


Normative value of 'best buys' and the case of bans on alcohol marketing

Sally Casswell ¹, Thomas F Babor,² Nicholas Carah,³ David H Jernigan,⁴ Mark Petticrew⁵

To cite: Casswell S, Babor TF, Carah N, *et al.* Normative value of 'best buys' and the case of bans on alcohol marketing. *BMJ Glob Health* 2024;**9**:e015708. doi:10.1136/bmjgh-2024-015708

Handling editor Fi Godlee

Received 21 March 2024
Accepted 19 July 2024



© Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

¹SHORE & Whariki Research Centre, Massey University Auckland, Auckland, New Zealand

²Department of Public Health Sciences, University of Connecticut School of Medicine, Farmington, Connecticut, USA

³School of Communication and Arts, The University of Queensland, Saint Lucia, Queensland, Australia

⁴Boston University School of Public Health, Boston University, Boston, Massachusetts, USA

⁵PHP, London School of Hygiene and Tropical Medicine, London, UK

Correspondence to

Professor Sally Casswell;
S.Casswell@massey.ac.nz

INTRODUCTION

A recent peer-reviewed publication, 'Restricting alcohol marketing to reduce alcohol consumption: A systematic review of the empirical evidence for one of the "best buys"',¹ reached the conclusion that evidence does not justify a ban on alcohol marketing as a 'best buy'.

The 'best buys' are a concept first developed as part of the global response to non-communicable diseases, and they have been widely cited in global documents since then. According to the WHO,² the 'best buys' reflect evidence of cost-effectiveness and relative ease of implementation. They provide a strong normative statement supporting the incorporation of the 'best buy' of comprehensive bans on alcohol marketing in statements such as the 2022 Global Alcohol Action Plan³ and SAFER,⁴ a WHO-led initiative supporting the implementation of alcohol policy in low- and middle-income countries (LMICs).

The conclusions recently published questioning the validity of bans on alcohol marketing as a 'best buy' therefore deserve close examination and may have implications for the approach to evaluating other policies in global health discourse.

Methodological challenges to evaluating alcohol marketing bans

The methodological approach of Manthey *et al*¹ has been proven useful in the evaluation of alcohol and other CODH policies and informed the establishment of 'best buys'. But its application to the alcohol marketing domain is counter-indicated by several characteristics of marketing.⁵⁻⁷

These characteristics suggest that the impacts of alcohol marketing bans may be additional to or different from short-term changes in general population alcohol consumption, the outcome measure used in many evaluations of marketing restrictions. Assessing these impacts requires a broader

SUMMARY BOX

- ⇒ The concept of 'best buys' within the UN system provides important normative advice for policymakers in highly contested areas such as CDOH.
- ⇒ Evaluating outcomes of 'best buys' may require a system perspective to fully cover the effects of alcohol marketing on public health.
- ⇒ In the case of evaluation of bans on alcohol marketing, a simplistic approach assessing short-term effects on total population consumption and relying largely on partial restrictions has provided misleading conclusions.

system-level evaluation approach.⁸ Alcohol advertising is a complex system and, by extension, a system perspective is needed in any review seeking to understand the effects of alcohol advertising restrictions. Systemic effects occur at the individual, societal and commercial levels. At the commercial level, for example, marketing serves as a barrier to entry by new actors and generates oligopoly profits, which can then be used for further marketing.⁹ A further counter indication is the cumulative and lagged effects of advertising, sometimes referred to as accumulated advertising goodwill.¹⁰ These are considerable and mean that effect sizes in short-term outcome evaluations will be diluted.

Varied functions and effects of alcohol marketing

Marketing performs important roles for commercial interests, and these vary across different contexts, including the stages of market development. Thus, a range of factors can inform the evaluation of the value of a policy intervention.

Within expanding markets, such as in middle-income countries with growing economies and young populations, advertising theory predicts an increase in consumption as a result of marketing.¹¹ Marketing in this context works to recruit new consumers in sectors where the prevalence is low, such as younger people and women. It also encourages

the purchase of commercial products, replacing and/or adding to traditional beverages, and promotes the use of alcohol products in settings in which alcohol would not previously have been used.

It is highly likely, however, that marketing will not increase the prevalence of drinking beyond its already high level in the saturated markets found in some high-income countries; nevertheless, it performs important functions. Population replacement requires that cohorts of new potential drinkers have to be supported in valuing alcohol products, as did their elders. Of particular significance are the future heavy drinkers, a very important sector for the profits of the industry.¹² Marketing also supports norms around alcohol products as ordinary commodities with the implication, therefore, of not requiring stringent controls on supply, affordability and marketing.

Marketing as normalisation

Marketing is directed towards stakeholders as well as consumers. This function of marketing serves to contribute to the normalisation of alcohol products as part of everyday life and creates powerful positive associations with alcohol brands and products. These norms and attitudes provide a hostile environment for health promotion¹³ and policy development. The implication of the messaging is that restrictions on the sale and marketing of products are not needed. If a ban on alcohol marketing affects ideas about what policies are seen as appropriate, leading to policy change, this will have potential longer-term effects on consumption.

Lack of case studies of total bans

Evaluation requires good examples. The WHO¹⁴ policy recommendation to ban alcohol marketing has been identified as the least well-implemented NCD policies globally and implementation fell between 2015 and 2017.¹⁵

The few examples of evaluations of restrictions on alcohol marketing, largely carried out between 1975 and 2000 and primarily drawn from high-income countries, are most often only for partial restrictions.⁷ The partial nature of the restrictions, for example, on broadcast media at certain times of the day or removing alcohol promotions on a university campus, have considerable implications. It is well documented that marketing is effective via a great many different venues and modes and that when one avenue is restricted, it is very viable for the commercial interests to find alternative approaches to achieve the same ends. This makes it inappropriate to include partial bans when analysing the effectiveness of removing exposure to alcohol marketing.

Difficulties in the implementation of bans on marketing and therefore evaluations of strong cases have been exacerbated by the increasing use of digital marketing. Alcohol producers were early adopters of digital marketing and now use this approach, turbo charged by AI models that profile, track and target consumers, to both promote

and sell their products in digital channels. This form of marketing is largely ephemeral: the messages are only visible to recipients, and the automated models that target them are not open to public scrutiny.¹⁶ Increasingly the few countries with bans on alcohol marketing in place are reporting the presence of alcohol marketing in social media and on other digital platforms.

Indirect estimates of likely effects of marketing bans

In the absence of evaluations of comprehensive bans on alcohol marketing, a recent review of alcohol policy drew on evidence of the causal impacts of alcohol marketing to conclude that complete bans are a necessary aspect of a policy to reduce alcohol harm, citing bans as ‘best practice’.⁷ The reviewed studies included evidence of neurobiological impacts, as well as impacts related to exposure as measured with experimental, cross-sectional and longitudinal designs.⁷

Advertising theory emphasises that the cumulative effect of repeated exposure, coupled with other socio-psychological factors, contributes to increased alcohol consumption among vulnerable populations such as already heavy drinkers (p. 56).¹⁷ This may reflect the characteristics of the audience and also disproportionate exposure. The potential for disproportionate exposure has increased exponentially because of highly personalised targeting in which digital data inform the design of and exposure to curated sequences of ads. The power of digital marketing has now also increased due to the incorporation of online purchase and home delivery options, used more by heavier drinkers.¹⁸ In some contexts, heavier drinkers have maintained consumption in sectors that have decreased consumption overall.¹⁹ The personalised nature of the marketing may account for this.

The benefits of marketing for the alcohol industry underpin the efforts of alcohol producers to avoid bans, often by establishing and promoting ineffective voluntary codes (self-regulation) and regimes and deflecting restrictions on alcohol marketing in other ways. Applying the ‘scream test’²⁰ might suggest the industry’s concern to prevent bans on marketing is stronger than their concern over availability restrictions and alcohol taxes.

CONCLUSION

The body of research evidence provides a credible basis for the conclusion that reducing exposure to alcohol marketing will, over time, reduce the consumption of alcohol, and the normalisation of alcohol products and thereby reduce harm. Indications of global harm are currently standing at approximately 3 million deaths annually, and there is much harm to the drinker and those affected by the drinker.^{21 22}

The breadth and depth of research showing the impacts of alcohol marketing strongly counter the misleading conclusion on the ineffectiveness of bans, which is based on systematic reviews of largely incomplete restrictions

using a single measure of population-level consumption. There is sufficient evidence to conclude marketing plays an important role in maintaining and growing alcohol markets, and a ban is a proportionate policy move.

A broader and important question concerns the appropriate parameters for evaluating effectiveness and establishing criteria for policy ‘best buys’ in alcohol and other CDOH where policy recommendations are subject to continual challenge. There is a need to revisit the definition of ‘effectiveness’ in the context of ‘best buys’ and for further exploration of the specific factors that should be accounted for in research on the ‘effectiveness’ of a policy. There is a great potential to bring in new and inspiring methodologies, such as computational modelling, which could account for some of the identified shortcomings in current interpretations of the research literature. Nuanced approaches with a much deeper understanding of the reality and processes of policies are required.

Contributors SC is responsible for the overall content [as guarantor]. SC drafted the manuscript and TFB, NC, DHJ and MP provided input and critical comments.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests Associate Professor NC is a board member of the Foundation for Alcohol Research and Education and has received a research grant from the Australian Research Council Linkage Project with the Foundation for Alcohol Research and Education as Partner Organisation.

Patient consent for publication Not applicable.

Ethics approval Not applicable.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement Data sharing not applicable as no datasets generated and/or analysed for this study.

Open access This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>.

ORCID iD

Sally Casswell <http://orcid.org/0000-0002-2211-7096>

REFERENCES

- 1 Mantney J, Jacobsen B, Klinger S, *et al*. Restricting alcohol marketing to reduce alcohol consumption: a systematic review of the empirical evidence for one of the “best buys.” *Addiction* 2024;119:799–811.
- 2 World Health Organization. Appendix 3. In: *Global action plan for the prevention and control of noncommunicable diseases 2013–2020*. Geneva, 2013: 65–71.
- 3 World Health Organization. Global alcohol action plan 2022–2030. Geneva: World Health Organization; 2023. Available: https://cdn.who.int/media/docs/default-source/alcohol/final-text-of-aap-for-layout-and-design-april-2023.pdf?sfvrsn=6c5adb25_2
- 4 World Health Organization. WHO launches SAFER alcohol control initiative to prevent and reduce alcohol-related death and disability. 2018. Available: https://www.who.int/substance_abuse/safer/launch/en
- 5 Meier PS. Alcohol marketing research: the need for a new agenda. *Addiction* 2011;106:466–71.
- 6 Petticrew M, Shemilt I, Lorenc T, *et al*. Alcohol advertising and public health: systems perspectives versus narrow perspectives. *J Epidemiol Community Health* 2017;71:308–12.
- 7 Babor TF, Casswell S, Graham K, *et al*. *Alcohol: No Ordinary Commodity*. 3rd edn. Oxford: Oxford University Press, 2023.
- 8 McGill E, Petticrew M, Marks D, *et al*. Applying a complex systems perspective to alcohol consumption and the prevention of alcohol-related harms in the 21st century: a scoping review. *Addiction* 2021;116:2260–88.
- 9 Jernigan D, Ross CS. The alcohol marketing landscape: alcohol industry size, structure, strategies, and public health responses. *J Stud Alcohol Drugs Suppl* 2020;Supplement 19:13–25.
- 10 Yeh L-T, Chang D-S. Measuring the lagged effects of advertising goodwill on dynamic promotional efficiency in the automobile industry. *J Oper Res Soc* 2023;74:2094–108.
- 11 Albion MS, Farris PW. *The Advertising Controversy: Evidence on the Economic Effects of Advertising*. Boston, MA: Auburn House, 1981.
- 12 Viet Cuong P, Casswell S, Parker K, *et al*. Cross-country comparison of proportion of alcohol consumed in harmful drinking occasions using the international alcohol control study. *Drug Alcohol Rev* 2018;37 Suppl 2:S45–52.
- 13 Wallack L. Mass media campaigns in a hostile environment: advertising as anti-health education. *J Drug Addict* 1983;28:51–63. Available: <http://www.jstor.org/stable/45094764>
- 14 World Health Organization. Tackling NCDs: “best buys” and other recommended interventions for the prevention and control of noncommunicable diseases. 2017. Available: <https://apps.who.int/iris/handle/10665/259232>
- 15 Allen LN, Nicholson BD, Yeung BYT, *et al*. Implementation of non-communicable disease policies: a geopolitical analysis of 151 countries. *Lancet Glob Health* 2020;8:e50–8.
- 16 Carah N, Brodmerkel S. Alcohol marketing in the era of digital media platforms. *J Stud Alcohol Drugs* 2021;82:18–27.
- 17 Alhabash S, McAlister AR, Kim W, *et al*. Saw it on facebook, drank it at the bar! effects of exposure to facebook alcohol ads on alcohol-related behaviors. *J Interact Advert* 2016;16:44–58.
- 18 Coomber K, Baldwin R, Taylor N, *et al*. Characteristics of high- and low-risk drinkers who use online alcohol home delivery in Western Australia. *Drug Alcohol Rev* 2024;43:407–15.
- 19 Loy JK, Seitz N-N, Bye EK, *et al*. Trends in alcohol consumption among adolescents in Europe: do changes occur in concert? *Drug Alcohol Depend* 2021;228:109020.
- 20 McKee M. The tobacco industry: the pioneer of fake news. *J Public Health Res* 2017;6:878.
- 21 Shield K, Mantney J, Rylett M, *et al*. National, regional, and global burdens of disease from 2000 to 2016 attributable to alcohol use: a comparative risk assessment study. *Lancet Public Health* 2020;5:e51–61.
- 22 Casswell S, Huckle T, Romeo JS, *et al*. Quantifying alcohol-attributable disability-adjusted life years to others than the drinker in Aotearoa/New Zealand: a modelling study based on administrative data. *Addiction* 2024;119:855–62.