COMMENTARY

‘You drink at home so they can go to work safely’: A case study exploring alcohol marketing during the COVID-19 pandemic

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Abstract
Alcohol marketing is linked to heavy consumption. Researchers have begun to examine how the alcohol industry has adapted its marketing practices during the 2020 Global COVID-19 pandemic. In Canada, Nova Scotia’s culture of heavy drinking has been identified as a cause for concern by community, health care and government. This case study examines how one alcohol company coopted the facilities, staff, logos and fundraising efforts of a local health charity to market the sale and home delivery of a 6% alcohol by volume product via social media. This case study details the marketing practices of the alcohol brand, suggests why the marketing practices are problematic and concludes with recommendations for health promotion practice as well as suggestions for future research. [Kennedy LJ, Cukier S, Khoury L, Steeves D. ‘You drink at home so they can go to work safely’: A case study exploring alcohol marketing during the COVID-19 pandemic. Drug Alcohol Rev 2022;41:20–23]

Key words: alcohol marketing, COVID-19, health-care worker, alcohol industry, heavy drinking.

Introduction
Alcohol consumption is a leading cause of death and disability worldwide and the leading risk factor for premature death for those aged 15–49 years [1–3]. One of the major drivers of alcohol consumption is alcohol marketing [4]. Results of a systematic review demonstrated that increased exposure to alcohol marketing leads to earlier alcohol initiation and increased consumption among young people [4].

Alcohol brand marketing influence, for example, distributing branded beer cans filled with water during disaster relief efforts (e.g. hurricanes and tsunamis) has become more commonplace [5]. Authors of a systematic review found that many beverage alcohol corporations participate in corporate social responsibility initiatives aimed at reducing harmful drinking; however, there is emerging evidence to indicate negative results towards this end [6,7]. Instead, corporate social responsibility initiatives have been found to be effective primarily in improving the public image of corporations [6,8]. Corporate sponsorships and other forms of funding from the alcohol and tobacco industries have been known to be more generous and flexible than government funding [9], therefore there is often fear that without alcohol funding (and previously what was thought, without tobacco funding), there would be no support for cultural and sporting events, among others [10]. However, after tobacco funding became more restricted [11], other corporations were able to fill the funding gaps, as would likely be the case should alcohol funding became more tightly restricted [12].

In Canada, alcohol marketing is regulated federally, by the Canadian Radio-television and Telecommunications Commission; however, these regulations have not been changed since 1996 and therefore do not include guidelines for social media, one of the most prevalent forms of alcohol marketing [2,13]. Provinces do have the power to regulate alcohol marketing and...
could implement stricter alcohol marketing regulations, however few do [14].

There is little information on the evolution or regulation of alcohol marketing during a pandemic. In this case study, we present an example of alcohol marketing during the COVID-19 pandemic and investigate the potential for harm and suggested mitigation strategies.

Context and Setting

Nova Scotia’s heavy drinking culture

In Nova Scotia (NS), alcohol is sold via a provincial government monopoly. The Nova Scotia Liquor Corporation (NSLC) is a semi-autonomous crown corporation, with the legislative duty to regulate the procurement and promotion of all alcohol products, while at the same time minimising health-related harms [15]. Since 2007, the year of the release of NS’s Provincial Alcohol Strategy [16], rates of heavy drinking have changed little. In 2019, 22.0% of the province reported heavy drinking at least once a month within the last year, from 21.6% reported in 2007 [17,18].

Nova Scotia pandemic response

On 22 March 2020, NS declared a state of emergency that forced non-essential businesses to close [19], leaving only one alcohol retailer in the province open for business: the NSLC [20]. During the first few weeks of the pandemic, the NSLC saw a 216% increase in bulk purchases of alcohol, resulting from rumours of an imminent closure [20]. However, the NSLC remained open and implemented prevention measures, including reducing hours of operation and installing plexiglass at check-outs [21].

Frontliner: The Story

In the spring of 2020, a local independent microbrewery in Halifax, NS, brewed, released and marketed a 6% alcohol by volume beverage they dedicated to frontline health-care workers; it was named ‘Frontliner’. The alcohol company reported that 50% of the Frontliner profits would be donated to a local hospital-based health charity’s COVID-19 fund to purchase urgently needed pandemic medical supplies [22].

FrontLiner was marketed via social media platforms by the alcohol company as well as the local health charity. One of the social media slogans for the beverage was: ‘You drink at home so they can go to work safely’. The alcohol company has over 19 000 followers on Instagram. Social media platforms, such as Instagram, Twitter and Facebook, and the alcohol company website were used to market the beverage and to shine a spotlight ‘on the faces behind the masks’.

In one image description, a nurse shared: ‘Obviously, a drink now and then on our days off never hurt anyone’. However, according to the authors of the 2016 Global Burden of Disease study, there is no safe level of alcohol consumption [3].

FrontLiner posts were shared numerous times and received over 1200 likes on Instagram (counted by authors). The posts never accompanied a mention of Canada’s Low Risk Drinking Guidelines [Note: Canada’s Low Risk Drinking Guidelines suggests no more than 2/3 drinks per day for women/men and other situations where not drinking is the safest option], the risks of alcohol consumption or alcohol consumption impacts on COVID-19 (e.g. weakened immune system) [23,24].

The response

Upon learning about Frontliner marketing efforts, Nova Scotia Health Authority (NSHA) Mental Health and Addictions health promoters engaged in conversations with leaders and communications staff of the health charity regarding the appropriateness of the union of a hospital charity with a product that causes harm. To guide conversations, health promoters used examples of local and national alcohol marketing policies, such as Halifax Administrative Order 53: a city-wide policy that restricts certain alcohol marketing (e.g. sponsorships) for city-run events [25]. In addition, health promoters used the lessons learned from work on the control of other harmful substances (e.g. tobacco) to emphasise the role that institutional health policy can have on influencing the health behaviours of communities. For example, the NSHA Smoke-Free Places policy promotes clean air for all staff by making all facilities smoke-free [26].

On 19 May 2020, the Nova Scotia Health Authority sent a message to all employees via companywide email:

‘Nova Scotia Health Authority’s Emergency Operations Centre reminds everyone that using staff and space within our facilities to promote commercial products, specifically alcohol, is not appropriate. This is not permitted at any time including during the COVID-19 pandemic.’

After the all-staff announcement, the alcohol company’s Frontliner marketing posts were deleted from
Discussion

FrontLiner is one example of an alcohol company using the conditions of a pandemic to broker partnerships with health charities to co-opt health-care brand elements like trust, reputation and good will in an effort to market alcohol. Social media posts encouraging the purchase of a 6% alcohol by volume beverage as a means of supporting health care were liked over a thousand times, during a period when provincial alcohol control regulations were weakened, institutional policies non-existent and people reported an increase in heavy drinking [27].

Most forms of alcohol marketing in NS are regulated by the NSLC, the same entity responsible for selling and regulating the sale of alcohol in the province. This presents an inherent conflict of interest, as restricting marketing could potentially reduce sales.

The partnership between Frontliner and the health charity is problematic in that it bridges a charity that promotes health and wellness, with a substance that is a significant driver of health-care harms and cost. This partnership was forged when alcohol regulations were relaxed and health-care systems were stretched; this partnership does not represent a best practice approach. Instead, institutions are encouraged by the World Health Organization to adopt policies that restrict alcohol marketing, to avoid taking funds from alcohol companies, given that alcohol is a large driver of health-care costs [28].

COVID-19 has highlighted the alcohol marketing policy gap and presents policymakers with an opportunity to craft policies governing alcohol marketing, specifically during times of crisis. One reason organisations accept industry funding is the prioritisation of their specific mission over public health [9]. COVID presented health charities with an immediate need for resources and a specific mission to raise the funds for these items. Industry sponsorships provide charities with relief to address immediate issues, but at what cost? Partnering with the alcohol industry likely compromises the image, mission and values of the charity, suggesting that the charity supports the products of these industries [29]. The partnership may also work in favour of the alcohol industry, providing goodwill to the alcohol company as a result of its partnership with a charity [30].

At local levels, institutions and charities can adopt their own marketing practices, to decide when and from whom to take money. Under its Framework Convention on Tobacco Control, the World Health Organization ‘urges’ participating countries to ban tobacco sponsorship [31]; this recommendation invokes action at all levels of institutions, especially health organisations, most of whom no longer accept tobacco industry funding (for example, see the corporate sponsorship policy of the Canadian Public Health Association) [32]. Parallels can be drawn between the alcohol and tobacco industries, both of whom produce, distribute and market commodities internationally, that are harmful to health, especially among youth [33,34]. As such, a framework convention on alcohol control is similarly warranted.

Conclusion and Recommendations

COVID-19 has provided a unique opportunity for alcohol companies to market their products in new ways, highlighting the critical importance of institutional health-care policies that restrict alcohol marketing. Health promoters must first get to decision-making tables by being evidence-informed, approachable and relevant. Health promoters need to approach the dilemmas faced by these organisations with engagement and discussion, rather than critique [10]. There continues to be a research gap for the impact of COVID-19 on alcohol marketing; therefore, future research can continue to explore the impacts of COVID-19 on short- and long-term changes in drinking behaviours and the age of first drink.

Acknowledgement

The authors (L J K, L K, D S) would like to acknowledge the Nova Scotia Health Authority for salary support to pursue this work.

Conflict of Interest

The authors do not report any conflict of interests related to the content of this paper.

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