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Evidence Growing of Link Between Youth Exposure to Alcohol Marketing and Youth Drinking

First review of long-term studies since 2008 finds youth who are more exposed to alcohol marketing are at higher risk of drinking across continents, cultures

A new analysis of 12 long-term studies published since 2008 from across the globe finds that young people under the legal drinking age who are more exposed to alcohol marketing appear more likely to start drinking early and also to engage in binge drinking.

A 2008 analysis established a link between exposure to alcohol marketing and drinking behavior in young people. This new systematic review -- the first in nearly a decade -- identifies 12 additional studies, broadening and strengthening the science in this area. All of the new studies found an association between level of marketing exposure and youth drinking behavior and found that exposure to ads was even more strongly associated with progression to binge drinking than with initiation of alcohol use.

The research was led by the Center on Alcohol Marketing and Youth (CAMY), part of the Johns Hopkins Bloomberg School of Public Health, and published in a special issue of the journal *Addiction* focused entirely on alcohol marketing and public health.

“This latest review of the scientific literature adds stronger evidence to the claim that exposure to alcohol marketing among youth is linked to more underage youth drinking and, in particular, binge drinking,” says study leader David Jernigan, PhD, the director of CAMY and an associate professor in the Department of Health, Behavior and Society at the Bloomberg School. “Studies are documenting this exposure, which includes marketing and ads on television, the internet and social media, as well as on the radio, in magazines and at sporting and other events.”

Binge drinking, defined by the Centers for Disease Control and Prevention as consuming four or more drinks within two hours for women and five or more drinks for men, is associated with a long list of negative public health consequences, including sexual assaults, violence, attempted suicide and illicit drug use.

Alcohol is the leading cause of death and disability for males ages 15 to 24 in nearly every region of the world, and females of the same age in the wealthy countries and the Americas. In the United States, excessive alcohol use is responsible for an average of 4,350 deaths every year among people under the legal drinking age of 21.

The researchers relied upon four different medical and scientific databases to identify articles for possible inclusion in the review. Studies were included in the final review if they met a number of criteria, including whether they used original data and included measures of marketing exposure and alcohol consumption for at least 500 underage youth. Studies were included only if they used self-reported and observed actual alcohol use such as binge drinking, as opposed to just measures of intentions to consume alcohol in the future. The studies were conducted in seven countries and involved more than 35,000 participants.

In the United States, alcohol advertising and marketing is primarily self-regulated by the alcohol industry, whereby the industry sets its own guidelines with respect to limiting exposure to young people.

Several of the included studies found that levels of marketing exposure appear to be as high or nearly as high among younger adolescents as they are among older adolescents and young adults, suggesting that current voluntary alcohol industry marketing codes are not protecting kids as young as 10 years old.

“Public health policies that can reduce or mitigate the effect of alcohol marketing exposure on youth drinking behavior are sorely needed,” Jernigan says. “With numerous countries considering greater restrictions on alcohol marketing, the findings of these studies signal the public health importance of that debate.”

[“Alcohol Marketing and Youth Alcohol Consumption: A systematic review of longitudinal studies published since 2008”](#) was written by David Jernigan (Johns Hopkins Bloomberg School of Public Health), Jonathan Noel (University of Connecticut School of Medicine), Jane Landon (UK Health Forum), Nicole Thornton (Johns Hopkins Bloomberg School of Public Health) and Tim Lobstein (Public Health Advocacy Institute of Western Australia).