

**PAHO Meeting on Alcohol Marketing  
Regulation: Final Report**





# PAHO Meeting on Alcohol Marketing Regulation: Final Report



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# Executive Summary

## Scope and Purpose

An exploratory international meeting on regulation of marketing\* of alcohol products\*\* was held at the Pan American Health Organization (PAHO) headquarters in Washington, D.C., USA, 12–13 January 2015. The objectives of the meeting were to summarize the research on the effects of alcohol marketing on young people; review existing statutory and self-regulatory codes on marketing and examine their effectiveness; consider the implications of international trade agreements and other treaties for developing a global alcohol marketing code; and describe the experience of countries where alcohol marketing legislation has been recently enacted or proposed. Participants, including experts on tobacco control, food and nonalcoholic beverages, trade agreements, and health policy, as well as staff from nongovernmental organizations (NGOs), country offices, and World Health Organization (WHO) headquarters in Geneva, formulated key concepts on the way forward, based on the Global Strategy to Reduce the Harmful Use of Alcohol passed by the World Health Assembly in May 2010 (Resolution WHA63.13) and the Regional Plan of Action to Reduce the Harmful Use of Alcohol passed by PAHO's 51st Directing Council in September 2011 (Resolution CD51.R14).

## Need for alcohol marketing regulation

Alcohol marketing is constantly evolving and utilizes multiple channels including radio, television, sports and music events, websites, social media, mobile phones, and product placements in movies and TV shows. Marketers are moving increasingly to digital and social media, where industry innovations in creating user engagement\*\*\* and brand ambassadorship (e.g. using celebrities to promote brands) have far outpaced regulatory and self-regulatory efforts. Alcohol product marketing includes traditional advertising as well as branding (promoting consumer association of the product name with certain attributes through the use of specially selected images, packaging and visible sponsorship by various organizations, celebrities, and other entities selected for their appeal to a specific target group).

Research indicates that certain personal and demographic characteristics make some groups more vulnerable to the effects of alcohol and alcohol marketing. These groups include youth (children and adolescents); women of childbearing age; and people who choose to abstain from drinking or should not drink for health or other reasons (those who are impulsive, sensation-seeking, or prone to deviance; and people with attention deficit hyperactivity disorder (ADHD), conduct disorders, alcohol dependence, or a family history of alcoholism). Other evidence shows that marketing promotes alcohol consumption among youth. The alcohol industry continues to find novel ways of marketing where bans are imposed. Brand-specific research into alcohol consumption among young people is steadily strengthening the case that there is an association between marketing exposure and youthful drinking behavior. There is now substantial evidence that judgments and behaviors, including those related to alcohol consumption, can be strongly influenced by implicit affective associations in addition to consciously mediated persuasive information.\*\*\*\* Contemporary marketing formats that typically target children are particularly likely to “implicitly persuade” in this way.

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\* Any form of commercial communication or message that is designed to increase or has the effect of increasing the recognition, appeal and/or consumption of alcohol products and services through advertising, sponsorship, or any other form of promotion.

\*\* Products that contain ethanol (ethyl alcohol, commonly called “alcohol”) and are intended for drinking. In most countries with a legal definition of “alcoholic beverage,” a threshold for content of ethanol by volume in a beverage is set at  $\geq 0.5\%$  or  $1.0\%$ . The predominant categories of alcoholic products are beers, wines and spirits.

\*\*\* Soliciting and/or allowing for social media feedback from consumers in response to commercial products (e.g., “likes,” “shares,” and user comments on Facebook); often prohibited in alcohol marketing regulation.

\*\*\*\* Nairn A, Fine A. Who's messing with my mind? The implications of dual-process models for the ethics of advertising to children. *Int J Advertising*. 2008;27(3):447–70.

## Policy Implications

Monitoring and regulating marketing of alcoholic beverages is one of the biggest challenge areas in alcohol public policy. Alcohol marketing regulation has been adopted by WHO as one of the three “best buys” for cost-effective policies to prevent and control the harmful use of alcohol as a risk factor for noncommunicable diseases (NCDs). From the societal and public health perspective, the need for regulations to protect children from unhealthy food, tobacco, and alcohol has already achieved wide consensus.

The debate, then, is about how to regulate. Regulations must be coherent, strategic, and adaptable, and all related regulatory bodies and processes must be independent of the alcohol industry, given the commercial interests that often conflict with those of public health. Examples of effective approaches to regulation used to address similar public health issues can be found in WHO’s Framework Convention on Tobacco Control (FCTC) and International Code of Marketing of Breast-milk Substitutes, and in PAHO’s recommendations on marketing foods and nonalcoholic beverages to children. The key requirements for effective regulation of alcohol marketing are the ability to achieve 1) a significant reduction in exposure to the marketing messages, 2) comprehensive controls of the messages (for most or all media, direct and indirect marketing, and sponsorship), and 3) a statutory “core” independent of the alcohol industry, regardless of any self-regulatory mechanisms.

## Lessons learned from existing codes for alcohol marketing

France has one of the strictest laws on alcohol advertising in Europe (Loi Evin, passed in 1991). The law bans 1) intrusive media that affect young people and 2) advertising that contains positive, attractive images of alcohol and/or messages that associate alcohol with pleasure, glamor, success, sports, performance, sex, opinion leaders, or power. The French law does allow advertising of alcohol but the content is restricted to descriptive information about the products and their objective qualities (source, derivation, taste, appearance, ingredients, etc.). No systematic evaluations of the impact of the law on young people have been conducted thus far.

In Finland, in response to burgeoning brand advertising on digital and social media, new alcohol restrictions were imposed on 1 January 2015. In addition to banning alcohol advertising in public spaces, under the Finnish Alcohol Act, alcohol advertising that uses digital games or product placements in video games is no longer allowed. Competitions and prizes are also banned. Brand advertising through conventional web pages continues to be allowed, but user engagement via the ads (“likes,” “shares,” and comments) is not.

Are voluntary codes and industry self-regulation effective? The research suggests that they are not—that they have failed in preventing both 1) exposure of alcohol marketing to youth and 2) problematic content. Through systematic reviews, researchers have identified more than 100 publications from multiple countries that examine how effective voluntary codes are in restricting objectionable content, reducing youth exposure, and adjudicating complaints about alcohol marketing practices. High rates of code violations have been found in multiple media, and although some countries have established industry-managed complaint panels, evaluations indicate that they are not effective for preventing or removing noncompliant advertisements. <sup>\*</sup>, <sup>\*\*</sup>, <sup>\*\*\*</sup>

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<sup>\*</sup> Noel JK, Babor TF. Does self-regulation protect young persons from the potentially harmful effects of alcohol marketing? A systematic review. Washington: Pan American Health Organization; 2015.

<sup>\*\*</sup> Noel JK, Babor TF, Robaina K. Does industry self-regulation protect young persons from exposure to alcohol marketing? A systematic review of exposure studies. Washington: Pan American Health Organization; 2015.

<sup>\*\*\*</sup> Noel JK, Babor TF. Does industry self-regulation protect young persons from exposure to alcohol marketing? A review of compliance and complaint studies. Washington: Pan American Health Organization; 2015.

## **Toward a common set of norms and standards**

Given the health risks that alcohol use poses for adolescents and other vulnerable populations, a common set of norms and standards to govern alcohol marketing is clearly indicated. The FCTC and the regulations on the marketing of food and nonalcoholic beverages to children in the Americas established clear precedents for similar actions on alcohol marketing. In addition, current World Trade Organization (WTO) rules and trade agreements acknowledge the need for Member States to protect public health through the regulation of marketing of food and beverages potentially harmful to human health.

## **Monitoring and Evaluation**

Several countries have developed tools for conducting public health surveillance and monitoring and evaluating alcohol marketing, including Australia, France, and the United States.

## **Key concepts for discussion**

Although there are important gaps in current knowledge, participants agreed upon nine key messages that could be considered by various stakeholders and PAHO when addressing alcohol policies in the area of alcohol marketing regulation.

# Introduction

Alcohol marketing regulation has been highlighted as one of the “best buys” to reduce alcohol-related harm, including but not limited to its impact on noncommunicable diseases (NCDs). Responding to a need for more guidance on alcohol marketing regulation, an exploratory international meeting was convened by the Pan American Health Organization/World Health Organization (PAHO/WHO) on 12–13 January 2015, at PAHO headquarters, Washington, D.C., USA, and attended by more than 30 experts on tobacco control, food and nonalcoholic beverages, trade agreements, and health policy, as well as staff from nongovernmental organizations (NGOs), country offices, and WHO headquarters in Geneva.

## Background

As early as 1982, more than 100 countries called for the development of an international code of practice on marketing\* of alcohol products.\*\* Since then, the global alcohol industry has become even more concentrated, with greater resources for alcohol marketing around the world, particularly in low- and middle-income countries. Many alcohol producers and marketers are global players and use sophisticated promotional practices to target specific groups. New technologies, such as social media, have facilitated cross-border alcohol marketing. Evidence of the effects of those promotional practices, particularly on young people, has grown too. The research clearly indicates that in addition to parents and peers, alcohol marketing influences the expectations, attitudes, and drinking behavior of youth and adults (1–10).

Many governments have attempted to protect vulnerable groups (particularly young people) from inappropriate exposure to alcohol marketing, using regulations ranging from a total marketing ban to voluntary self-regulation using industry codes of practice. Thus far, however, industry codes of practice have focused primarily on protecting the rights of alcohol producers and distributors to market their products, with less emphasis on protecting individuals from harm.

In 2011, a year after WHO adopted its Global Strategy to Reduce the Harmful Use of Alcohol, PAHO’s Directing Council adopted a regional plan to help guide technical cooperation with Member States (Document CD51/8, Rev.1, the Plan of Action to Reduce the Harmful Use of Alcohol). A network of focal points from ministries of health was created to formulate recommendations for priority action. One of the resulting recommendations was that “PAHO assist in the development of a universal code of principles for the regulation of marketing of alcohol that is public health–oriented and that can be used by governments, regardless of self-regulatory codes.”(38)

To fulfill this request, PAHO organized an informal meeting with international experts and country office and headquarters staff to review alcohol marketing regulation in the Americas and worldwide and to consider frameworks for assisting Member States. Because of the global nature of alcohol marketing, meeting participants were solicited from several regions of the world. The resulting meeting participants included experts on tobacco control, food and nonalcoholic beverages, trade agreements, and health policy from around the world, as well as staff from NGOs, PAHO/WHO country offices, and WHO headquarters in Geneva (see Appendix A for full list of meeting participants).

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\* See Glossary for definition of “marketing.”

\*\* See Glossary for definition of “alcohol.”

## Objectives

The meeting objectives were as follows:

- Critically evaluate the scope and nature of alcohol marketing.
- Review scientific evidence on the characteristics that indicate vulnerability to alcohol consumption in specific population groups—including young people, women of childbearing age, alcoholics and recovering alcoholics, and other adults who want to avoid alcohol for health or other reasons—and the overall susceptibility of those groups to alcohol marketing.
- Summarize research on the effects of marketing alcohol to young people.
- Discuss the use of international codes as a means of achieving public health goals relevant to alcohol marketing regulation.
- Review existing statutory codes for alcohol marketing and research on their effectiveness.
- Review existing self-regulatory codes and research on their effectiveness.
- Review research on effective monitoring, adjudication, enforcement, and use of sanctioning mechanisms for marketing regulation.
- Review international trade agreements and potential barriers and opportunities for developing a global alcohol marketing code.
- Review the experiences of countries where alcohol marketing legislation has been recently enacted or proposed (e.g., Finland, Ireland, Russia, South Africa, and Thailand).
- Discuss the impact of and possible lessons to be learned from experience with the WHO Framework Convention on Tobacco Control (FCTC) as well as PAHO and WHO's recommendations on marketing food and nonalcoholic beverages to children.

The agenda for the two-day meeting was organized into a general introduction followed by several sessions (see meeting agenda in Appendix B).

## Summary

This exploratory international meeting on alcohol marketing regulation was held to 1) summarize the research on the effects of alcohol marketing on young people; 2) review existing statutory and self-regulatory codes on marketing and examine their effectiveness; 3) consider the implications of international trade agreements and other treaties for developing a global alcohol marketing code; and 4) describe the experience of countries where alcohol marketing legislation has been recently enacted or proposed.

# Overview of marketing practices in Latin America and the Caribbean and worldwide

The meeting began with participants providing examples of alcohol marketing in their countries.

From **Mexico** and **Chile**, *Drs. Guillermina Natera* (National Institute of Psychiatry, Mexico City) and *Sebastián Peña Fajuri* (Municipal Health Network, Santiago) showed how older and well-recognized alcoholic beverages are being marketed in attractive, newly designed packaging, and described widespread promotion of alcohol in their countries and where it is occurring (on street/highway billboards, bus stop and outlet signage and various elements of indoor public spaces, malls, supermarkets, shops, cafes/bars, and restaurants—including cafe, bar, and restaurant furniture). They also described 1) how major discounts on beer and spirits have increased the ease with which alcoholic products can be obtained by consumers; 2) the ubiquitous alcohol advertising on television and in print media, with themes promoting “family values” that target men, women, and young people; and 3) the strong links between the alcohol industry and sports teams/events and music events. Alcoholic products are also strongly promoted using digital media, notably on Facebook, YouTube, and Twitter.

From **Costa Rica**, *Dr. Luis Eduardo Sandí Esquivel* from the Institute on Alcoholism and Pharmacodependency (San José) illustrated how beer companies draw strongly on nationalistic and family life themes to promote their products.



Still from a video advertisement in Saint Lucia.

alcohol production from traditional sources such as yucca, and the cultural identification of pisco as a national drink.

From the **Caribbean**, *Dr. Rohan Maharaj* from the Healthy Caribbean Coalition (St. Michael, Barbados) cited the strong link between the alcohol industry and politicians in many parts of the subregion, and governments’ use of their bargaining power to advocate for market share of their alcohol products in the larger world markets.

Similar trends were described by *Ms. Savera Kalideen* from the Soul City Institute for Health and Development Communication in **South Africa**, who reported that 1) the country’s top three alcohol producers spend 1 billion rand (approximately US\$ 128 million) annually on marketing (2009 data);

2) the industry invests heavily in sports sponsorships; and 3) young people are targeted through marketing on social media and at youth events, music festival promotions, and parties underwritten by industry of which parents and other adults are not aware.

From **Australia**, *Ms. Julia Stafford* of the McCusker Centre for Action on Alcohol and Youth (MCAAY) in Perth described how discounts and bulk marketing have reduced the cost of some alcohol products to Au\$ 0.20 per standard drink.

From the **United States**, *Dr. David Jernigan* from the Center on Alcohol Marketing and Youth at Johns Hopkins Bloomberg School of Public Health (CAMY/JHBSPH, Baltimore) reported an increasing trend to link alcohol, health, and fitness by suggesting that alcohol is a natural and low-calorie product.

## Summary

The meeting participants, who came from a diverse group of countries, presented examples of widespread alcohol marketing by industry where there are weak or no regulations or only self-regulatory (voluntary) codes. The experiences they described indicate alcohol marketing 1) is constantly evolving; 2) uses multiple channels, including youth radio, television, sporting and music events, websites, social media, mobile phones, and product placements in movies and TV shows; and 3) is moving to digital and social media, where industry innovations in creating user engagement\* and brand ambassadorship have far outpaced both statutory regulation and self-regulation. Methods used in alcohol marketing include traditional advertising as well as branding—promoting consumer association of a product name with certain attributes through the use of specially selected images, attractive packaging, and visible sponsorship by organizations, celebrities, and other entities selected for their appeal to a specific target group.



Advertisement in Grenada.

\* Soliciting and/or allowing for social media feedback from consumers in response to commercial products (e.g., “likes,” “shares,” and user comments on Facebook); often prohibited in alcohol marketing regulation.

# Why address alcohol marketing? The evidence

The meeting session described the available evidence on the public health impact of alcohol marketing.

Dr. Thomas Babor of the University of Connecticut School of Medicine (Farmington) outlined characteristics of certain population groups that can increase their vulnerability to the effects of alcohol and alcohol marketing. These groups include children (11); adolescents (12,13); women of childbearing age (14,15); people with ADHD or conduct disorders; people who are impulsive, sensation-seeking, or inclined to deviance (16); and people who are alcohol dependent or have a family history of alcoholism (17–19). Dr. Babor estimated that in some countries as much as 50% of the population could be considered vulnerable to the negative impacts of alcohol marketing.

Because marketing can reach everyone, codes for responsible marketing practices (including self-regulatory codes) have been established to protect vulnerable groups from exposure to media messages that promote the consumption of alcoholic beverages.

It has been recommended that 1) children and adolescents; women of childbearing age; and people who choose to abstain from drinking or should not drink for health or other reasons\* ) should be protected from exposure to alcohol marketing and 2) children and adolescents should receive additional protections far beyond the self-regulatory codes and partial bans that have been established in many countries.



Advertisement in Trinidad and Tobago.



Advertisement in Chile.

\* Those who are impulsive, sensation-seeking, or prone to deviance; and people with attention deficit hyperactivity disorder (ADHD), conduct disorders, alcohol dependence, or a family history of alcoholism.

Dr. David Jernigan (CAMY/JHBSPH) reviewed the scientific literature on the influence of alcohol marketing on the drinking behavior of young people. A systematic review of 13 longitudinal studies following more than 38 000 young people, conducted in 2009 by Anderson et al., concluded the following: “Longitudinal studies consistently suggest that exposure to media and commercial communications on alcohol is associated with the likelihood that adolescents will start to drink alcohol, and with increased drinking amongst baseline drinkers” (1). Another review by Smith & Foxcroft, also from 2009, of seven cohort studies that followed more than 13 000 young people 10–26 years old, reported that “data from prospective cohort studies suggest there is an association between exposure to alcohol marketing or promotional activity and subsequent alcohol consumption in young people” (3).

Forms of alcohol marketing covered in the reviews included alcohol advertisements in magazines and on television, radio, and billboards; displays in stores and at sports concessions; alcohol use in movies; and promotional items (e.g., key chains or caps) distributed to potential consumers.



Advertisement in Trinidad and Tobago.

Dr. Jernigan also reported that 1) seven longitudinal studies published since 2008 found significant associations between exposure to, awareness of, engagement with, and/or receptivity to alcohol marketing at baseline and initiation of alcohol use, initiation of binge drinking, drinking in the past 30 days, and/or alcohol problems at follow-up; 2) two of three randomized controlled trials published since 2008 found that exposure to alcohol advertisements embedded in commercial breaks in films had immediate effects on drinking behavior; and 3) 23 cross-sectional studies found significant correlations (but not causality, given their design) between exposure to marketing of alcohol and youth drinking.\*

Finally, Dr. Jernigan presented evidence of the importance of monitoring and assessing the impact of marketing by brand of alcohol. According to the research, in the United States, just 4%–8% of all alcohol brands accounted for 50% or more of young people’s exposure to alcohol marketing via television, radio, and magazines (20–22). Youth were three times more likely to consume a brand if exposed to its television advertising (15). Certain types of content were associated with the popularity of certain brands among youth, too, which suggests the importance of regulating marketing content as well as marketing exposure (23–32).

*Dr. Karine Gallopel from the Rennes School of Public Health (École des hautes études en santé publique, EHESP) in France presented evidence that the way alcohol is shown in films*

*may affect young people’s attitudes about using alcohol. In an experimental study, 412 young people (average age 21.8 years; 54.4% male) were shown a four-minute movie trailer in which alcohol was portrayed in either a positive situation (in the context of friendship, festivities, etc.) or a negative situation (in the context of dependence, craving, or alcoholism). The results suggest young people’s attitudes toward alcohol were influenced by the context of the ad—a positive portrayal of alcohol heightened their desire to drink and a negative portrayal discouraged it (33).*

*According to Professor Hastings, substantial evidence now shows that judgments and behaviors, including those relating to consumption, can be strongly influenced by implicitly acquired affective associations rather than via consciously mediated persuasive information. Contemporary advertising formats that typically target children are particularly likely to “implicitly persuade” in this way.*

## Codes: definitions and features

Codes are a collection of policies that provide guidance on a specific matter. Codes can be binding (i.e., obligatory) or nonbinding.

- **Statutory regulations** are 1) regulations in laws or statutes or 2) rules designed to provide detailed guidance on the broad concepts mandated by legislation. Their development, promulgation, and enforcement are the responsibility of a government or mandated body. Such regulations can be used to implement restrictions or prohibitions, including advertising bans that prohibit a specific quantity or content of advertising in certain types of media.
- **Government guidelines** are issued or implemented by a government or mandated body but may have no legal backing.
- **Self-regulatory codes** are regulations that are led, funded, and administered by the industries concerned.

\* Lobstein T, Landon J, Thornton N, Jernigan D. The association between alcohol marketing and youth alcohol consumption: a systematic review for Public Health England. 2015. Unpublished.

Finally, *Ms. Kate Robaina*, School of Medicine, University of Connecticut (Farmington), described a multicountry study conducted in Argentina, Australia, Brazil, Canada, Finland, France, Ireland, Mexico, the Netherlands, Scotland, South Africa, and the United States. The study examined whether alcohol advertising shown during the 2014 *Fédération Internationale de Football Association* (FIFA) World Cup in the various host countries complied with the alcohol industry's self-regulatory content codes. Preliminary findings indicate that in many countries, a significant proportion of advertising was not in compliance with those codes. Furthermore, in the countries evaluated, millions of young people may have been exposed to the noncompliant ads.\*

## Summary

Speakers presented evidence that showed 1) alcohol marketing promotes consumption among youth and 2) the alcohol industry finds novel ways to market its products, even when bans are imposed. Brand-specific research into alcohol consumption among young people is steadily strengthening the case for an association between marketing exposure and drinking behavior among youth. According to *Prof. Gerard Hastings* of the *University of Stirling* (Scotland), substantial evidence now indicates that judgments and behaviors, including those relating to consumption, can be strongly influenced by implicit associations as well as consciously persuasive information (34). Contemporary marketing formats that typically target children are particularly likely to “implicitly persuade” in this way.

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\* Babor T, et al. Alcohol marketing in the Americas and Spain during the 2014 FIFA World Cup Tournament. 2015. Unpublished.

## Possibilities for a common code

As explained by Dr. Vladimir Poznyak of WHO's Management of Substance Use Team (Geneva), regulation of alcoholic beverage marketing is one of the biggest challenges in the field of alcohol public policy. In early 2015, WHO published the Global status report on alcohol and health 2014, which listed comprehensive restrictions on alcohol marketing as one of three "best buys" for reducing and controlling alcohol-related harm.

Prof. Gerard Hastings (University of Stirling) described how marketing unhealthy products harms children. He noted that, from the societal and public health perspective, there is consensus that regulations are needed to protect children from the promotion of unhealthy food, tobacco, and alcohol. Even the alcohol industry acknowledges the effects of marketing, albeit only its influence on brand selection (it downplays the effects on drinking behavior). Given the widespread consensus on the need to protect children from potentially harmful products such as alcohol, the question is how to regulate.

As noted by Prof. Hastings, alcohol marketing has become more subtle; rather than using overt sales pitches, alcohol products are often artfully associated with prestige or power to increase their appeal. Cognitive defenses are ineffective against this type of marketing (e.g., attempts to deflect temptation and employ self-control do not occur when the target audience is not aware of the associations that are being made). This type of marketing is so insidious that many legislators can not detect it. Therefore, regulations must focus on reducing exposure.

Current marketing techniques are more multifaceted than previous methods and are used via a variety of channels to carry out marketing strategies. No single medium dominates; various types of media are used to achieve different goals. For example, in the field of digital media, the main goal is user engagement (e.g., Facebook "likes," which help to create a sense of brand loyalty for the person interacting with, or "liking," the brand; content "shares," and user comments). The public health sector response must therefore be just as innovative and diverse. Controls of marketing reach are essential and reducing exposure is key. The current reality is that alcohol marketing remains powerful and ubiquitous despite ongoing attempts to restrict it.

Modern methods of alcohol marketing are based on specific, measurable, achievable, realistic and timely (SMART) objectives—and are focused on profitability. Salespeople use a multifaceted and complementary toolbox for which the whole is greater than the sum of the parts. Strategic planning is used to define and guide progress, measured by the fiduciary imperative to increase profit for shareholders; social responsibility will always remain secondary. Therefore, regulation must be coherent, strategic, and adaptable, and all regulatory bodies and processes must be independent of the industry.

Model approaches for regulating the marketing of commercial products can be found in frameworks, codes, and guidelines developed for other areas of public health. For example, the FCTC, the International Code of Marketing of Breast-milk Substitutes, and Recommendations from a Pan American Health Organization Expert Consultation on the Marketing of Food and Non-alcoholic Beverages to Children in the Americas\* describe global actions that have helped mitigate potential harms from marketing.

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\* These examples are discussed in greater detail in the section "Implications for international trade agreements."

## Precedents for a common code

### *The Framework Convention on Tobacco Control (FCTC)*

The idea for an international instrument for tobacco control was formally initiated in May 1995 at the 48th World Health Assembly (WHA). The following year, the 49th WHA adopted resolution WHA49.17, which called on WHO's Director-General to initiate the development of the FCTC. This resolution launched WHO's first formal treaty, but actual negotiations on the FCTC did not begin until 1999.

### *The International Code of Marketing of Breast-milk Substitutes*

In 1981, WHO Member States adopted the International Code of Marketing of Breast-milk Substitutes (ICMBS), which was designed to protect, promote, and support appropriate feeding practices for infants and young children. Since WHO's adoption of the ICMBS—a key milestone in global efforts to improve breastfeeding—countries worldwide have taken action to implement and monitor the marketing code as well as subsequent relevant WHA resolutions. A total of 84 countries have enacted legislation implementing all or many of the provisions of the ICMBS and similar WHA resolutions.

### *Marketing of food and non-alcoholic beverages to children*

In May 2010, WHA, through resolution WHA63.14, endorsed a set of recommendations on regulating the marketing of foods and nonalcoholic beverages to children. In 2011, PAHO produced a set of regional recommendations that clarified the importance of regulations from government (rather than industry) and offered a restrictive definition of foods that should be regulated.

## Summary

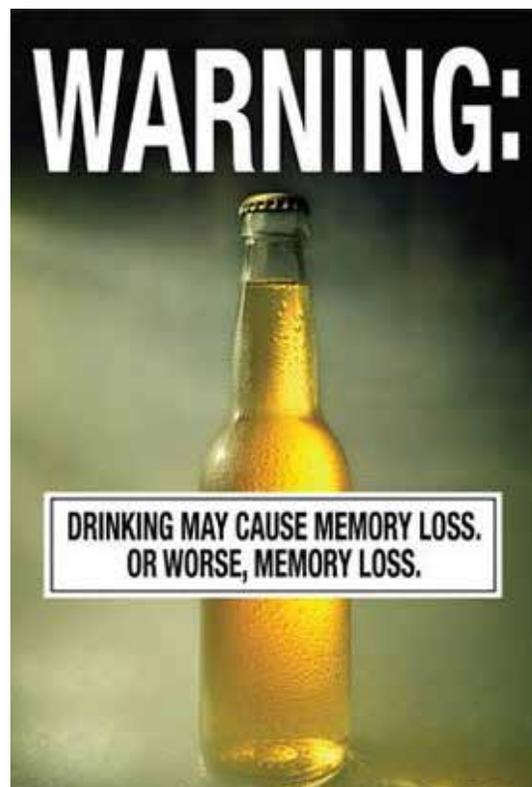
Key requirements for effective alcohol marketing regulation include 1) significant exposure reduction, 2) comprehensive controls, and 3) a statutory “core” independent of industry, with or without the presence of self-regulatory mechanisms.

# Lessons learned from existing codes for alcohol marketing

## Loi Evin

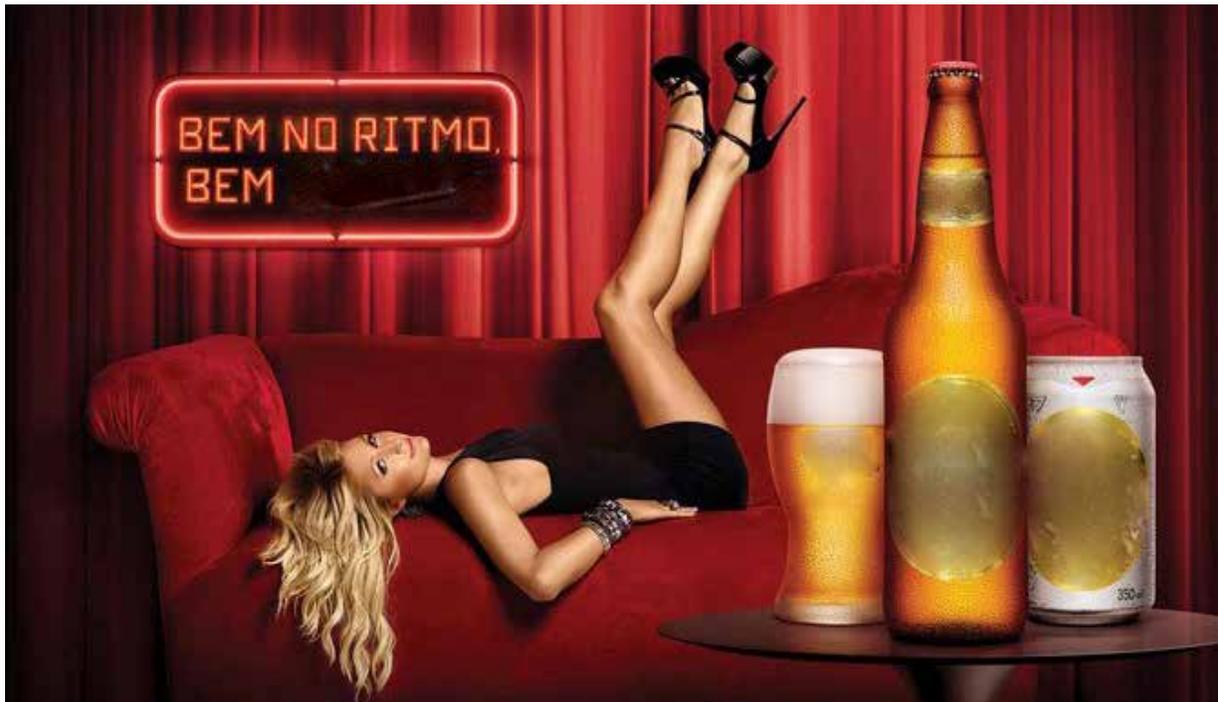
*Dr. Karine Gallopel* of the EHESP in France presented the history and development of France's *Loi Evin* on alcohol (and tobacco). France has one of the strictest laws on alcohol advertising in Europe, even though wine and alcohol are at the heart of the country's history and culture. The law focuses on three key issues: 1) limiting media exposure; 2) limiting content images; and 3) informing and warning consumers.

The aims of the law are threefold: 1) banning intrusive media (but allowing less intrusive kinds); 2) banning advertising that contains attractive images and positive messages that associate alcohol with pleasure, glamour, success, sports, performance, sex, opinion leaders, power, etc. (using lifestyle images of drinkers or celebrities, or presenting sponsorships, endorsements, or scenes depicting a drinking atmosphere are all prohibited, as are the use of logos to imply a connection between alcohol and belonging to a higher social class); and 3) allowing advertising in which the content in which marketing in messages and images is restricted to objective product information (e.g., origin, composition, strength, how it is produced, etc.), and warning messages must be visible and clearly presented.



freeimages.com

*Loi Evin* includes an adjudication process that levies substantial fines and has been effective in removing ads in violation of the legislation. The law has been upheld against legal challenges all the way to the European Court of Justice, although its restrictions were relaxed to allow advertisements on billboards and the Internet. However, no systematic evaluation has been conducted to measure the impact of the law on young people's drinking.



Advertisement from Brazil

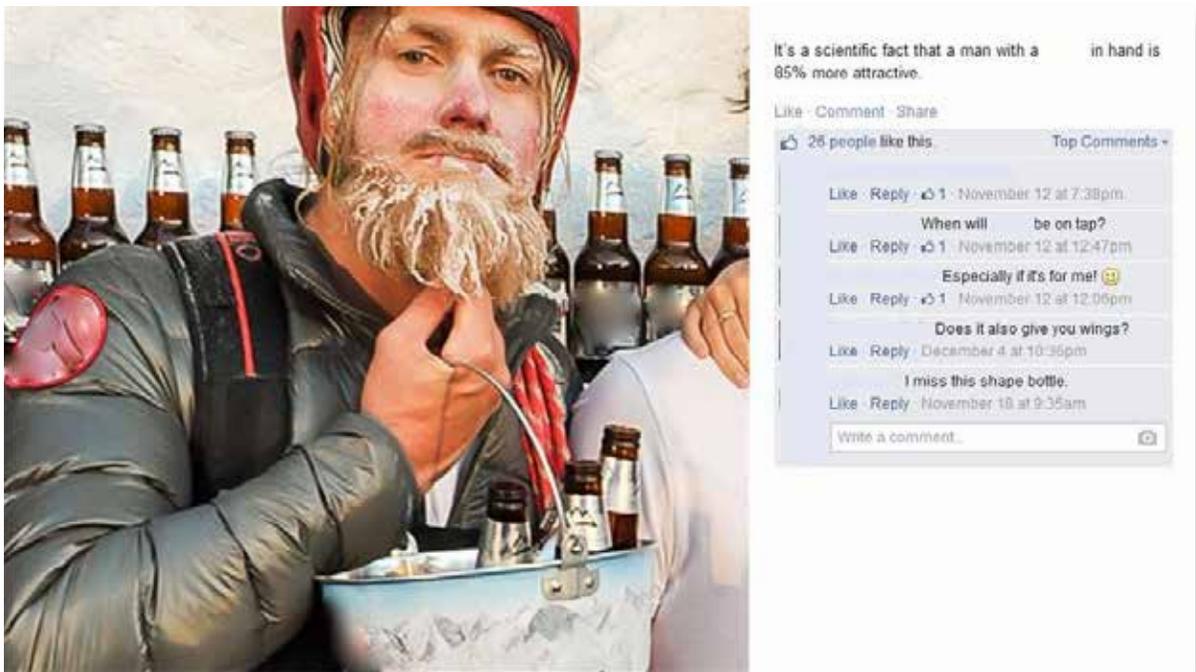


## Finland's Alcohol Act

Mr. Ismo Tuominen of the Finnish Ministry of Social Affairs and Health (Helsinki) presented Finland's experience. The country first banned all alcohol advertising in 1977. Then, in 1995, after Finland joined the European Union, it permitted advertising of beverages with low alcohol content. In 2008, Finland limited the time for alcohol advertisements on television (prohibited between 9 p.m. and 7 a.m.). It also banned advertisements in cinemas (except X-rated movies), and ads that promised volume discounts or offered short-term price discounts. In 2014, Finland also banned all alcohol advertising in public places.

In response to burgeoning digital and social media, new alcohol restrictions were put in place, effective 1 January 2015. The restrictions specify that alcohol advertising is no longer allowed on digital games and gaming apps used on consoles, tablets, and mobile phones. Product placement in video games is banned, and alcoholic products cannot be offered as prizes in real-life competitions or in social media games. Advertising on conventional Web pages is still allowed but soliciting user engagement (e.g., "likes," "shares," or comments on Facebook) is not. These restrictions do not apply to blog pages, social media postings, and private emails because communication by private citizens is not considered commercial as long as it does not involve the exchange of money.

According to Mr. Tuominen, a modification of the French model (which has elements of an overall marketing ban but still allows a defined range of product information) is the best option for preventing the adverse effects of alcohol marketing. The second-best option is to define most harmful practices and then regulate them, as Finland did.



Social media advertisement from Australia.

## Self-regulation and voluntary codes

Mr. Jonathan Noel of the University of Connecticut School of Medicine (Farmington) reviewed existing self-regulatory codes of practice for alcohol marketing. (Although these voluntary codes make implicit and explicit public health assumptions, there is no evidence that they were implemented for public health purposes.) Systematic reviews of more than 100 publications from multiple countries were undertaken to determine the effectiveness of the codes in restricting objectionable content, reducing youth exposure, and adjudicating complaints about alcohol advertising and marketing practices. The conclusion was that self-regulatory codes do not work: they do not keep young people from being exposed to alcohol marketing, there are high rates of code violations across multiple media, and they do not offer an effective system for removing noncompliant advertisements or other materials.<sup>\*,\*\*,\*\*\*</sup>

In some countries, there are constitutional barriers to using statutes to regulate the marketing of alcohol, and thus far, litigation to reduce alcohol marketing has failed. If the effort to limit alcohol marketing is to be successful, action from a strong national or international governing body will most likely be required.



Advertisement from Grenada.

\* Noel JK, Babor TF. Does self-regulation protect young persons from the potentially harmful effects of alcohol marketing? A systematic review. Washington: Pan American Health Organization; 2015.

\*\* Noel JK, Babor TF, Robaina K. Does industry self-regulation protect young persons from exposure to alcohol marketing? A systematic review of exposure studies. Washington: Pan American Health Organization; 2015.

\*\*\* Noel JK, Babor TF. Does self-regulation protect young persons from the potentially harmful effects of alcohol marketing? A systematic review. Washington: Pan American Health Organization; 2015.

## Examples of alcohol marketing restrictions from the Americas

### *Costa Rica, Law for Regulation and Commercialization of Beverages with Alcoholic Content*

The Law for Regulation and Commercialization of Beverages with Alcoholic Content was established in 2012 by the Commission for the Regulation and Control of Commercial Advertising of Alcoholic Beverages. A five-member board reviews, approves, or disapproves commercial alcohol advertisements; three of its members are from the Ministry of Health, one is from a publicity agency, and one is from the Costa Rican Union of Chambers and Associations of Private Enterprises (*Unión Costarricense de Cámaras y Asociados del Sector Empresarial Privado*, UCCAEP). The law bans ads that 1) associate alcohol with positive physical, intellectual, anatomical, or moral characteristics or 2) suggest alcohol has therapeutic benefits. Advertisements cannot use sports or sports figures, intellectuals, scientists, or famous or well-known professionals in any occupation to promote their products. Advertisements cannot appear in media that are targeted or designed to appeal to minors, and all advertisements must be at least 100 m from schools, health facilities, and centers or facilities for children or the elderly. Advertisements cannot contain any degrading symbols, music, or folklore.

### *Ecuador, Article 364*

Article 364 of Ecuador's Constitution declares addictions a public health problem and stipulates that the State shall develop coordinated information campaigns to prevent and control alcohol consumption. Alcohol may be advertised only in places where it is sold or marketed, and where access is limited exclusively to adults. More generally, media cannot publish advertisements of any product whose regular use is harmful (alcoholic beverages, cigarettes, drugs, and psychotropic substances). The ban extends to all types of print and audio or audiovisual advertising, both fixed and mobile, including social media.

### *Peru, Law 2868*

Law No. 2868, published in 2006, regulates the marketing, advertising, and consumption of alcoholic beverages in Peru. The law restricts hours of operation for bars, nightclubs, and liquor stores, and stipulates that all alcohol ads—regardless of the medium—include the warning “To drink alcoholic beverages in excess is harmful.” The warning must be clearly legible on all packaging, as well as on product labels, and must be sized so that it is no less than 10% of the total area available for printing. In audio (radio or televised) advertisements, the warning phrase must last at least 3 seconds. The law also bans alcohol advertising aimed at minors and ads that promote or distribute toys or beverages to children if they contain promotional messages.

## Summary

Although reviews on self-regulation focus on only a few world regions, considerable evidence from multiple countries indicates that industry self-regulation is not successful. Significant proportions of youth continue to be exposed to alcohol marketing, there are high rates of code violations across different types of media, and current systems for tackling noncompliant advertisements are ineffective. The French *Loi Evin* (1991) and the Finnish Alcohol Act are examples of alternative models with evidence of reasonable success.

# Process leading to the Framework Convention on Tobacco Control

*Ms. Rosa Sandoval*, Regional Advisor for Tobacco Control at PAHO (Washington, D.C.), and *Ms. Paula Johns* of the Alliance for Control of Tobacco Use (*Aliança de Controle do Tabagismo*, ACT) (São Paulo and Rio de Janeiro, Brazil) provided a summary of experiences with implementation of the FCTC, a framework convention that resulted from growing consensus on the need for an international, binding instrument based on the most effective policies for regulating marketing of products harmful to human health. Rather than focusing solely on supply, the FCTC uses strategies to decrease demand. Publications such as *Curbing the epidemic: governments and the economics of tobacco control* (35) and *Tobacco control in developing countries* (36) set the stage for this landmark convention.

On the demand side, the FCTC proposes 1) price and tax measures; 2) legislation to protect people from exposure to tobacco smoke in indoor workplaces and public places (including bars and restaurants); 3) regulation and disclosure of tobacco product contents and emissions; 4) mandatory regulation on packaging and labeling (prohibition of strong and large images); and 5) bans on tobacco advertising, promotion, and sponsorship. The FCTC also endorses education, communication, training, public awareness, and smoking cessation programs. On the supply side, the FCTC addresses illicit trade, bans sales to and by minors, prohibits selling cigarettes individually or in small packages, and supports economically viable alternatives for those who make a livelihood from tobacco.

The FCTC has been ratified in 180 countries and general mandates have designated it as a global minimum standard. It establishes multi-sectoral national coordinating mechanisms; protects regulation policies from pressures created by commercial and other vested interests of the tobacco industry; and provides guidance for surveillance, reporting, and international cooperation.

## Summary

The FCTC is a comprehensive framework with clear mandates to decrease both the demand for and the supply of tobacco. It provides explicit guidance on how to regulate advertising, promotion, and sponsorship of tobacco and provides clear lessons for controlling alcohol marketing.



# Process leading to PAHO's recommendations on ultra-processed food and drink products

*Dr. Enrique Jacoby*, Regional Advisor for PAHO's Food and Nutrition Program (Washington, D.C.), described PAHO's recommendations for regulating the marketing of food and nonalcoholic beverages to children globally and in the Americas.

The overall goal of the recommendations is to halt the rapidly growing obesity epidemic in children and adolescents. This goal requires a multi-sectoral, life-course approach for transforming the current obesogenic environment into opportunities for consumption of more nutritious food and better and more frequent physical activity. Achieving this goal will require implementation of policies, laws, regulations, and interventions that take into account Member State priorities in five strategic areas:

- Primary health care and promotion of breastfeeding and healthy eating.
- Improvement in the quality of school food and opportunities for physical activity.
- Fiscal policies and regulation of food marketing and labeling.
- Other multi-sectoral actions.
- Surveillance, research, and evaluation.



## Summary

Dr. Jacoby presented another model for Regional marketing restrictions on products that cause harm to health: namely ultra-processed food and drink products. Much of the rationale and a number of the strategic areas outlined in these activities are also relevant in the context of alcohol marketing restrictions.

# Implications of trade agreements

Prof. Andrew Mitchell of the University of Melbourne Law School/New York University outlined the general global trade agreement environment in which a universal code of principles for alcohol marketing regulation would function. The following agreements, developed under the auspices of the WTO, reflect that environment and the nature of global regulation:

- General Agreement on Trade in Services (GATS), designed to prevent discrimination in trade of services and market access for foreign-country service providers.
- General Agreement on Tariffs and Trade (GATT), designed to prevent discrimination in trade of products and tariff reductions for imported goods.
- Agreement on Technical Barriers to Trade (TBT), designed to address packaging and labeling requirements and requires that they be non-discriminatory and no more trade-restrictive than necessary.
- Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), designed to protect intellectual property rights.

International investment laws are designed to 1) prevent expropriation (e.g., the seizure of investors' property without compensation) and 2) ensure investors fair and equitable treatment (i.e., investors must be dealt with in a fair and equitable manner).

Trade laws also recognize the primacy of public health and/or states' right to promote the health of their citizens. For example, GATS and GATT contain articles that reflect a State's right to "protect human, animal or plant life or health," TBT recognizes the "protection of human health" as a legitimate regulatory objective against which the trade-restrictiveness of a measure will be assessed, and TRIPS allows for members to "adopt measures necessary to protect public health and nutrition." Similarly, the 2001 Doha Declaration on the TRIPS Agreement and Public Health, which reaffirmed the right of TRIPS member states to circumvent patent rights for better access to essential medicines, contains the following clause: "we affirm that [TRIPS] can and should be interpreted and implemented in a manner supportive of WTO members' right to protect public health and, in particular, to promote access to medicines for all."

Most standalone international investment agreements do not address general exceptions for health; rather principles of interpretation, such as the police powers doctrine, recognize that non-discriminatory regulation in pursuit of legitimate public welfare objectives, such as public health, do not constitute indirect expropriations and are not compensable. However, there are an increasing number of agreements that deal with both trade and investment provisions in which there is a trend towards inclusion of general exception provisions.

WTO panels that adjudicate legal challenges to global trade agreements have shown considerable deference to the FCTC as a source of evidence for legitimizing tobacco controls. However, these agreements do not provide protection against legal challenges to domestic health regulation, as evidenced by the fact that FCTC signatories are engaged in dispute settlement proceedings in respect of tobacco control measures. Based on this example, any development of code for alcohol marketing regulation should involve lawyers from the outset and throughout the process but, more importantly, the development of domestic regulation implementing any code should involve engagement with lawyer and consideration of trade implications. Using a whole-of-government approach can help prevent government trade and investment sectors from working against the health of the people.

For adjudication and sanctions, a non-binding code for alcohol marketing endorsed by WHO or PAHO could 1) be an important tool for monitoring issues related to alcohol marketing and 2) serve as an example of international consensus on alcohol-related health issues.

## Summary

The meeting participant presentations indicated that 1) alcohol marketing is largely unregulated or under-regulated and thus poses a significant public health danger, particularly to young people; 2) the FCTC and PAHO's regulations on the marketing of food and nonalcoholic beverages to children in the Americas have created precedents for using global codes to protect public health; 3) current WTO rules and trade agreements acknowledge the need for Member States to protect the health of their citizens; and 4) a universal code of principles for governing alcohol marketing was proposed as a reasonable approach to address this public health issue.

## Monitoring and evaluation

### Australia

Ms. Julia Stafford (MCAAY) described the Alcohol Advertising Review Board, a MCAAY initiative established as an alternative advertising review system that functions alongside the industry system. The review board developed a code for alcohol marketing based on industry's own standards but the board reviewers are primarily public health professionals. The idea is to publicly name and shame advertisers and advertisements that promote alcohol inappropriately. Many more complaints have been lodged with the review board since its establishment than with the industry's self-regulatory system. The review board is just one part of advocacy in Australia for more effective regulation of alcohol marketing.

### France

Dr. Karine Gallopel (EHESP) discussed the implementation of France's Loi Evin. The law is not always enforced, and many marketing tools that target young people are exempt (e.g., the Internet, billboards, price promotions, attractive packaging, etc.). To try to prevent or reduce the effects of the industry's marketing activities, an NGO, the Association Nationale de Prévention en Alcoologie et Addictologie (ANPAA), was established. ANPAA employs 1 500 people and uses volunteers to monitor alcohol marketing. Since 2008, the ANPAA has published Alcoolator, which tracks strategies for marketing alcohol products in France. ANPAA hopes to influence decision-makers and public policies by demonstrating that the law governing alcohol marketing is not uniformly enforced and alcohol producers and marketers target young people, thus encouraging them to drink more.

In 2014, ANPAA documented an increasing number of website advertisements for alcohol—an average of 40 per month, twice as many as



Social media advertisement. "Say yes to making this night a hashtag."

in 2013. The ads appeared on informational websites popular with young people (MinuteBuzz, Topito, melty, etc.); music sites (Spotify, Deezer, FG, etc.); and festival/event sites (SoonNight, SortiràParis, etc.).

Advertisements that violate the law are subject to fines. Since 1991, the ANPAA has obtained 60 judgments (another 12 are awaiting adjudication); 87% were won through civil and criminal procedures. Overall, ANPAA has won 90% of its legal actions against the industry, a strong indicator that the alcohol industry has not been consistent in compliance.

## United States

Dr. David Jernigan (CAMY/JHBSPH) described a new form of public health surveillance in the United States that uses industry-standard tools and metrics to monitor youth and adult exposure to alcohol advertising. This form of monitoring uses commercial sources of audience data and occurrence or competitive tracking, such as Nielsen (television), Mediamark Research and Intelligence (magazines), and Arbitron (radio). It creates alcohol-advertising databases that contain specifics on the occurrence of ads, the audience, and the brands and parent companies. The data allow public health researchers to make brand comparisons, analyze alcohol categories and local market details, and compare ads by media type and by the level of exposure to alcohol advertising (youth versus adults).

Monitoring showed the following: In magazine advertisements in 2011, young people 12–20 years old saw 7% more beer ads, 11% more ads for alcopops, and 82% fewer wine advertisements per capita than adults (more than 21 years old) (21). Similarly, regarding radio advertisements in 2009, 32% of advertisements for alcohol were aired on programming with disproportionately youthful audiences (37). The database also examined 350 868 television ads and found that 19% of these aired at times when per capita exposure was greater for young people than for adults (22).

Further analysis found that on cable television in 2006, each one-point increase in the percentage of adolescent viewers, per viewer-hour, was correlated with an increase in ads for beer (+7%), spirits (+15%), and alcopop (+22%), and a decrease in ads for wine (–8%) (22).

Although monitoring relies on audience self-reports to media measurement companies, self-reporting is the “currency” of purchasing decisions for billions of dollars of advertising each year. Viewer habits are changing and Nielsen is changing to accommodate streaming and TV anywhere and to provide commercial-level ratings. However, assessing exposure in social media is a challenge because third-party data sources are not available and much of digital media marketing is spread “virally” (i.e., user-to-user). Young people are far ahead of adults in their use of digital media, and alcohol companies have proven to be among the earliest adopters of new media marketing technologies.



Bus stop advertisement from Australia.

## Summary

Experts from Australia, France, and the United States presented tools for conducting public health surveillance and monitoring and evaluating alcohol marketing. Evidence shows that alcohol companies are not consistently in compliance with either statutory or self-regulatory systems.

## Conclusions

Discussions during the meeting clearly indicated that 1) alcohol marketing including sponsorship is widespread in the Americas and worldwide and 2) to date there are no principles to guide statutory legislation at the country level and no common set of principles to guide Member States. The alcohol industry's self-regulatory codes are clearly violated in LAC and globally. Many children, young people, and other vulnerable groups are exposed to alcohol marketing. There is unambiguous evidence that marketing is effective in promoting sales. Research shows that judgments and behaviors, including those related to consumption, can be strongly influenced by subtle and implicit affective associations as well as through intentionally persuasive information that is consciously received through marketing messages and campaigns. Three systematic reviews suggest that advertising promotes alcohol consumption in youth. In countries where alcohol advertising has been prohibited, the industry has employed new strategies to bypass the bans, including making the advertisements increasingly subtle and difficult to define as advertising by traditional standards (e.g., moving to social media, or using product placements in film). Research from France suggests that these placements can have an influence on youth and their desire for alcohol.

Research also confirms that the alcohol industry's self-regulatory codes are not working: a significant proportion of young people continue to be exposed to alcohol marketing. There are high rates of code violations across various types of media, and there is no effective system for removing noncompliant advertisements.

There is a growing need to protect vulnerable populations from the potential effects of inappropriate alcohol marketing. The need is particularly acute in countries with fewer resources where a combination of weak regulations, aggressive marketing, and expanding alcohol production has created the conditions for the "perfect storm" that is now being manifested in epidemics of youthful binge drinking, violence, road casualties, and fetal alcohol effects.

Based on the above information, it was agreed that key concepts from the meeting be presented to PAHO, WHA, and WHO. Working in small groups, meeting participants developed the key concepts, which are listed in the following section.



# PAHO Meeting on Alcohol Marketing Regulation: Final Report

## Key concepts for discussion

Although there are important gaps in current knowledge, participants agreed upon the following key messages that could be considered by various stakeholders and PAHO when addressing alcohol policies in the area of alcohol marketing regulation.

1. Governments should protect vulnerable groups from exposure to alcohol marketing, particularly children and adolescents. (39)
2. Governments should prioritize the passage of a comprehensive ban on alcohol marketing (40).
  - a. In keeping with a comprehensive approach, regulation of alcohol marketing should apply equally to print, radio, and digital media (including television and the Internet); outdoor advertising (including billboards and transport-related placements); packaging and labeling; point-of-purchase advertising; product placement in television, movies, music, and music videos; sponsorship of sports and other activities; mobile applications; and any other medium used by an alcoholic beverage brand or the alcohol industry, including corporate social responsibility activities. Social media are a relatively new and unregulated platform that should be included in a comprehensive ban.
  - b. In recognition of the global nature of alcohol marketing and the limitations of national regulation, a global agreement on the marketing of alcoholic beverages should be developed and disseminated by an international public health agency. The agreement should be modeled after Article 13 of WHO's Framework Convention on Tobacco Control (FCTC) to support efforts to move toward a comprehensive ban on alcohol marketing and in accordance with each country's constitution or constitutional principles (41).
3. Governments should put into force legal statutory requirements to enhance their regulatory capacity, accompanied by well-resourced mechanisms for enforcement and adjudication, including the ability to levy meaningful sanctions for violations (42).
  - a. Enforcement and adjudication responsibility should be delegated to an appropriate and well-funded government agency independent of the alcohol industry. Resources should be made available to facilitate and assist government regulation of alcohol marketing if necessary.
  - b. National models of effective regulation of alcohol marketing, developed independently of the alcohol industry, should be evaluated for effects on alcohol marketing exposure, cultural norms about drinking, and alcohol consumption. Results should be publicly disseminated.
  - c. Given the inter-sectoral nature of alcohol policy, government efforts to regulate and control alcohol marketing should include all relevant government sectors and be under the leadership of a public health agency.

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\* Note: France's 1991 Loi Evin is a law designed according to an alternative model that, with a few exceptions, bans most alcohol marketing in all media. It has since been revised to allow advertisements on billboards and the Internet.

- d. The role of independent nongovernmental organizations (NGOs) in monitoring and advocating for alcohol marketing controls should be recognized and supported.
4. Given the conflicts of interest between public health goals and the alcohol industry's commercial interests, governments should develop marketing regulations that are independent of the industry (43-44).
5. Governments should ensure that all health messages about the use of alcohol are developed by a body independent of the alcohol industry, and should be evidence-informed, scientifically evaluated, and free of ambiguous expressions such as responsible drinking (45)."
6. Governments should require and regularly collect information from the alcohol industry about its marketing activities, including expenditures and areas of activity. This information should be made publicly available (46).
  - a. PAHO/WHO and/or global NGOs should create an observatory for monitoring alcohol marketing practices and policy responses at national and international levels and should use this function to issue periodic reports.
7. Governments should ensure that global trade agreements do not compromise the ability of national governments to regulate and restrict the marketing of alcoholic beverages (47).
  - a. Trade agreements should be balanced by global health agreements prioritizing government action to protect health.
8. When developing legislation on alcohol marketing controls, governments should consider global, regional, and national lessons from existing marketing regulations on tobacco, breast-milk substitutes, ultra-processed food, and nonalcoholic sugary beverages because of the similarities in purpose (commercial interest), scope, and pervasiveness (41, 48-49).
9. PAHO/WHO should develop evidence-informed guidelines and principles for alcohol marketing regulation to assist countries in the development of appropriate legislation and other mechanisms to implement and monitor regulatory controls on alcohol marketing.

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## Appendix A. Meeting participants

**Monika Arora**, Public Health Foundation of India; **Thomas Babor**, University of Connecticut, United States; **Adriana Blanco**, Pan American Health Organization, United States; **Chris Brookes**, UK Health Forum, United Kingdom; **Francisco Cordeiro**, Pan American Health Organization, Brazil; **Karine Gallopel**, Rennes School of Public Health, France; **Gerard Hastings**, University of Stirling, United Kingdom; **Anselm Hennis**, Pan American Health Organization, United States; **Ignacio Ibarra**, Pan American Health Organization, United States; **Enrique Jacoby**, Pan American Health Organization, United States; **David Jernigan**, Johns Hopkins Bloomberg School of Public Health, United States; **Paula Johns**, Alliance on Tobacco Control, Brazil; **Savera Kalideen**, Soul City Institute for Health and Development Communication, South Africa; **Jane Landon**, UK Health Forum, United Kingdom; **Rohan Maharaj**, Healthy Caribbean Coalition, Barbados; **Miguel Malo**, Pan American Health Organization, Peru; **Andrew Mitchell**, University of Melbourne Law School/New York University, United States; **Maristela Monteiro**, Pan American Health Organization, United States; **Guillermina Natera**, National Institute of Psychiatry, Mexico; **Jonathan Noel**, University of Connecticut School of Medicine, United States; **Sebastián Peña Fajuri**, Municipal Health Network, Santiago, Chile; **Marina Piazza**, Universidad Peruana Cayetano Heredia, Peru; **Ilana Pinsky**, Universidade Federal de São Paulo, Brazil; **Vladimir B. Poznyak**, World Health Organization, Switzerland; **Nina Rehn-Mendoza**, Nordic Center for Welfare and Social Issues, Finland; **Katherine Robaina**, University of Connecticut School of Medicine, United States; **Eugenia Rodrigues**, Pan American Health Organization, United States; **Luis Eduardo Sandí Esquivel**, Institute on Alcoholism and Pharmacodependency, Costa Rica; **Rosa Sandoval**, Pan American Health Organization, United States; **Carlos Santos-Burgoa**, Pan American Health Organization, United States; **Blake Smith**, Pan American Health Organization, United States; **Julia Stafford**, McCusker Centre for Action on Alcohol and Youth, Australia; **Ismo Tuominen**, Ministry of Social Affairs and Health, Finland.

# Appendix B. Agenda

## International Meeting on Alcohol Marketing Regulation

PAHO Headquarters Washington, DC, USA

January 12-13, 2015

### Agenda

#### DAY ONE

8:30	Welcome and introductions – Maristela Monteiro
9:00	Overview of purpose of the meeting – David Jernigan
9:15	Current situation in some LAC and globally – Miguel Malo (chair) Open to all countries with examples of marketing practices (5 min. each)
10:30	Break
11:15	Session 1: Why address alcohol marketing? The evidence – Nina Rehn-Mendoza (chair) <ul style="list-style-type: none"><li>■ Vulnerability of particular populations – Thomas Babor (10 min.)</li><li>■ State of research on effects of alcohol marketing on young people – David Jernigan (10 min.)</li><li>■ New research – Karine Gallopel, Ilana Pinsky, Kate Robaina (10 min. each)</li><li>■ Discussion</li></ul>
12:30	Lunch
1:30	Session 2: Possibilities for an international code – Julia Stafford (chair) <ul style="list-style-type: none"><li>■ The scope and nature of alcohol marketing: What a code must cover – Gerard Hastings (20 min.), David Jernigan (10 min.)</li><li>■ History of the use of international codes to pursue public health goals – Jonathan Noel (10 min.)</li><li>■ Discussion</li></ul>
3:15	Break
3:30	Session 3: Review and lessons from existing national or international codes – David Jernigan (chair) <ul style="list-style-type: none"><li>■ Review of existing statutory codes on alcohol marketing (and their effectiveness) – Karine Gallopel, Ismo Tuominen, David Jernigan, Julia Stafford (5 min. each)</li><li>■ Review of existing self-regulatory codes on alcohol marketing (and their effectiveness) – John Noel, Ilana Pinsky (5 min. each)</li></ul>
4:30	Discussion, wrap-up of the day – Thomas Babor (chair)
5:30	Closure

# Agenda

## DAY TWO

9:00	Opening and review of goals for the day – David Jernigan (10 min.)
9:15	Session 4: Towards a global code – Chris Brookes (chair) <ul style="list-style-type: none"><li>■ Review of other developments in statutory regulation:<ul style="list-style-type: none"><li>○ FCTC – Adriana Blanco, Paula Johns (10 min. each)</li><li>○ Food and Non Alcoholic Beverages – Enrique Jacoby (10 min.)</li></ul></li><li>■ Implications of international trade agreements and investments for a global alcohol marketing code – Andrew Mitchell (15 min.)</li><li>■ Discussion</li></ul>
10:30	Break
11:00	Session 5: Basic Elements of a Code – David Jernigan (chair) <ul style="list-style-type: none"><li>■ What form a code could or should take</li><li>■ How a code could or should be disseminated</li><li>■ Group discussion</li></ul>
12:30	Lunch
1:30	Session 5: Continued
2:30	Session 6: Monitoring and Evaluation – Sebastián Peña (chair) <ul style="list-style-type: none"><li>■ Setting up effective monitoring, adjudication, enforcement and sanctioning mechanisms to generate support for the new code at the local, national and international levels – Karine Gallopel, Thomas Babor, David Jernigan (10 min. each)</li><li>■ Discussion</li></ul>
3:30	Break
4:00	Session 7: Next steps – Maristela Monteiro (chair) <ul style="list-style-type: none"><li>■ Recommendations from the participants</li><li>■ Process for the working group and future work in the Region and globally</li><li>■ Review and assignment of tasks</li><li>■ Discussion of dissemination of preliminary results</li></ul>
5:30	Closing

# Abbreviations

<b>ACT</b>	Alliance for Control of Tobacco Use (Aliança de Controle do Tabagismo) (São Paulo, Brazil)
<b>ADHD</b>	Attention deficit hyperactivity disorder
<b>ANPAA</b>	National Association for the Prevention of Alcoholism and Addiction (Association Nationale de Prévention en Alcoologie et Addictologie) (Paris)
<b>CAMY / JHBSPH</b>	Center on Alcohol Marketing and Youth at Johns Hopkins Bloomberg School of Public Health (Baltimore, Maryland, USA)
<b>EHESP</b>	Rennes School of Public Health (École des hautes études en santé publique) (France)
<b>FCTC</b>	WHO Framework Convention on Tobacco Control
<b>FIFA</b>	International Federation of Association Football (Fédération Internationale de Football Association) (Zurich)
<b>GATS</b>	General Agreement on Trade in Services (WTO)
<b>GATT</b>	General Agreement on Tariffs and Trade (WTO)
<b>ICMBS</b>	WHO International Code of Marketing of Breast-milk Substitutes
<b>MCAAY</b>	McCusker Centre for Action on Alcohol and Youth (Perth, Australia)
<b>NCD</b>	Noncommunicable disease
<b>NGO</b>	Nongovernmental organization
<b>PAHO</b>	Pan American Health Organization
<b>SMART</b>	Specific, Measurable, Achievable, Realistic and Timely (marketing objectives)
<b>TBT</b>	Agreement on Technical Barriers to Trade (WTO)
<b>TRIPS</b>	Agreement on Trade-Related Aspects of Intellectual Property Rights (WTO)
<b>UCCAEP</b>	Costa Rican Union of Chambers and Associations of Private Enterprises (Unión Costarricense de Cámaras y Asociados del Sector Empresarial Privado) (San José)
<b>WHA</b>	World Health Assembly (WHO decision-making body)
<b>WHO</b>	World Health Organization
<b>WTO</b>	World Trade Organization

# Glossary

- Alcohol** Any liquid containing ethanol (ethyl alcohol) and intended for drinking. In most countries with a legal definition of “alcoholic beverage,” the qualifying criteria is  $\geq 0.5\%$  to  $\geq 1.0\%$  ethanol per beverage. Alcoholic beverages include but are not limited to beer, wine, and spirits.
- Alcopop** Portmanteau of alcohol and sodapop that refers to flavored alcoholic beverages with relatively low alcohol content (malt beverages with various fruit juices or other flavorings, wine and fruit juice or other flavorings (wine coolers)).
- Loi Evin** French law on alcohol advertising, passed in 1991. The law bans 1) intrusive media that affect young people and 2) advertising that contains positive, attractive images of alcohol and/or messages that associate alcohol with pleasure, glamor, success, sports, performance, sex, opinion leaders, or power. The law does allow advertising of alcohol but the content is restricted to descriptive information about the products and their objective qualities. No systematic evaluations of the impact of the law on young people have been conducted thus far.
- Marketing** Any form of commercial communication or message that is designed to increase, or has the effect of increasing, the recognition, appeal and/or consumption of particular products and services. Marketing comprises anything that acts to advertise or otherwise promote a product or service. The techniques are constantly evolving and utilize multiple channels including radio, television, sports and music events, websites, social media, mobile phones, and product placements in movies and TV shows. Product marketing can include traditional advertising as well as branding (promoting consumer association of the product name with certain attributes through the use of specially selected images, packaging, and visible sponsorship by various organizations, celebrities, and other entities selected for their appeal to a specific target group).
- User engagement** Soliciting and/or allowing for social media feedback from consumers in response to commercial products (e.g., “likes,” “shares,” and user comments on Facebook); often prohibited in alcohol marketing regulation.
- Vulnerable groups [re: alcohol marketing]** Children and adolescents; women of childbearing age; people who choose to abstain from drinking or should not drink for health or other reasons (those who are impulsive, sensation-seeking, or prone to deviance, and people with attention deficit hyperactivity disorder (ADHD), conduct disorders, alcohol dependence, or a family history of alcoholism).
- Whole-government approach** Integrating collaboration across different government departments and agencies in order to align efforts toward a shared goal.







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