Eurocare position paper on the revision of the "Television Without Frontiers" Directive

EUROCARE is an alliance of 45 voluntary and non-governmental organisations from all over Europe dedicated to the prevention and reduction of harm done by alcohol. http://www.eurocare.org

Our comments and concerns are strictly motivated by reasons of public health, in particular the protection of minors.

ALCOHOL IS NOT AN ORDINARY COMMODITY

Apart from being a drug that can lead to both physical and psychological dependence, alcohol is a toxic substance and a cause of some 60 diseases and conditions (including injuries, mental and behavioural disorders, gastrointestinal conditions, cancers, cardiovascular diseases, immunological disorders, lung diseases, skeletal and muscular diseases, reproductive disorders and pre-natal harm, including an increased risk of premature birth and low birth weight. (See annex 1 "The harm done by alcohol to the individual drinker").

Alcohol is a key health determinant, responsible for 7.4% of all ill-health and premature death in the European Union, which makes it the 3rd leading risk factor, after high blood pressure and tobacco.

Alcohol is also a cause of harm to others than the drinker, including some 60,000 underweight births, up to 9 million children living in families adversely affected by alcohol and 10,000 traffic deaths to people other than the driver in the EU each year.

It can be estimated that alcohol causes nearly 195,000 deaths in the EU each year[1] (over 25% of male deaths in the age group 15-29 years are caused by alcohol). Further, alcohol-attributable disease, injury and violence cost the health, welfare, employment and criminal justice sectors across the EU some €125bn a year. Equivalent to 1.3% GDP (i.e. €650 for each household)[2].

PROTECTING YOUNG PEOPLE AND CHILDREN FROM THE IMPACT OF ALCOHOL ADVERTISING

Statistical evidence shows a trend towards increased risky use of alcohol among young people[3].

This is all the more cause for concern as youths who begin drinking early in life are significantly more likely to become dependent on alcohol later[4]. Starting to drink at an early age has also been linked to unintentional injuries, motor vehicle crashes, physical fights, unplanned and unprotected sexual behaviour, antisocial personality, conduct disorder, and academic underachievement.

Children and young people constitute an important target group for the alcohol industry because they represent the market of tomorrow, the drinkers of the future. Creating brand allegiance among children and young people is an investment the industry is sure to cash in on.

Content analyses of the appeals used in alcohol advertisements suggest that drinking is portrayed as being an important part of sociability, physical attractiveness, masculinity, romance, relaxation and adventure. Many alcohol advertisements use humour, rock music, animation, image appeals, celebrity endorsement and animal characters, which increase their popularity

with underage television viewers[5]. Not surprisingly, alcohol commercials are among the most likely to be remembered by teenagers and the most frequently mentioned as their favourites. [6]

Also, children are aware of alcohol advertising and find many such commercials attractive. For example, according to a survey carried out by the Center on Alcohol Advertising, elementary school children are more familiar with the Budweiser frogs that they are with cartoon cereal characters such as Tony the Tiger[7].

By definition, alcohol advertising is one-sided and presents alcohol consumption as a safe and problem-free practice, de- emphasizing the potential health risks and negative consequences. Through its messages, alcohol advertising maintains the social desirability of drinking, overshadows the risk of alcohol to individual and public health, and contradicts prevention objectives.

Both, article 15 and 3 g (e) of the proposed Directive, seek to protect minors by prohibiting the specific targeting of minors. However the ubiquity of alcohol advertising ensures that it can hardly be missed by them. Indeed, the reality is that regardless of whether these advertisements are specifically targeting minors, even young children are aware of alcohol advertisements and tend to remember them.

A growing body of research shows that exposure to and enjoyment of alcohol commercials cause minors to develop more positive expectancies and attitudes towards alcohol, which in turn influences the onset of drinking age, as well as patterns and levels of alcohol consumption[8]. Thus, Eurocare believes that restricting the volume of commercial communications of alcohol products is likely to reduce harm.

Eurocare calls for the inclusion of measures in the Directive that restrict the volume of audiovisual commercial communications for alcoholic beverages such as a 9 p.m. watershed ban on alcohol advertising.

ARTICLE 15

The subtlety and complexity of much marketing and advertising simply defies regulation. Since advertising uses association, suggestion and symbolism, rules as the ones in article 15, intended to restrict the contents of advertising, will therefore never be infallible.

Eurocare believes that Article 15 should be strengthened by adding time limits (e.g. 9 p.m.), programme limits (e.g. youth and sports) and limits on concentration of alcohol advertising (e.g. no more than one alcohol advertisement per programme) which are more easily enforceable.

In particular a new rule should be added to article 15 specifying:

"Audiovisual commercial communications for alcoholic beverages should not be broadcast before 9 p.m." (article 15.2)

Monitoring mechanisms and clear dissuasive sanctions should be put in place. It is a fact that where a company can make greater profit by ignoring the rules contained in article 15, it is likely to do so. Therefore, heavy sanctions capable of acting as deterrents need to be put in place.

SELF-REGULATION AND CO-REGULATION

Self-regulation is most commonly adopted by the industries under threat of governmental regulation. This is particularly the case with regard to commercial sectors that involve products harmful to health, such as tobacco or alcohol.

To date, self-regulation of commercial communications by the alcohol industry does not have a good track record for being effective. The industry is too strongly motivated to bend or circumvent the rules.

- **Self-regulatory Codes or Codes of practice:**

Most self-regulatory codes are largely irrelevant to the way alcohol advertising actually works as they deal with the content and the style of advertising rather with the volume.

Although it is a well-established fact that the attitudes and behaviour of the public are affected by the sheer number and repetition of advertisements, and not only by their content[9], none of the existing self-regulatory codes contains any provision on the quantity / volume of advertising such as time-limits, programme limits (e.g. youth or sports programmes) and limits on concentration of alcohol advertising.

Typically, self-regulatory codes include provisions similar to those in article 15 of the Directive that establish a number of criteria advertisements shall comply with (e.g. not to be aimed at minors, not to couple alcohol with social or sexual success, not to show intoxication or minors drinking, or not to link alcohol with driving). Research has consistently shown that the interpretation of this kind of provisions varies depending on whether the review is being carried out by an industry appointed body, representatives of the public or the specific target audience involved[10].

As noted above, the content of contemporary marketing is increasingly sophisticated and subtle. This presents an increased challenge for monitoring and control of content. The fact that viewers are ''active recipients'' of advertising creates another major difficulty for the application of rules of content. Advertising messages are received and understood in the context of the recipients' lived experience. For example, advertisements that contain cues to indicate intoxication, without expressly showing it, can reinforce the norms supportive of heavy drinking. Research has documented that young people interpret advertisements as indicating drinking to intoxication even though these advertisements would not necessarily be perceived as such by all viewers[11]. Similarly, while many codes restrict the use of young people in advertisements, having them present is not necessary for an advertisement to be appealing to under-age drinkers – it is enough to show the lifestyles to which young adults aspire[12]. Thus, much alcohol marketing is likely to be effective in appealing to underage young people without violating the codes.

Eurocare strongly believes that the objective should be not only to control the content and the style of the advertising, which is important but not enough, but also to reduce the volume of advertising in order to reduce exposure of young people and children to alcohol advertising.

More objective and less open to interpretation criteria aimed at reducing the volume of advertising such as time-limits, programmes limits and limits on concentration of alcohol advertising are easily implemented and monitored and more difficult to circumvent.

- Involvement of the industry at the **adjudication stage:** deciding whether a violation has taken place and imposing an appropriate sanction.

On average, it takes a few months for the self-regulatory bodies to rule on a complaint. The result is that by the time these bodies give a verdict, even if the complaint is upheld and the advertisement has to be withdrawn, it is already too late and the advertisement has already done its harm / job.

Further, most of these self-regulatory bodies only hand down recommendations rather than fines. This is so in spite of the fact that where a company can make a greater profit by ignoring self-regulation than complying, it is likely to do so, especially where no-compliance in not easily detected by the consumer or likely to harm the particular company's reputation.

Eurocare believes that only fines that are heavy enough can act as effective deterrents.

PRODUCT PLACEMENT

EUROCARE does not support a relaxation of the rules relating to product placement. We support the principle of separation between advertising and programme content as necessary to prevent consumers from being misled.

We fear that the review of the Directive's provisions on product placement will lead to an increase in exposure to alcohol communications by minors and therefore we urge that a paragraph be added to Article 3h specifying:

"Audiovisual media services must not contain placement of alcoholic beverages or product placement from undertakings in furtherance of the manufacture or sale of alcoholic beverages".

SPONSORSHIP

Sponsorship and advertising have in fact become indistinguishable. The prime purpose of sponsorship, like advertising, is to promote the all important brand images that are used to appeal to young drinkers. Events and programmes are chosen first and foremost for their potential in this area. Careful consumer research is carried out to examine the image of particular programmes or sports and the most appropriate and influential ones are then selected.

Both are trying to get across the same image based messages. In addition, the two mediums are deliberately used to support each other.

Of the two, sponsorship is perhaps of greater concern, since it is particularly well suited to the communication of brand imagery; is more hidden, enabling covert or "subliminal" messages that can get round the defences of their "wary" and media literate young targets; it is easily used to sidestep controls on advertising; and finally it is cheaper and less exposed to criticism.

Therefore Eurocare urges that a paragraph should be added to Article 3h specifying:

"Audiovisual media services may not be sponsored by undertakings whose principal activity is the manufacture or sale of alcoholic beverages"

ADDITIONAL COMMENTS

We are aware that audiovisual commercial communications of alcoholic beverages are only one of the mediums the industry uses to reach minors along with Internet, radio, printed press, SMS on mobiles and others. Thus, restrictions on audiovisual commercial communications will not be enough in isolation but are, in any case, in line with the recommendations of the Council of the EU[13] and the WHO Declaration on Young People and Alcohol[14].

ANNEX 1 The harm done by alcohol to the individual drinker

Condition		Summary of findings
Social well being	**Negative social consequences**	For getting into a fight, harming home life, marriage, work, studies, friendships or social life, the risk of harm increases proportional to the amount of alcohol consumed.
	Reduced work performance	Higher alcohol use results in reduced employment and increased unemployment and reduced productivity.
Intentional and unintentional injuries	**Violence**	There is a relationship between alcohol consumption and the risk of involvement in violence, which is stronger for episodic heavy drinking than for overall consumption. The higher the alcohol consumption, the more severe the violence.
	Drinking and driving	The risk of drinking and driving increases with both the amount of alcohol consumed and the frequency of high volume drinking occasions. There is a 38% increased risk of accidents at a blood alcohol concentration level of 0.5g/L.
	Injuries	There is a relationship between the use of alcohol and the risk of fatal and non-fatal accidents and injuries. People who usually drink alcohol at lower levels, but who engage periodically in drinking large quantities of alcohol, are at particular risk. Alcohol increases the risk of attendance at hospital emergency rooms in a dose dependent manner.
	Suicide	There is a direct relationship between alcohol consumption and the risk of suicide and attempted suicide, which is stronger for episodic heavy drinking than for overall consumption.
Neuropsychiatric conditions	**Anxiety and sleep disorders**	Over one in eight of individuals with an anxiety disorder also suffer from an alcohol use disorder. Alcohol aggravates sleep disorders.
	Depression	Alcohol use disorders are a risk factor for depressive disorders in a dose dependent manner, often preceding the depressive disorder, and with improvement of the depressive disorder following abstinence from alcohol.
	Alcohol dependence	The risk of alcohol dependence begins at low levels of drinking and increases directly with both the volume of alcohol consumed and a pattern of drinking larger amounts on an occasion. Young adults are particularly at risk.
	Nerve damage	Clinical studies find that between one quarter and one third of alcohol dependent patients have damage to the peripheral nerves of the body, with the risk and severity of damage increasing with lifetime use of alcohol.
	Brain Damage	Heavy alcohol consumption accelerates shrinkage of the brain, which in turn leads to cognitive decline. There appears to be a continuum of brain damage in individuals with long-term alcohol dependence.
	Cognitive impairment and dementia	Heavy alcohol consumption increases the risk of cognitive impairment in a dose dependent manner
Gastrointestinal, metabolic and endocrine conditions	**Liver cirrhosis**	Alcohol increases the risk of liver cirrhosis in a dose dependent manner. At any given level of alcohol consumption, women have a higher likelihood of developing liver cirrhosis than men.
	Pancreatitis	Alcohol increases the risk of acute and chronic pancreatitis in a dose dependent manner.
	Type II diabetes	Although low doses decrease the risk compared with abstainers (see Box 5.3), higher doses increase the risk.
	Overweight	Alcohol contains 7.1 g/kcal and is a risk factor for weight gain. In very heavy drinkers alcohol can replace calories due to meal skipping and lead to malnutrition.
	Gout	Alcohol increases the risk of high blood levels of uric acid and gout in a dose dependent manner.
Cancers	**Gastrointestinal tract**	Alcohol increases the risk of cancers of the mouth, oesophagus (gullet) and larynx (upper airway), and to a lesser extent, cancers of the stomach, colon and rectum in a linear relationship.
	Liver	Alcohol increases the risk of cancer of the liver in an exponential relationship.
	Breast	Alcohol increases the risk of female breast cancer in a dose dependent manner.
Cardiovascular diseases	**Hypertension**	Alcohol raises blood pressure and increases the risk of hypertension, in a dose dependent manner.
	Stroke	Alcohol increases the risk of haemorrhagic stroke with a dose-response relationship. The relationship with ischaemic stoke is J-shaped, with low doses reducing the risk (see Box 5.3) and higher doses increasing the risk. Episodic heavy drinking is an important risk factor for both ischaemic and haemorrhagic stroke, and is particularly important as a cause of stroke in adolescents and young people.

	Irregularities in heart rhythms	Episodic heavy drinking increases the risk of heart arrthymias and sudden coronary death, even in people without any evidence of pre-existing heart disease
	Coronary heart disease (CHD)	Although light drinking reduces the risk of CHD, beyond 20g a day (the level of alcohol consumption with the lowest risk, see Box 5.3), the risk of heart disease increases, being more than the risk of an abstainer after 80g a day. The reduced risk seems to disappear in very old age, where over-reporting of CHD on death certificates also occurs.
	Cardiomyopathy	Over a sustained period of time, a high level of alcohol consumption, in a dose dependent manner, increases the risk of damage to the heart muscles (cardiomyopathy).
Immune system		Alcohol can interfere with the normal functions of the immune system, causing increased susceptibility to certain infectious diseases, including pneumonia, tuberculosis and possibly HIV.
Lung diseases		People with alcohol dependence have a two- to four- fold increased risk of acute respiratory distress syndrome (ARDS) in the presence of sepsis or trauma.
Post-operative complications		Alcohol increases the risk of post-operative complications and risk of admittance to intensive care in a dose dependent manner.
Skeletal conditions		There appears to be a dose-dependent relationship between alcohol consumption and risk of fracture in both men and women that is stronger for men than for women. (See also Box 5.3). In high doses, although in a dose dependent manner, alcohol is a cause of muscle disease.
Reproductive conditions		Alcohol can impair fertility in both men and women.
Total mortality		It has been estimated, at least in the UK, that in younger people (women under the age of 45 years and men under the age of 35 years), any level of alcohol consumption increases the overall risk of death in a dose dependent manner.

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