in adolescents and young adults: a cross-sectional survey in the UK](#). *BMJ Open*.

¹⁴ Jacobus, J. et al. (2013). [Neurotoxic effects of alcohol in adolescence](#). *Annual Review of Clinical Psychology*; Hanson, K. L. et al. (2011). [Impact of adolescent alcohol and drug use on neuropsychological functioning in young adulthood: 10-year outcomes](#). *Journal of Child & Adolescent Substance Abuse*.

¹⁵ Hingson, R. W. et al. (2006). [Age at drinking onset and alcohol dependence: age at onset, duration, and severity](#). *Archives of Pediatrics & Adolescent Medicine*. McCambridge, J. et al (2011). [Adult consequences of late adolescent alcohol consumption: a systematic review of cohort studies](#). *PLoS Medicine*. Schulenberg, J. E. et al. (2008). [Destiny matters: distal developmental influences on adult alcohol use and abuse](#). *Addiction*.

¹⁶ Anderson, P. et al. (2009). [Impact of Alcohol Advertising and Media Exposure on Adolescent Alcohol Use: A Systematic Review of Longitudinal Studies](#). *Alcohol*. Smith, L. et al. (2009). [The Effect of Alcohol Advertising, Marketing and Portrayal of Drinking Behaviour in Young People: A Systematic Review of Prospective Cohort Studies](#). Jernigan, D. et al. (2016). [Alcohol Marketing and Youth Consumption: A Systematic Review of Longitudinal Studies Published Since 2008](#). Sargent, J. D. et al. (2020). [The Relationship Between Exposure to Alcohol Marketing and Underage Drinking Is Causal](#). *Journal of Studies on Alcohol and Drugs*.

The heaviest drinking 4% contribute almost a quarter of industry revenues alone.¹⁷ This financial dependence on heavy drinking means it is in the alcohol industry's interests for people to drink at harmful levels.¹⁸

Heavy and binge drinkers are also more vulnerable to alcohol marketing: the more somebody drinks, the more likely they are to pay attention to alcohol cues, which in turn leads to increased cravings, and the cycle continues.¹⁹ Exposure to alcohol cues is also directly predictive of alcohol consumption and relapse after treatment for alcohol dependence, making alcohol marketing extremely triggering for people in recovery.²⁰

The new online advertising programme must therefore ensure the reduction of alcohol cues that can induce cravings and lead to alcohol consumption among children, people in recovery and those with/at risk of alcohol use disorder – as recommended by the World Health Recommendation.²¹

8. Do you agree that the above description of the harms faced by consumers or society cover the main harms that can be caused or exacerbated by the placement or targeting of online advertising?

- a) Yes
- b) No
- c) Don't know

The placement and targeting of online advertisements for alcohol is already causing significant harm to children, young people, and other vulnerable groups (despite existing codes designed to protect some of these groups) underlining the need for new regulatory structures.

As outlined above, exposure to alcohol marketing leads to negative consequences for children and young people. Existing advertising Codes aim to prevent this; however, despite the Codes and the fact that alcohol is an age-restricted product, more than four in five 11-17-year-olds have seen alcohol advertising in the past month.²²

¹⁷ Bhattacharya, A. et al. (2018). [How dependent is the alcohol industry on heavy drinking in England?](#). *Addiction*.

¹⁸ Casswell, S. et al. (2016). [How the alcohol industry relies on harmful use of alcohol and works to protect its profits](#). *Drug and alcohol review*.

¹⁹ Field, M. et al (2008). [Attentional bias in addictive behaviors: a review of its development, causes, and consequences](#). *Drug and Alcohol Dependence*; Field, M. et al. (2007). [Experimental manipulation of attentional biases in heavy drinkers: do the effects generalise?](#). *Psychopharmacology*.

²⁰ Rohsenow, D. J. et al (1994). [Cue reactivity as a predictor of drinking among male alcoholics](#). *Journal of consulting and Clinical Psychology*.

²¹ World Health Organization (2019). [The SAFER technical package: five areas of intervention at national and subnational levels](#).

²² Alcohol Health Alliance UK. (2021). [No escape: How alcohol advertising preys on children and vulnerable people](#).

Moreover, approximately a fifth have interacted with alcohol marketing online.²³ This is particularly worrying, as young people who engage with user-generated promotion of alcohol marketing tend to engage in riskier drinking behaviours.²⁴

Alcohol companies also tend to target those already drinking at high levels.²⁵ The use of dynamic algorithms enables marketers to target people with specific preferences – however, they also disproportionately target people with/at risk of alcohol dependence.²⁶ For example, people might engage with apps to help moderate their consumption and are then served adverts for alcohol brands.²⁷

Finally, much of the general population are also vulnerable to harm through increased alcohol consumption. The number of people drinking at increasing or higher risk levels increased significantly during the COVID-19 pandemic. Research from Australia has indicated that alcohol marketing might have contributed to this, with brands encouraging consumers to use alcohol to ‘cope’, ‘survive’ or feel better without leaving the house.²⁸ With a large proportion of the population at risk of developing alcohol use disorders, alcohol marketing could have the potential to push them into higher risk categories of drinking.

9. Do you agree with our description of the range of industry harms that can be caused by online advertising?

- a. Yes
- b. No
- c. Don't know**

10. Do you agree that we have accurately captured the main industry initiatives, consumer tools and campaigns designed to improve transparency and accountability in online advertising?

- a. Yes
- b. No
- c. Don't know**

11. Should advertising for VoD closer align to broadcasting standards or follow the same standards as those that apply to online?

- a. Broadcasting**
- b. Online

²³ Alcohol Health Alliance UK. (2021). [No escape: How alcohol advertising preys on children and vulnerable people.](#)

²⁴ Critchlow, N. et al. (2018). [Participation with alcohol marketing and user-created promotion on social media, and the association with higher-risk alcohol consumption and brand identification among adolescents in the UK.](#) *Addiction Research & Theory.*

²⁵ Maani Hessari, N. et al. (2019). [Recruiting the “heavy-using loyalists of tomorrow”: An analysis of the aims, effects and mechanisms of alcohol advertising, based on advertising industry evaluations.](#) *International journal of Environmental Research and Public Health.*

²⁶ Carah, N. et al. (2021). [Alcohol marketing in the era of digital media platforms.](#) *Journal of studies on alcohol and drugs.*

²⁷ Carah, N. (2020). [Alcohol marketing in the era of digital platforms.](#)

²⁸ FARE. (2020). [An alcohol ad every 35 seconds. A snapshot of how the alcohol industry is using a global pandemic as a marketing opportunity.](#)

12. To what extent do you agree with our rationale for intervention, in particular that a lack of transparency and accountability in online advertising are the main drivers of harm found in online advertising content, placement, targeting, and industry harm?

- a. **Strongly agree**
- b. Somewhat agree
- c. Neither agree nor disagree
- d. Somewhat disagree
- e. Strongly disagree

We strongly agree with the rationale for intervention, given the difficulty of regulating digital advertising. The current system is not working effectively, as there is no way to see what marketing a specific person has seen, unless a complaint is made. Relying on public complaints means controls can only be applied retrospectively, thus potentially leading to large numbers of children and vulnerable people seeing the advertising before action is taken. Moreover, without statutory requirements, misconduct is rarely reprimanded.

13. To what extent do you agree that the current industry-led self-regulatory regime for online advertising, administered by the ASA, to be effective at addressing the range of harms we have identified in section 3.3?

- a. Strongly agree
- b. Somewhat agree
- c. Neither agree nor disagree
- d. Somewhat disagree
- e. **Strongly disagree**

We strongly disagree. There is substantial evidence that the current industry-led self-regulatory regime is not effective at addressing the harms outlined or to protect children and vulnerable people from exposure to harmful advertising, such as alcohol advertising. There are serious conflicts of interest and procedural weaknesses in the self-regulatory system, including failings to remove marketing materials that have been identified as non-compliant with the codes.²⁹

In its evidence review on alcohol, then Public Health England found that “a consistent body of research demonstrates considerable violations of content guidelines within self-regulated alcohol marketing codes”. It concluded “that the self-regulatory systems that govern alcohol marketing practices are not meeting their intended goal of protecting vulnerable populations.”³⁰

Despite the current Codes prohibiting the targeting of alcohol marketing to under-18s, children regularly see alcohol marketing and find these messages appealing: more than four in five 11-17-year-olds have seen alcohol marketing in the past

²⁹ Noel J. et al. (2016). [Does industry self-regulation protect young persons from exposure to alcohol marketing? A review of compliance and complaint studies.](#) *Addiction*.

³⁰ Public Health England (2016). [The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies.](#)

month, many online.³¹ Moreover, half of 11-17-year-olds surveyed reacted positively to TV adverts for Fosters and Smirnoff brands (53% and 52% respectively), and a third reacted positively to an advert featuring the Haig Club brand (34%).³² Their reaction also influenced their attitudes: among young people who had never drunk alcohol, those who had positive reactions to the adverts were around one and a half times more likely to report being susceptible to drink in the next year.³³

This marketing has been effective in building brand awareness among children: for example, almost seven in ten 11-17-year-olds are aware of the brand Guinness.³⁴ This is not an exception; the majority of young people are also familiar with brands such as Budweiser (65%), Jack Daniels (59%), Fosters (58%), Smirnoff (55%), Carlsberg (54%), Carling (51%) and WKD (51%).³⁵ Worryingly, it is not only those closest to the legal drinking age; even the majority of the youngest participants, aged 11-12, recognised Guinness.³⁶

The current system is therefore clearly ineffective at protecting children from online advertising harm. The Advertising Standards Authority itself highlighted failures of industry self-regulation. Its study showed that there is “very concerning” potential for children to be exposed to alcohol marketing in online spaces, despite supposed industry self-regulation. It concluded that “alcohol campaigns appear to be falling short in minimising the possibility of children [...] being exposed to paid-for alcohol ads through their social media accounts.”³⁷

The current system is also ineffective at protecting those with/at risk of alcohol dependence, and those in recovery. As mentioned above, people in recovery or those trying to reduce their drinking have reported being ‘bombarded’ with alcohol adverts online. There have even been reports that the volume of adverts increased after people attempted to remove them from their feed.³⁸

14. Do you consider that the range of industry initiatives described in section 4.3 are effective in helping to address the range of harms set out in section 3.3?
- a. Yes
 - b. No**
 - c. Don't know

As outlined above, industry self-regulation has been proven to be ineffective at addressing harmful advertising. There are therefore no industry initiatives that would effectively address harms without changing the system.

³¹ Alcohol Health Alliance UK. (2021). [No escape: How alcohol advertising preys on children and vulnerable people.](#)

³² Boniface, S. et al (2021). [Underage adolescents' reactions to adverts for beer and spirit brands and associations with higher risk drinking and susceptibility to drink: a cross-sectional study in the UK.](#)

³³ Boniface, S. et al (2021). [Underage adolescents' reactions to adverts for beer and spirit brands and associations with higher risk drinking and susceptibility to drink: a cross-sectional study in the UK.](#)

³⁴ Alcohol Health Alliance UK. (2021). [No escape: How alcohol advertising preys on children and vulnerable people.](#)

³⁵ Alcohol Health Alliance UK. (2021). [No escape: How alcohol advertising preys on children and vulnerable people.](#)

³⁶ Alcohol Health Alliance UK. (2021). [No escape: How alcohol advertising preys on children and vulnerable people.](#)

³⁷ Advertising Standards Authority (2021). [Alcohol ads in social media.](#)

³⁸ Elvin, S. (2021). [Fears alcoholics are being 'bombarded' as they struggle to hide Instagram adverts.](#) *Metro News.*

The use of avatars is flawed as it does not reflect actual day-to-day browsing behaviours and can thus not provide insight into actual levels of exposures. Age-gating and -verification processes are also inadequate, as they can easily be circumvented.

15.

- a. Which of the following levels of regulatory oversight do you think is appropriate for advertisers?
 - a. Continued industry self-regulation with some backstopped areas (status quo)
 - b. Backstopped regulation for all or some higher risk areas of harm
 - c. Statutory regulation**
 - d. Other

As outlined in our response to question 13, the industry self-regulatory system has failed to protect children, vulnerable people and others from harm. Statutory regulation is needed to ensure the harms arising from online advertising can be addressed.

The regulatory body should be entirely independent of the industry and supported with full legal powers. This could be funded, for example, through measures such as increased fees for platforms, increased sanctions, or levies on harmful but legal products, such as alcohol.

There is significant public support. More than three quarters of people support controls to limit the exposure of children and young people to alcohol advertising.³⁹

- b. Which of the following levels of regulatory oversight do you think is appropriate for platforms?
 - a. Industry self-regulation
 - b. Backstopped regulation for some or all higher risk areas of harm
 - c. Statutory regulation**
 - d. Other
- c. Which of the following levels of regulatory oversight do you think is appropriate for intermediaries?
 - a. Industry self-regulation
 - b. Backstopped regulation for all or some higher risk areas of harm
 - c. Statutory regulation**
 - d. Other
- d. Which of the following levels of regulatory oversight do you think is appropriate for publishers?
 - a. Industry self-regulation
 - b. Backstopped regulation for all or some higher risk areas of harm

³⁹ Alcohol Health Alliance UK (2021). [Three quarters of Brits back new controls to help protect children from alcohol advertising.](#)

- c. **Statutory regulation**
- d. Other

16. Following on from your answer to question 14, do you think a mix of different levels of regulatory oversight may be warranted for different actors and/or different types of harm?
- a. Yes
 - b. No**
 - c. Don't know

All actors within the digital ecosystem listed in the consultation document should be held accountable to ensure harmful content does not reach vulnerable audiences. This will help ensure consistency in responsibility.

17. What is your preferred option out of the three permutations described under option 2?
- a. Permutation 1**
 - b. Permutation 2
 - c. Permutation 3

As outlined above, we strongly favour statutory regulation. This would be the most effective to ensure children and vulnerable people are protected from exposure to harmful marketing, such as alcohol products.

However, in absence of statutory regulation, Permutation 1 is the strongest and most consistent option.

18. For each of the actors, which measures (set out in the tables in section 6.1.3 and section 6.1.4 do you support and why?

Any measures that support better transparency and responsibility will be welcome. To be effective in protecting children and vulnerable people, these should be enforced with a statutory system.

19. Are there any measures that would help achieve the aims we set out, that we have not outlined in the consultation?

Comprehensive marketing restrictions are one of the most effective ways to address the harm caused by alcohol.⁴⁰ The UK Government has recognised this in regard to HFSS food and drinks and has legislated to ban all such advertising online. This has been welcome, and the same restrictions should be applied to alcohol – an age-restricted product which is linked to more than 200 health conditions and causes significant harm to UK society.

⁴⁰ World Health Organisation (2017). [Tackling NCDs: "best buys" and other recommended interventions for the prevention and control of noncommunicable diseases.](#)

The HFSS online advertising ban is a great step in the right direction. To make it most effective, several shortcomings should be addressed: Firstly, it should be extended to include brand advertising and owned media. Secondly, exemptions for small businesses, audio-only, broadcast radio, business to business and transactional content should be removed. Moreover, the measures should be implemented without further delay.