Evidence from burden of disease and economic costing studies amply indicate that the public health burden from hazardous and harmful use of alcohol in South Africa warrants drastic action. Evidence that banning alcohol advertising is likely to be an effective intervention is reflected in WHO strategy documents on non-communicable diseases and harmful use of alcohol. Studies on young people furthermore support arguments refuting the claim that advertising only influences brand choice. Given the weakness of relying on industry self-regulation, the government is considering legislation to ban alcohol advertising, resulting in heated debate. Tobacco control and studies investigating the effect of alcohol advertising bans on consumption and alcohol-related deaths point to the effectiveness of such action – ideally supplemented by other policy interventions. Arguments against an advertising ban include possible communication sector job losses, but these are likely to have been exaggerated. Banning alcohol advertising will necessitate greater scrutiny of digital media, satellite television and merchandising to reduce the likelihood of subverting the ban.

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the audience of alcohol marketing campaigns, beyond sometimes including in small print at the bottom of the advertisement ‘Not for sale to persons under the age of 18’.

Contrary to the liquor industry’s view that alcohol advertising only influences brand choice, studies in several countries established that alcohol advertising influences young people’s behaviour: it normalises drinking in many different settings, brings about positive beliefs about drinking, and encourages young people to drink alcohol sooner and in greater quantities. Internal alcohol industry documents accessed in the UK included many references to the need to recruit new drinkers (rather than just motivating existing drinkers to switch brands) and campaigns aimed to appeal to youth, with market research data on 15-16-year-olds being used to guide the development of such campaigns. The five-country study concluded that young people between 13 and 17 years were expressly targeted by alcohol advertisers.

The liquor industry differs from the public health community in how it sees alcohol problems and how they should be addressed. The industry frames the problem as drinking being ‘normal’ and that problems only arise because of a minority of individuals misusing its products. It sees the solution largely as involving changing the behaviour of this minority through education. In contrast, the public health approach looks more broadly at the host (the drinker), the environment and the behaviour of this minority through education. In contrast, this broader approach and, for more than a year, have indicated their intention to tighten alcohol advertising restrictions. This has been spurred by international calls for countries to upscale efforts to address the harmful use of alcohol, the successes achieved following implementation of control measures on tobacco, including banning advertising and, especially, the resolutions from the 2nd Biennial Anti-Substance Abuse Summit in Durban in 2011. Recommendations included: banning all advertising of alcoholic products in public and private media, including electronic media; banning all sponsorship by the alcohol industry of sports, recreation, arts and cultural and related events; restrictions on the accessibility of alcohol; harmonisation of laws and policies regarding the sale of alcohol; reducing the number of liquor outlets; raising the legal age for purchasing alcohol; raising taxes on alcohol products, and reducing the current legal alcohol limit for drivers.

In April 2012, the draft Control of Marketing of Alcoholic Beverages Bill was leaked to the press. This draft bill signals the government’s intention to seriously consider banning alcohol advertising by seeking to ‘totally prohibit the advertising of alcoholic products; permit only notices, which must be limited to “describing the price, brand name, type, strength of origin and composition of the product”; to be displayed inside licensed and registered premises, and notices must be accompanied by a health warning and must not be visible from the outside; prohibit the display of names and logos of alcoholic beverages on delivery vehicles; prohibit the linking of sports sponsorships to alcoholic brand names; and prohibit the promotion of alcoholic beverages through donations and discounts at events.’ This provoked a massive outcry from the liquor industry, sporting bodies and the advertising sector. The draft bill may, however, be modified before it goes to Cabinet, and a process involving stakeholder consultation is also probable before it is finalised.

Tighter restrictions on alcohol advertising are a certainty, but a key question is whether a total ban will achieve the public health benefits that the Minister of Health and others propose; or can they be achieved through other means? Alternative strategies could include increasing funding for counter-advertisements and a partial ban or other restrictions on alcohol advertising, such as independent pre-vetting of alcohol advertisements by a body with less vested interest than the liquor industry itself, ARA or ASA; banning liquor advertisements flighted on radio and television before 9 or 10 pm; and banning alcohol advertising where more than 15% of the audience is likely to be under-age.

Local evidence is that the package of controls on tobacco products implemented during the late 1990s and 2000s, including price increases and a total ban on tobacco advertising, led to decreased smoking rates in some groups. Evidence gathered from a review of time series data from 20 countries collected over 26 years demonstrates that a total ban results in reduced consumption. A meta-analysis of 322 estimated advertising elasticities found a positive effect of advertising on consumption. Decreased alcohol consumption leads to decreased health problems. Through a comprehensive modelling study in the USA, found that a complete ban on alcohol advertising would reduce deaths from harmful drinking by 16% over the lifetime of the cohort studied, and mortality would be further reduced by adding tax increases. In contrast, a partial ban would only result in a 4% reduction in alcohol-related lives lost. Partial bans (e.g. limiting the time for flighting advertisements till after a certain time in the evening) have also been criticised for having limited efficacy, given the innovative ways that alcohol producers have worked around such bans.

The evidence therefore supports a broad public health approach to addressing harmful use of alcohol rather than simply seeking to change individual behaviour, as propounded by the liquor industry. This approach would ideally involve implementing a full ban on alcohol advertising, supplemented with other policy interventions including increases in alcohol excise taxes; addressing alcohol availability through harmonisation of liquor outlet regulations across the provinces, and tighter controls on the hours of sale of alcohol; providing brief interventions for individual high-risk drinkers; and further reducing permissible blood alcohol concentration levels for drivers. Implementing a ban on alcohol advertising will not be easy, and many have warned of enormous job losses in the communications sector. The same argument was made in the lead-up to the ban on tobacco advertising, yet job losses did not materialise, and the advertising space vacated by the tobacco industry was largely taken up by cell phone companies. Other products are therefore likely to take up some of the advertising space if alcohol advertising is banned; for example, Sasol took over the sponsorship of the Springbok Rugby Team a few years ago when South African Breweries ended its sponsorship. The proposed regulations will still permit advertising of alcohol products at points of sale. Furthermore, efforts are under way to establish a Health Promotion Foundation in South Africa, funded possibly through a levy on alcohol and tobacco excise taxes. Thailand and Victoria State in Australia have used funds from health promotion foundations to buy advertising space to promote pro-health messages. Should this occur in South Africa, it is likely to provide an opportunity for revenue for advertising companies. We must also consider balancing losses in advertising jobs with the enormous financial and other savings that will result from a reduction in consumption and related harm. Banning alcohol advertising will also necessitate greater scrutiny of the digital media (FaceBook, Twitter and websites), satellite television and merchandising, to reduce the likelihood of the ban being subverted. Trade-offs are made all the time about what we can and cannot advertise, based on balancing harm and benefit. Surely the time has come to treat alcohol in the same way as tobacco products.

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