

Assessment of alcohol advertising practices in Ethiopia

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Abstract

Background: Alcohol advertising should be prepared with an appropriate sense of responsibility to the consumer public. In Ethiopia, some aspects of alcohol advertising practices contravene with standards.

Objectives: To document alcohol advertising practices and explore perceptions about them in Ethiopia.

Methods: A qualitative study was carried out in 2010, in the relevant institutions selected purposively from Addis Ababa: private media/advertising agencies, the Federal Ministry of Health (FMOH)/ Food, Medicine and Health Care Administration and Control Authority, Ethiopian Public Health Association (EPHA), Ethiopian Medical Association (EMA), the Ethiopian Youth and Sports Ministry (MYS), Addis Ababa University (AAU), Addis Continental Institute of Public Health (ACIPH), the Ethiopian Broadcast Authority (EBA) and a brewery. Data were generated using in-depth, face-to-face interviews with 18 professionals from the nine institutions. Slightly differing interview guides were used according to nature of institutions; thematic analysis of the data on transcribed interviews was performed.

Results: Alcohol advertising practices in Ethiopia contravene with fundamental principles of marketing for alcoholic beverages. Advertisers use misleading information about alcoholic drinks, employ people with questionable legal age and use imagery that could be particularly appealing to young audiences. Lack of audience segmenting mechanisms in the media coupled with other forms of promotion such as sponsorships expose, even the very young, to alcohol advertisements.

Conclusions: The existing practice of alcohol advertising in the country is against the interest of the public. All concerned stakeholders should be considered in alcohol related policy formulation, implementation and monitoring. [*Ethiop. J. Health Dev.* 2012;26(3):216-225]

Introduction

Any benefit connected with the production, sale and use of alcoholic beverages comes at enormous cost to society (1). Excessive alcohol consumption was responsible for 1.8 and 2.5 million deaths worldwide, in the years 2004 and 2011, respectively. It was implicated in over 60 diseases, accidents and injuries and a contributing cause in 200 others. Alcohol is also associated with other serious social harms including violence, child neglect and abuse, and absenteeism from work. The health, especially of young people is increasingly being threatened by dangerous patterns of alcohol consumption in recent years (2-3).

In sub-Saharan Africa (SSA) alcohol is among the most significant risk factors for death and a high risk for negative sexual behaviors resulting in HIV infection (4). The overall adult per capita consumption of alcohol in the WHO Africa Region in 2004 was estimated to be 6.2l of pure alcohol (2). In some countries such as Uganda (11.93l), Burundi (9.48l) and Botswana (7.96l) per capita consumption is among the highest in the world. In Ethiopia, adult per capita consumption is 4.02l (3). Accordingly, the amount of alcohol consumed and patterns of drinking have serious public health implications in East Africa which heightens the need for an appropriate policy response by governments. Strategies to reduce the harmful use of alcohol endorsed by international as well as regional discussions include; control on availability, restrictions on advertising,

promotion and sponsorship, preventing sales to minors, prices and taxes, law enforcement, regulating drink-driving, raising public awareness and counseling, treatment and rehabilitation (4-6). The use and abuse of alcohol in society is complex. Although the main drivers of consumption are shown to be price and availability, there are other factors deeply embedded in societal and individual behaviors that influence reasons for and amount people drink. Among others, exposure to alcohol advertising influences the onset of youth drinking, increased drinking and occurrences of alcohol problems in later life. Media commercial communication about alcoholic beverages should thus be carefully regulated. Correspondingly, control mechanisms, *Pros and cons*, exist; self-regulation (alcohol producers, advertising and media companies policing themselves), legislation, a combination of (self-regulation and legislation) and advertising bans. However, industry self-regulation is ineffective in protecting young people (7-8). Therefore, self-regulation must exist in tandem with a broad legal framework where public agencies closely monitor marketing. The state-of-the-art alcohol policy discourse supports a ban on all forms of marketing publicity that promote alcoholic products by any means, that are false, misleading, deceptive or likely to give wrong erroneous impression. Bans adopted by Norway and France should serve as appropriate models (4, 5, 9).

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The National Context:

In Ethiopia, advertising in general is believed to have begun in the 19th century, during the reign of Emperor Menelik II. At the time, advertisements used to be announced at main squares and streets using the “Negarit”, a traditional war-drum. Although media consumer advertising started sprouting during Emperor Haile Selassie time, the handful of agencies doing advertising as well as the activity itself disappeared with the fall of the monarchy and seizure of political power by the “Derg”, a military junta, in 1974. The years from the mid-1970s to the early 1990s are characterized by severe restriction on any forms of advertising; with the exception of a few government censored advertisements, consumer service advertising ceased to exist altogether. However, following the ousting of the “Derg” and the coming to power of the Ethiopian Peoples’ Revolutionary Democratic Front (EPRDF) in 1991, advertising practices began to flourish once again (10). Nonetheless, this new era of deregulation and unchecked liberalization, heralded an unprecedented expansion of product advertising, including alcoholic beverages in the media, without developing socially responsible practices. The main deterrents of progress were lack of distinct government authority fully responsible for advertising, absence of a comprehensive advertising regulation and underdevelopment of the sector itself. For example, over the years, the authority dealing with advertising changed several times; from the Ministry of Information to a private marketing company and back to the same ministry. However, it could be boldly argued, that since the mid 1990s, no clear forms of advertising regulation seemed to exist in Ethiopia. Perhaps not surprisingly, this in turn has resulted in the various media taking liberties with advertising. Fortunately, the need for regulation was recognized in the year 2010. The Ethiopian Broadcast Authority (EBA) took the initiative to restructure advertising for general merchandise including regulations governing alcohol advertising and sponsorship in the media. With regard to its control, since the advertising industry in Ethiopia is still in its embryonic stages; there are neither seasoned professionals in the field nor such a professional association, to establish a self-regulatory mechanism will be problematic. Further, organizing an independent institution for the purpose creates burden on the nation. Based on experiences gleaned from some countries and in view of the tangible situation, the preferred approach would be for the EBA to take charge of advertising along with its existing jurisdiction of controlling media services. If the task is undertaken by an organization already working on issues closely related to advertising, and therefore experienced at that, would ensure better execution than if it had by other institutions (10, 11). The whole rationale for regulations governing alcohol advertising revolve around avoiding messages that could be seen as encouraging excessive consumption, claiming health/therapeutic properties, social and sexual success, and remaining conscious at all times, of the age of characters depicted in advertisements

and avoiding messages appealing to and aimed at minor (5, 12). However, there are only “some controls” on alcohol advertising in Ethiopia (2), to protect the young and vulnerable from unfair influences encouraging drinking alcohol. In addition, there is a considerable dearth of research, in this regard, in Ethiopia. This study, therefore, aims to explore and document alcohol advertising practices in the Ethiopian context to offer insights on the *status quo* and possible future directions.

Methods

A qualitative study employing a phenomenological research design was done from March to May, 2010. Employing qualitative techniques to elicit data for the study was based on the merits it has in enabling the researchers to explore and describe perceptions of media alcohol imagery. Addis Ababa was selected for the reason that majority of institutions who can contribute to the study objectives are located in the capital city. Initially, organisations believed to have interests and/ or involvement in alcohol advertising; market, legislative and public health were selected purposively. Nine such institutions; private media/ advertising agencies, the Federal Ministry of Health (FMOH)/ Food, Medicine and Health Care Administration and Control Authority Drug Administration and Control Authority (DACA), Ethiopian Public Health Association (EPHA), Ethiopian Medical Association (EMA), the Ethiopian Youth and Sports Ministry (MYS), two higher learning institutions; Addis Ababa University (AAU) and Addis Continental Institute of Public Health (ACIPH), the Ethiopian Broadcast Authority (EBA) and a brewery were identified for the study. From these, 18 professionals, 14 males and 4 females from different disciplines; psychology, pharmacy, journalism, public health and medicine, advertising, law and microbiology participated. Regarding their educational statuses, 7 had bachelor’s degrees in psychology, pharmacy, microbiology, journalism, public health, medicine and law while 11 of them had master’s degrees in journalism, public health and medical sciences. The average age of participants was 37 years. Interviewees worked in areas related to the safety and development of the youth, teaching and research around substance abuse, journalism and communication, public health as well as sectors of advertising, brewery and law. The majority of the respondents are married and Orthodox Christians. The number of key respondents identified from each category; commercial, health and legislature were considered to have provided varied and detailed accounts for the purpose of the study.

Slightly differing interview guides were used for the various categories to help capture relevant views. Initially, general questions appropriate to each were posed followed by questions eliciting perceptions, beliefs, feelings or ideas on existing media alcohol advertising and sponsorship practices in Ethiopia-opinions about messages, message targets and the

characters in the advertisements as elicited by semi-structured interviews as well as visual stimuli provided in the study. Topics in the interview guide were organized under five themes from comparable alcohol advertising directives and codes used by the European Union (EU-Directive 89/552/EEC, Television without Frontiers) and Ireland (Code of Advertising Standards for Ireland, 1995 and Radio Telefis Éireann/ RTE Code of Standards for Broadcast Advertising: the Advertising of Alcoholic Drinks, 2000). The five thematic areas were immoderate drinking, targeting young people, health benefits, social and sexual success and age of characters in alcohol advertisements. Knowledge on laws on alcoholic drinks and suggestions for future regulation of alcohol advertising in Ethiopia were also sought. Subsequently, interviewees viewed six pictures of outdoor alcohol advertisements used by four breweries. The pictures were taken from different parts of the city of Addis Ababa, selected for their variety from those in public view during the years 2008/09. In addition, a recorded alcohol radio sponsorship message was transcribed and a copy of a magazine article describing a beer brand was provided to the interviewees for them to read, as visual stimuli. The same question was asked for each stimulus before viewing the next, to describe: "what do you understand from this advertisement". Presentation of visual stimuli for each participant followed reverse orders. This was to look into the existence of variations in responses systematically related to ordering of the stimuli.

Interviews occurred face-to-face in the offices of the respondents. All interviews were recorded on labeled tapes. In addition, copious notes were also taken during the interviews. Interviews were transcribed and then translated to English. Data analysis was initiated alongside data collection. This helped in identifying emerging themes for consideration in subsequent interviews. Final data analysis was made using a thematic approach based on identified themes *a priori* and those that emerged during the analysis. This was complemented with a desk review of relevant documents, policy statements, reports; internal regulations of organizations and official web sites of participating institutions.

The study was approved by the joint Institutional Ethical Review Board (IRB) of Addis Continental Institute of Public Health (ACIPH) and the Gondar University (GU). Institutional consent was secured at the outset. Then, authorities were requested to identify key individuals relevant to the study objectives in their respective organizations. This was followed by a "snowball technique" whereby respondents were requested to identify all other individuals within their institutions and other organizations. Objectives of the research were explained to participants along with assurances of participation based on principles of informed consent, which guarantees privacy and confidentiality of responses. In addition, participant confidentiality was

preserved in transcripts by coding of all names and identifiers. These codes, did however, allow analysis by organization, gender and professional category.

Results

In this section, findings of the study are presented in some detail. First, past and present alcohol advertising regulations in Ethiopia, based on the desk review are described. This is followed by presentation of findings on the main themes of the study: perceptions of media alcohol advertising in Ethiopia, alcohol advertising and appeals to youth, the hidden side of alcohol advertising, age and gender of persons in alcohol advertisements, reasons for drinking by the youth in Ethiopia, laws dealing with alcoholic drinks in Ethiopia and protecting the young from alcohol advertising messages. Finally, perceptions on the visual stimuli provided in the study are described.

In the recently issued Broadcasting Services Proclamation (BSP), the Ethiopian Broadcast Authority (EBA) is vested with the powers and duties to control broadcasting services, in general. The BSP stipulates transmission of programs licensed by broadcasting services covering such relevant areas as advertisements, prohibited advertisements and protecting the well being of children (Table 1).

In 2004, the WHO, with the intention of informing member states on the status of existing alcohol policies, provided a baseline for monitoring the situation and identifying existing gaps as well as raising awareness about the need for studying alcohol policies and collecting data on existing alcohol policies. The assessment was based on all research results likely to achieve success in reducing the level of alcohol consumption problems, a policy mix which makes use of taxation and control of physical access, age limits for purchasing alcohol, advertising and sponsorship restrictions, consumption in public places and definition of alcohol and measures against drunk-driving. It was found that in Ethiopia, there was no definition of alcohol (percentage of alcohol content by volume). Alcoholic drinks were classified as beers, wines and Spirits. Based on this criterion, spirits were banned from advertising in the electronic media. In addition, no separate license was required to sale alcoholic beverages, a general trade license, which applies to all merchandise, suffices. Although minimum age for purchasing alcoholic beverages was set at above 18 years, there were no restrictions on advertising and sponsorships in youth and sports events. Consumption of alcohol in health care establishments, educational buildings and government offices were voluntarily restricted, but there were no controls on consumption in other public domains. In addition, no information regarding giving health warning messages on alcohol products and/or their advertisements as well as enforcement procedures for advertising and sponsor ship restrictions existed (Table 2).

Table 1: Description of General Code for product advertising in Ethiopia, 2010

Protecting the Well-being of Children

- Radio or television transmission programs that may corrupt the outlook of children or harm their feelings and thinking or encourage them to undesirable behavior shall not be transmitted at hours during which children normally watch or listen to such programs.
- Children are presumed not to listen to or watch radio or television transmissions from 11:00 o'clock in the evenings up to 5:00 o'clock in the morning.

Advertisements

- Any advertisement shall be transmitted in a manner that clearly differentiates it from other programs. It shall not also affect the contents of other programs.
- Commercial advertisement shall be truthful, not misleading and publicize lawful trade activities.
- The transmission of malicious or undermining advertisement on the products or services of others shall be prohibited.
- Broadcasting advertisement by interrupting any program, the transmission time of which is not more than 20 minutes or children's program, shall be prohibited.

Prohibited Advertisements

Broadcasting the following advertisements shall be prohibited;

- Any advertisement that violates gender equality and disregards the dignity and human rights of women;
- Cigarette and cigarette related advertisements;
- Advertisements related to narcotic drugs;
- Advertisements of liquors with more than 12% alcoholic contents;
- Advertisements that encourage users to buy medicine that cannot be administered without medical prescription;
- Other advertisements prohibited by law.

Source: The Ethiopian Broadcast Authority: Broadcast Services Proclamation (BSP,) FDRE, Addis Ababa, Ethiopia, 2010.

A similar trend is evident in the new BSP. Comparison of the BSP vis-à-vis the WHO alcohol policy formula indicates, for example, that there is still no definition as to what constitutes an alcoholic beverage in Ethiopia. The cut-off point for purposes of advertising restriction is set below and/ or above 12% by volume. Thus, drinks with alcohol content above 12% by volume are prohibited from being advertised through the electronic media. The BSP, however, incorporates other new dimensions. For example, advertising drinks in the category above 12% alcohol content by volume via the internet, postal services, in cinemas and videos as well as sponsorships in sports and youth events are prohibited. Both categories are prohibited from advertising within 100 meter radius of schools, health care establishments and places of historical significance. On the other hand advertising for alcoholic beverage must avoid descriptions of the benefits of alcohol for health, individual and social success, and indicating abstention as a sign of weakness and shall not be directed to attract the attention of children. Alcohol advertising must clearly disclose that such products are not to be sold to minors. Advertising for drinks with an alcoholic content above 12% by volume may not bear the image of a person below the age of 25 years. However, no clear information is provided in advertisements in relation to the minimum age of persons for drinks below 12% (Table 3).

Perceptions of Media Alcohol Advertising in Ethiopia:

Television was mentioned as the primary media for alcohol advertising, followed by radio, newspapers and magazines. Local beer brands are the most widely advertised followed by wine. Advertising for strong

alcoholic drinks (e.g., spirits) were not observed by the participants. Alcohol ads were described as lengthy, unprofessional, overly dramatized, lacking audience segmentation and specification and largely unethical. *“Television does not consider composition of audiences in airing alcohol advertising” [a 39-year-old public health expert].* Alcohol is portrayed as boosting success in business, a sign of modernity and indispensable for successful social and cultural events. In addition, advertisements are aired during televised sporting, musical and other events where even the very young make up the audiences. *“If there were audience segmentation procedures in place, we would never have observed alcohol advertisements in and around programs transmitted for the whole family” [a 21-year-old young woman from the private media].*

Alcohol Advertising and Appeals to the Youth:

Participants appear to unanimously agree that the majority of beer and wine advertising on TV targets young people. Participants rationalized depictions of dancing, clubbing, lively music and group activities are synonymous with youth's social pursuit. For example, advertisements blatantly depict alcohol as effective lubricant in facilitating socialization with the opposite sex *“as indispensable to ease mixing with the opposite sex” [a female youth expert].* Furthermore, observed advertisements encourage young people to drink, and drink a lot. They, for example, show *“young people drinking several rounds of the brand being advertised with many bottles lined up and people looking drunk” (a 42-year-old, male youth expert).* Another medium that exposes youngsters to the alcohol advertising is the entertainment industry: *“Local movies use bar-scenes in*

films where alcohol is consumed that could be viewed by children without any restraint” (a male professional journalist). Alcohol advertising can lead young people away from healthier recreational activities. More importantly, drinking alcohol may serve as a gateway for other drugs. There is also the issue of using messages that appear to contradict measures such as self-control to

prevent and control social problems including HIV/AIDS. “Other things such as smoking Hashish accompany drinking, after drinking and smoking, young people may lose their self-control and thereby be exposed to casual, unprotected sex and hence to HIV/AIDS” (a male print and web professional journalist).

Table 2: **Global Status Report: Alcohol Policy Ethiopia, (WHO, 2004)**

Restrictions		Beverage Categories		
		Beers	Wines	Spirits
Control of retail sale and production	License for production and sale of ¹	No	No	No
	Monopoly on production of	No	Yes	No
Off premise sales and levels of enforcement	Hours, days and places of sale	No	No	No
	Density of outlets	No	No	No
	Level of enforcement		NA	
Age limit of purchasing alcoholic beverages	On premise:	18	18	18
	off premise:	18	18	18
Taxation of alcohol	Sales TAX VAT exists?		YES	
	% sales TAX Vat		15	
	Tax as % of retail prices ²		-	
	Excise stamps exist?		-	
	National television ³	No	No	BAN
	National radio	No	No	BAN
	Print media	No	No	NO
	Billboards	No	No	NO
	Health warning in advertisements		-	
	Enforcement of advertising and sponsorship restrictions		-	
Restriction on sponsorship of	Sports events	No	No	-
	Youth events	No	No	-
Restrictions on alcoholic beverage consumption in public domains	Health care establishments		VOLUNTARY	
	Educational buildings		VOLUNTARY	
	Government offices		VOLUNTARY	
	Public transport		No	
	Parks, streets and the like		No	
	Sporting events		No	
	Work places		-	
	Leisure events (concerts and the like)		No	
	Definition of alcohol (vol. %)		-	
	Maximum Blood Alcohol Concentration (BAC) level ⁴		No	
Use of Random breath Testing (RBT)		No		

¹No special license needed for alcohol, only a general trade license which applies to all merchandise;

²Customs tax 40% and excise tax between 50% and 150%;

³Advertising in electronic media prohibited for alcohol over 12% by volume;

⁴Law states that driving is prohibited if intoxicated

Source: World Health Organization, Global status report: Alcohol policy Ethiopia (WHO 2004)

The Hidden Side of Alcohol Advertising:

Messages in alcohol commercials are unscientific and biased: always hiding the adverse effects of alcohol. “They only show drinking as beneficial; mentioning nothing about the consequences of drinking too much or of drinking by young people” [a female public health expert]. Some participants contemplated whether alcohol advertising should be allowed on the public at all. “The concern should be whether it is appropriate for alcoholic drinks to be advertised, in the first place” [professional journalist].

Age and Gender of Persons in Alcohol Advertisements:

Participants said that persons involved in alcohol advertising are of mixed age groups, depending on the settings where the messages are desired to be transmitted. For example, there are adults acting like adults and adults acting like adolescents. “Certainly, there are those who are beyond being young, but in addition to their style of clothes, they act like youngsters and children” (a 43-year-old youth expert). However, for the most part, participants described the age of persons in media alcohol advertising as very young; boys and girls dancing. “It is either a pretty young woman or a

handsome young man; especially the women are very young, because they can quickly catch the eye" (A 21-year-old advertiser). In extreme cases, "even very young children could be seen involved with adults in beer advertising" (public health expert). The other aspect related to the social image reflected in beer and wine advertising. Participants viewed such commercials as

clearly infringing up on the rights of women. "Presenting women as drinking companions of men, clearly renders women a lower status: as having a dependent kind of relationship with men" (a female public health expert). A male participant added, "Alcohol advertisements use women as advertising objects" (journalist).

Table 3: **Restrictions on Media Alcohol Advertising in the Broadcast Services Proclamation, in Ethiopia, 2010: A Reconstruction Based on the WHO Global Alcohol Policy Status Measures (WHO, 2004)**

Restrictions		Beverage Categories		
		Below 12% by vol	Above 12% by vol	
Control of retail sale and production	Licence for production/sale of	NA*	NA	
Sales restrictions off premise and on premise	Monopoly on production of			
	Hours of sale			
	Days of sale	NA	NA	
Age limit of purchasing alcoholic beverages	Places of sale			
	On – premise:			
	Off – premise:	NA	NA	
Taxation of alcohol	Sales TAX/VAT exists?	NA	NA	
	% sales TAX/VAT			
Restrictions on advertising	National television ³	NO	BAN	
	National radio	NO	BAN	
	Print media	NO	NO	
	Billboards	NO	NO	
	Internet, telecommunication, fax and postal services, video, cinema, sound recordings	NO	BAN	
	Restriction on sponsorship of	Sports events	NO	BAN
		Youth events	NO	BAN
Restrictions on advertisements for alcoholic beverage in public domains	Health care establishments schools, other public places**	BAN	BAN	
	Work places, government offices, Public transport	NA	NA	
	Parks, streets etc	NA	NA	
	Sporting events	NA	NA	
	Leisure events (concerts and the like)	NA	NA	
Restrictions on messages in advertisements for alcoholic drinks	Implying drinking as good for improved personal, social success Psychological/physical fitness	BAN	BAN	
	Health benefits, present moderation/abstinence negatively	BAN	BAN	
	Targeting children	BAN	BAN	
	Image of Persons below the age of 25 in ads	***	BAN	
Definition of alcohol, BAC level and RBT	Clearly state not for sell for minors	YES	YES	
	Definition of alcohol (vol. %)		NA	
	Maximum Blood Alcohol Concentration		NA	
	Use of Random Breath Testing		NA	

*Not Applicable

**Prohibited within 100 square meters

***No clear information provided on drinks with alcohol content below 12% per volume

Source: Global Status Report: Alcohol Policy, Ethiopia; World Health Organization, (WHO 2004). The Ethiopian Broadcast Authority: Broadcasting Services Proclamation, FDRE, Addis Ababa, Ethiopia, 2010.

Reasons for Youthful Drinking by Young People in Ethiopia:

Participants viewed youth drinking in Ethiopia as a major social and public health problem, although "it is not much talked about in public and in the media" (female youth expert). Lack of laws, accessibility of alcoholic drinks, modelling and drinking taken as signs of

modernity are among the reasons mentioned for youth drinking in Ethiopia. On the other hand, alcohol advertisements especially on television, sponsorships for different events as well as in the booming entertainment industry are factors encouraging the youth towards drinking: "offering free drinks in occasions that involve

cultural events and concerts entice young people to drink” (21-year-old female, private media).

Laws on Alcoholic Drinks in Ethiopia:

Although some laws governing alcoholic drinks exist, their practicability remains questionable. For example; their sale to children is prohibited in Ethiopia. Some alcohol outlets state ‘no sale’ for underage children, but do not demand proof of age identification before selling. Thus, under the circumstances in Ethiopia, “children as young as 7 and 10 years of age can purchase alcoholic drinks with no one stopping them” (a male youth expert). In addition, the law states that driving is prohibited if intoxicated. However, its implementation is grossly ignored to the extent that some members of law enforcement bodies appear to be completely oblivious to its existence. “I remember seeing two policemen help a visibly drunk man; walking very unsteadily, into his car, he then drove away without his headlights on and swinging from side to side”(a male journalist). On the other hand, there are no restrictions on alcohol advertising. “If there were restrictions, I would not have watched alcohol advertisements on television sitting with my father” (A 21-year-old advertiser). Some discussed some knowledge of the new advertising proclamation. “Drinks allowed on the media are those with alcoholic contents below 12% by volume, but larger consumption of these drinks will result in effects similar to that of high-alcohol drinks and should have been regulated” (professional journalist). Regarding the definition of alcoholic drinks, respondents appear to agree that any beverage that contains any amount of alcohol should be considered as an alcoholic drink. “Alcoholic drink is anything that has ethanol. It includes those traditionally prepared at home and produced in a factory” (a 25-year-old pharmacist). Another participant added, “Soft drinks contain zero percent alcohol, and anything with alcohol content above zero is an alcoholic drink” (a male youth expert). A participant emphasized on the need for a comprehensive regulation designed to address all issues on alcoholic drinks, in general, “from production to distribution with proper licensing of importers and distributors, and retailers including advertisement” (a 29-year-old, male, pharmacist). To this effect, “a separate alcohol policy must be declared as this will specify minimum age limits for alcohol consumption” (a 32-year-old lawyer).

Protecting the Young from Alcohol Advertising Messages:

Participants put forward solutions that could protect young people from the influence of alcohol advertising meant for adults. These related to timing of advertisements on the media and measures to review their contents; “for advertising for alcoholic drinks to have a separate channel on the media” and having guidelines to “ *censor alcohol advertisements before transmission to the public*” (youth expert). In addition, timing of advertisements should be revised; “their

transmission should be restricted to late in the evening, after most children go to bed after 10 o’clock” (a female Youth expert]. “Avoiding alcohol advertising in and around programs in which young people are possible audiences”(female private advertiser). The other dimension that could help preclude young people’s exposure to alcohol advertising is to avoid filming advertisements in locations frequented by young people “especially by those below 18 years of age” (male physician).

Concerning sponsorships, event organizers themselves should take the responsibility: “It may be youth event organizers themselves who seek sponsorship money from alcohol companies” [professional journalist], because of lack of willingness to sponsor youth events such as sporting and musical by other non-alcohol companies “As the alcohol industry is readily available, we approach it with sponsorship requests” (youth expert). However, those involved in youth organizations should have clear standards regarding alcoholic drinks in relation to the importance of youth events. A participant from a university has the following to say in this regard: “we have a newspaper published by our students, and in our editorial policy we have explicitly stated that advertising alcoholic drinks is prohibited, the same should be applied everywhere else” [professional journalist]. Finally, advertising regulations should not discourage investment; instead, they should highlight the importance of social and moral obligations producers themselves must have in “safeguarding generations through responsible advertising of alcoholic drinks and exclude children and the youth from their advertising targets” (pharmacist and physician), while at the same time conducting their businesses. Participants viewed the approach for the control of alcohol advertising as joint work of relevant organizations and civil society. As such “the approach should be multi-sector involving relevant public and civil organizations” (psychotropic drugs expert).

Visual Stimuli:

In general, participants unanimously interpreted messages in the visual stimuli provided as misleading and untruthful: encouraging too much drinking, claiming health benefits and targeting children. Some beer brands claimed “suitability to health”, digestive and thirst quenching properties of their products. The effect: “people having lunch instead of water drinking recommend draught beers” (a male youth expert]. Advertising beer as “free from hangovers” and “brewed without sugar” is another misleading claim and encourages excessive drinking. A young public health professional reflected on how the free from hangover assertion may generally be interpreted: “making people think they can drink until 4 o’clock in the morning and still can go to work the next day as in any other normal working day” (a 24-year-old male). What a brewery expert has to say regarding the two claims is worth

mentioning here: *“When people see this advert, they can possibly drink a lot and their chance of avoiding hangovers will definitely be very small. Any alcoholic drink consumed in excess is likely to cause hangovers. In addition, malt is rich in sugar; it contains maltose among other forms of sugar molecules thus alcoholic drinks are not free from sugar and such claim is an unfair promotion tactic”*. On the other hand, some employ imagery considered particularly attractive to children. For example, linking alcohol with sports and employing stereotypically masculine themes may target young boys. *“It looks to me that this advertisement emphasizes manhood and it is made for children, especially boys” (a female public health expert)*. Although some participants found it difficult to decide age by just looking at a picture, the majority estimated the age of the person in the visual stimuli in the range of 15-18 years. *“She can’t be more than 17” (a female youth expert)*. Finally, media should use caution and observe professional standards regarding alcohol messaging. For example, glamorizing beer as ‘liquid bread’ in magazines and radio is unacceptable. *“Beer is alcohol and bread can’t be liquid, this is disgracefully inaccurate and a serious breach of journalistic etiquette” (broadcast journalism professional)*.

Discussion

Overall, media alcohol advertising in Ethiopia was observed to be replete with messages of alcohol-sexuality, messages encouraging youths to consume alcohol, excessive drinking and giving misleading information about alcoholic drinks.

Alcohol advertising in the Ethiopian media focuses only on the sale of the product and avoids mentioning adverse consequences of drinking. For instance, the use of certain themes as a means to attract the opposite sex and as enhancing someone’s seduction power or attractiveness may often be common in advertisements for other product categories, but should not be used in relation to alcoholic drinks. Fusing alcohol with sexuality either by word or allusion has the manifest message that the two are complementary themes (12). In addition, encouraging immoderate consumption by making use of controversial information in alcohol advertising is prohibited in many countries. For example, excessive display of bottles and filled glasses as main advertising themes is taken as encouraging immoderate drinking and thus prohibited (9, 12). In this regard, one beer brand has so far employed the no-hangover and brewed without sugar claims in its advertising, in Ethiopia. However, unless checked, there is no guarantee that this design and language will not be borrowed by others including producers of drinks with high-alcohol content, in the future. One reason for the observed advertising tactics may be lack of such policies requiring approval of the content and presentation format of alcohol advertisement in advance. Participants found it necessary that advertising for alcoholic drinks should be authorized

before released to the public. In addition, some form of health warning messages should be included in alcohol advertising, particularly for those of beers and wines, to communicate the potential harm or consequences of using alcoholic products. In many countries, advertisers include cautionary statements or ‘moderation messages’ promoting responsible drinking and/ or drinking in moderation, medical side effects of alcohol, risks to pregnancy, safety while operating machinery, driving and swimming. This could either be mandated by governments or provided voluntarily by alcohol producers (12). Policies requiring the use of alcohol health warning labels and signs may be effective means of reminding drinkers of alcohol related risks for creating awareness to reduce the effects of alcohol consumption (13). More research needs to be done in this area to determine the type of warning messaging to use most effectively, especially among youth audiences.

On the other hand, drinking by young people in Ethiopia is considered as a public health problem. The effects of music, dancing and messages of improving sexual performance have been suggested in terms encouraging young people to start the drinking habit. The whole purpose of setting the age of people who can be depicted in alcohol advertising is to minimize the effects of modeling and peer pressure via the media. This includes treatments featuring characters real or fictitious as well as daring, toughness and bravado likely to appeal to young people (7, 8, 12, 14). However, there appears to be a considerable lack of context relevant evidence in Ethiopia. Further studies are thus required to come up with a clear picture of the relative importance of the factors identified by participants of this study in influencing young people’s drinking behavior: the contexts in which they drink and what activities they engage in after drinking. More importantly, the amount as well as patterns of drinking by young people triggered by alcohol advertising should come under close scrutiny.

Audience segmentation in the media is one way of protecting young people from exposure to alcohol advertising. The aim should be to avoid prime-time hours and programs where alcohol messages are communicated, to adults (1, 4, 12). Moreover, restrictions on sponsorships of sporting and musical events, radio and television programs, cinemas and music video clips whose clienteles and audiences may be people of all ages youths included, were also pointed out. In Ethiopia, such restriction appears to be placed only on drinks with alcoholic contents above 12% by volume. In relation to this, an integral part of alcohol legislations is the definition what constitutes an alcoholic beverage, as that definition sets the limit for when the laws apply and to what beverages they apply (2). The consequence of setting limits that are set very high is that some beverages with lower alcohol content are not subject to regulation. For example, the limit could be set at a level by which beer is not considered to be an alcoholic beverage,

leaving it outside of any sales or advertising restrictions. Beverages just below the legal limit are also not subject to an alcohol-specific tax, which justifiably, can be used to promote beverages with lower alcohol content (2, 3). The minimum alcohol content (% of pure alcohol by volume), necessary for a beverages to be considered an alcoholic drink varies among WHO member states from 0.0% in the Eastern Mediterranean Region, 0.7% in the South-East Asia Region, 1.1% in the Region of the Americas, 1.4% in the Western Pacific Region and the European Region to 1.6% in the African Region (3). Accordingly, the law in France bans advertising of all beverages containing over 1.2% alcohol by volume on television or in cinemas, sports grounds, sport magazines and prohibits sponsorship of sports or cultural events by alcohol companies. It also prohibits the targeting of young people and controls the content of alcohol advertisements. Messages and images are required to refer only to the characteristics of the products and a health warning must be included in each advertisement (3, 12). In this perspective, the reasons for setting such exceptionally high alcohol content limits of 12% by volume in Ethiopia should be brought forward and thoroughly investigated. Yet again, advertisers; in TV, radio, magazines and newspapers including youth event organizers, need to adopt their own codes in accepting sponsorship from the alcohol industry. Moreover, the alcohol production and marketing industries should be encouraged to play the game by the rules: in identifying ways to improve responsible marketing practices (5, 14). Similarly, the use of drinking scenarios in films and music videos by local entertainment industry should be subjected to control. In other contexts, Parental Guidance (PG) rating systems- designated to classify motion pictures with regard to their suitability to children- are put in place to protect young viewers (14, 15). Related to this, although the BSP restricts alcohol advertising within a hundred meters of kindergartens, schools, health care establishments and places of historical significance (10), its practical enforcement raises questions in terms of drink establishments already located very close to educational institutions including high schools and universities. Equally important, advertising restrictions should also be considered in venues where sporting events and live concerts are held including cinemas and theatres, activities in which young people are likely to partake. Accordingly, a comprehensive mapping of drinking establishments remains fundamental for this to be realized in Ethiopia. From another angle, it needs to be recognized that price and taxation, reducing the density of outlets, location and days of sale and hours of opening can all reduce the harm done by alcohol. By and large, codes governing alcohol advertising and sponsorship should endeavour to marry two objectives: to protect the young and vulnerable from undue influences to consume alcohol while at the same time making it possible for companies selling alcohol to market their products through broadcast as well as other means. However, such systems need to be strengthened to serve

public health aims of discouraging frequent and excessive consumption of alcohol (1, 4, 5, 12, 14-16).

This study provided some useful insights into alcohol advertising practices in Ethiopia. Qualitative techniques including use of visual stimuli enabled investigation of perceived messages and target groups in alcohol advertising. However, including more stakeholders would have allowed a better understanding of the topics. For example, involving young people and understanding their perceptions of the messages in advertisements the language and themes used in affecting their intentions to drink and/or actual by inducing them to drink might have been very informative. On the other hand, although alcoholic drink producers and advertisers were approached for the study, securing active participation of most was in vain: refusal to participate may be due to the fact that the issue of advertising and its regulation in Ethiopia vis-à-vis the new BSP issued in the middle of the study period was still an alien experience. Thus, some might have been wary to prematurely disclose their positions on the subject. Whether this can be taken as an indication of the alcohol producing and advertising industries' refusal to respond to enquiries concerning their marketing practices, this study could not say. Consulting with these and other groups in future studies is crucial for the ultimate aim of decision making and policy formulation.

Alcohol marketing is only the tip of the iceberg as determinant of consumption and alcohol related harm. Alcohol related policies and regulations so far considered in Ethiopia represent fragmented efforts in viewing alcohol vis-à-vis the broader public health and safety perspectives. Notwithstanding the fact that the BSP was not designed to incorporate other dimensions of public health concern, at this specific juncture, it is only fair to acknowledge EBA's effort in grappling with issues single-handedly. However, a general advertising proclamation may not be well-suited when it comes to the subtleties of specific advertisements. As a rule, regulations address the various aspects of alcohol, such as its production, import, distribution and sale, marketing and promotion, as well as enforcing minimum age at which alcohol purchasing and drinking is allowed and drinker driving legislation and counter measures.

Conclusion

In conclusion, the study highlighted the multifaceted nature of the regulation of alcohol advertising and the need for a systematic and harmonized approach to the issue of alcoholic drinks in the interests of public health. To this effect, there is a compelling reason in Ethiopia for a comprehensive alcohol policy with strong public health mandate. Inevitably, the strategy must be one that brings on board all stakeholders, make use of best practices and prevailing global policy directions as well as evidence-based analysis of the local context and past and present trends in such a way that reflects national consensus in

policy drafting, implementation and monitoring. Until these dimensions of alcohol are recognized and incorporated into a policy, the nation will continue to witness not only undesirable forms of advertising practices, but also alcohol related problems with public health consequences.

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