



Alcohol Retail Marketing and Product Availability in Oregon

This report describes how Oregonians are exposed to alcohol products and marketing in the places they shop every day.



Oregon has the **15th**
highest rate of alcohol consumption in the US¹⁶
equal to about

587

drinks per year for every person older than 14

18%

of Oregon adults currently binge drink.^{†,2}

Excessive alcohol use costs Oregon more than

\$3.5 billion

a year in lost productivity, direct medical costs, and expenses such as criminal justice costs and motor vehicle crashes.¹⁷

The Harms of Excessive Alcohol Use

Across Oregon and the United States, people are exposed to extensive alcohol marketing. The alcohol industry spends nearly \$3.5 billion nationally on promotion each year.¹

In Oregon, alcohol use among adults has been rising, and the rate of deaths directly related to alcohol is nearly double the national average.^{2,3} Alcohol is the third leading cause of preventable death and disease in Oregon and was responsible for nearly 1,900 deaths in 2016.^{4,5}

According to the U.S. Surgeon General, **alcohol is the most commonly used drug among youth** in the United States.⁶ Underage drinking increases the risk of alcohol use disorder and also leads to lower academic achievement, increased violence, and other harms.⁷ It is a serious public health concern.

According to statewide data on youth alcohol consumption, one in 10 eighth-graders and about one in four 11th-graders use alcohol.⁸

Although the alcohol industry voluntarily regulates when it comes to marketing and advertising, **alcohol marketing is still widespread.**⁹ Compared to the tobacco industry, there are fewer restrictions on alcohol advertising and marketing of products across a range of locations and media.*

Overall, the alcohol industry spends nearly 29% of its marketing budget to promote alcohol sales in convenience stores, grocery stores, gas stations and other retailers.¹¹ Increased exposure to alcohol marketing is shown to increase drinking, including among youth.^{12,13,14,15}

The bottom line is that retail marketing contributes to high rates of alcohol consumption.

* TV and billboard advertising for tobacco were restricted in 1971 and 1998, respectively.¹⁰

† Binge drinking is consuming five or more drinks for men, or four or more drinks for women, on one occasion within the past 30 days.

Assessing Alcohol Marketing in Oregon Stores

In 2018, Oregon Health Authority (OHA) conducted the Tobacco and Alcohol Retail Assessment, a statewide assessment of tobacco and alcohol advertising, marketing and promotion in locations where people shop daily. The assessment's goal is to examine alcohol and tobacco marketing in retail locations.†

To collect data in a clear and objective way, OHA trained and partnered with teams of local health department staff, nonprofit organizations, tribes and community volunteers to use a standard assessment tool. These teams visited retailers that sold tobacco and were accessible to youth younger than 18. The retail assessment led to new collaborations between OHA Tobacco Prevention and Education Program (TPEP) and OHA Alcohol and Other Drug Prevention Education and Program (ADPEP), as well as prevention coalition members, health department staff, volunteers, and youth.

Assessment findings provide a snapshot of tobacco retailers that sell alcohol across Oregon and shed light on the ways the industry advertises and markets to Oregonians, particularly youth.



†The 2018 tobacco retail assessment report has been produced separately and is available here <https://smokefreeoregon.com/retailassessment/>. The assessment was based on the Standardized Tobacco Assessment of Retail Settings but was modified to include an extensive assessment of alcohol in the retail environment. The assessment does not include locations that sell alcohol but not tobacco, such as CVS, Grocery Outlet, or Target.



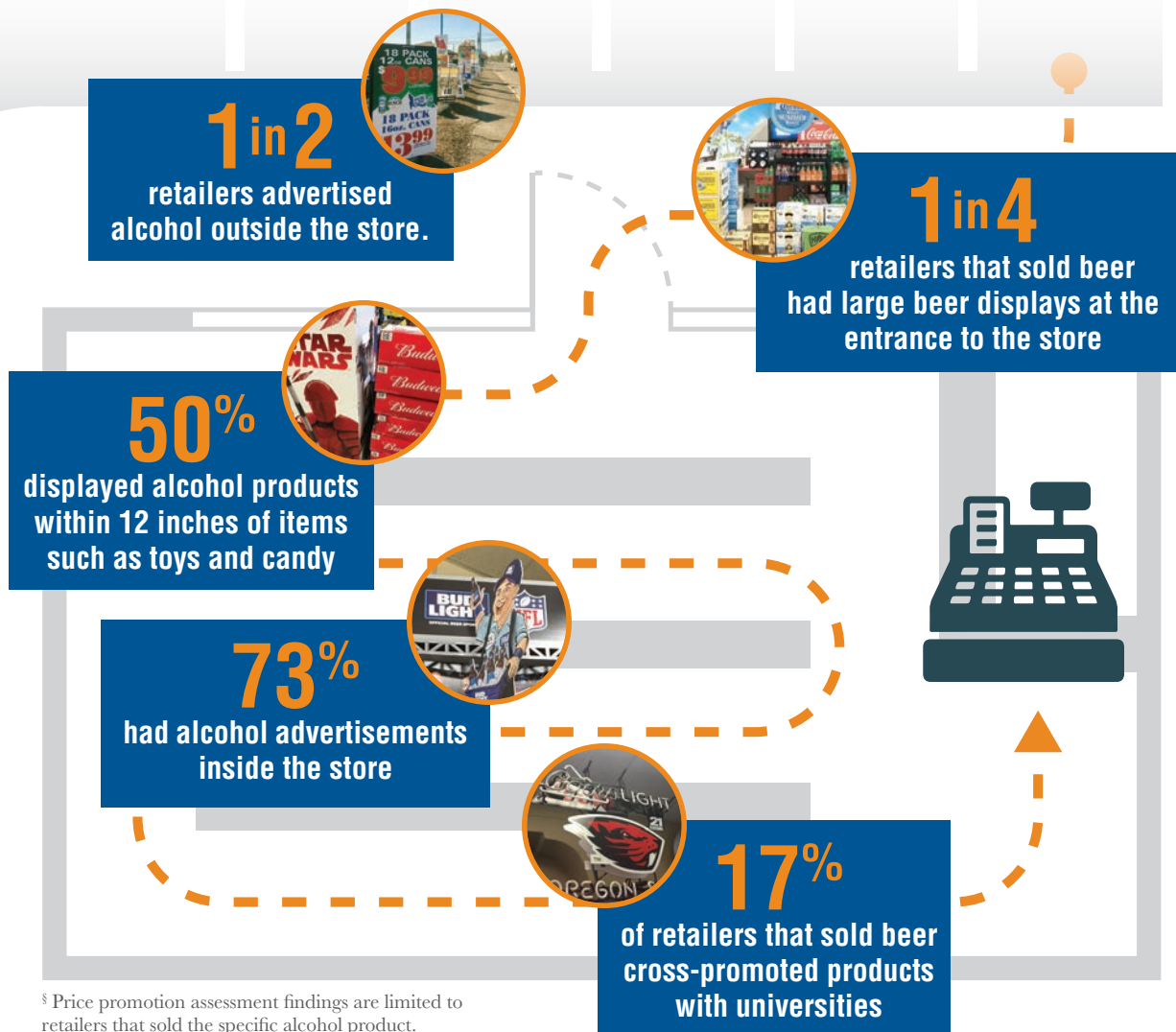
THE ASSESSMENT INCLUDED
RETAILERS
IN
EVERY
COUNTY

IN TOTAL, TEAMS VISITED NEARLY
2,000
GROCERY STORES,
CONVENIENCE STORES, GAS
STATIONS, PHARMACIES
AND OTHER RETAILERS

ALL
RETAILERS ALLOWED YOUTH
YOUNGER THAN 18 TO
SHOP IN THEIR STORES

Alcohol is Heavily Advertised in Oregon Stores

Findings from the assessment reveal that from the moment customers approach a store to the time they pay at the register, they receive repeated messages to buy alcohol.



[§] Price promotion assessment findings are limited to retailers that sold the specific alcohol product.



Pricing

One way that alcohol use is promoted is through price promotions to make products cheaper and encourage consumption. Higher prices reduce excessive drinking, including underage drinking.¹⁸

- **54%** of retailers had price promotions.
- **31%** had price promotions for sweet alcoholic sodas.[§]
- **24%** had price promotions for malt liquor.[§]

*We also learned that the **alcohol companies come in** with their price promotions and stick them on the glass cases. The alcohol companies even put the retailer's name on their price promotion ads that they would stick on the display cases.*

— Volunteer

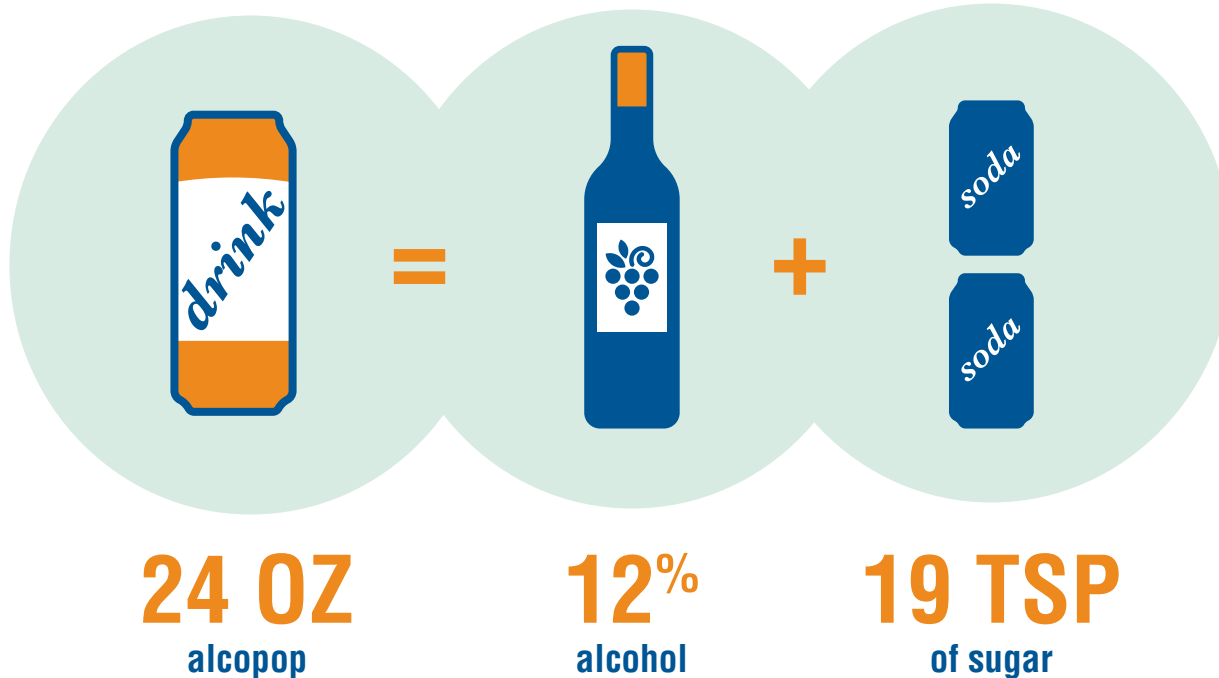
Targeted Alcohol Marketing

Flavored alcohol products that mask the harsh taste of alcohol, including flavored malt beverages, are widely available in retail stores.

The National Institute on Drug Abuse refers to flavored malt beverages as “alcopops” because they are sweet, carbonated drinks offered in a variety of fruit flavors.²⁰ These widely available drinks may appeal to youth and encourage youth to drink more. More than four out of five retailers in the assessment sold alcopops.

Malt liquor is another alcoholic beverage that masks higher alcohol content with a sweeter or neutral flavor. Malt liquor is heavily marketed to African American, Native American and Hispanic communities.¹⁹

A 24-ounce flavored malt beverage contains the same amount of alcohol as a bottle of wine and two times the amount of sugar as a can of soda.



Alcohol is more heavily advertised in neighborhoods with more youth of color than in mostly white neighborhoods. Increased exposure to advertising can lead to increased alcohol consumption.¹⁹

For alcohol, the biggest trend I noticed is that virtually every type of alcohol product is now available in a single can for purchase. Cans are inherently thought of as a single serving because there is no way to close them to keep the beverage fresh in order to finish it at another time. I saw wine, hard cider, hard tea, hard lemonade, malt liquor, flavored malt liquor, hard seltzers, beer, and flavored beer (sold in single cans).

— Volunteer





Taking Action to Reduce Excessive Alcohol Use and Underage Drinking

This assessment sheds light on alcohol marketing and advertising in places Oregonians shop daily. It also illustrates how flavors and low prices appeal to youth.

Communities can take steps to limit youth access to alcohol and reduce excessive drinking by changing the rules for where and when alcohol can be sold.

One way to change the rules for where alcohol can be sold is through alcohol outlet density.

Alcohol outlet density refers to the number of physical locations where alcohol is sold within a geographic area, such as a square mile, census tract or city block. Density can be regulated at the state and local levels through zoning and business licensing.²¹

Limiting the hours or days when alcohol can be sold is another tool to prevent excessive alcohol consumption and associated harms. These policies may apply to bars, restaurants, retail stores or liquor stores.

To learn more about alcohol and how it impacts Oregon, visit [Oregon Health Authority's Alcohol and Other Drug Prevention and Education Program](#).

In the U.S., policies restricting alcohol sales may be made at the state and local levels depending on existing laws. Putting rules in place to determine when and where alcohol can be sold has been shown to help prevent alcohol-related harms.²²

“My big takeaway was I thought it was important that we did the retail assessment. It made us more knowledgeable of what is being sold in the retail environment. Some youth see this environment all the time and this is their normal routine. It made me more aware of what was being shown at the grocery store. I now cannot look at the store environment the same. Advertisements are much more apparent and so are paraphernalia for alcohol and tobacco.”

— Volunteer

To Find Out More, Check Out the Resources Below:

¹ “Self-Regulation in the Alcohol Industry: Report of the Federal Trade Commission (March 2014),” n.d., 134. <https://www.ftc.gov/reports/self-regulation-alcohol-industry-report-federal-trade-commission>

² Oregon Health Authority. Oregon Behavioral Risk Factor Surveillance System (BRFSS), 2017. https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/CHRONICDISEASE/DATAREPORTS/Documents/datatables/ORAnnualBRFSS_riskfactors.pdf

³ Trust for America’s Health and Well Being Trust analysis of data from National Center For Health Statistics, CDC. “Pain in the Nation Update,” n.d. <https://wellbeingtrust.org/wp-content/uploads/2019/03/FINAL-WBT-TFAH-2019-PainNationUpdateBrief-1-1.pdf>.

⁴ Oregon Health Authority, Public Health Division, Prevention and Health Promotion. Alcohol-related deaths. (2018). Accessible via: <https://www.oregon.gov/oha/PH/ABOUT/Documents/indicators/alcoholdeaths.pdf>.

⁵ Oregon Public Health Division. Oregon Health Authority. CD Summary: What is Killing Oregonians: The public health perspective(s). <https://www.oregon.gov/OHA/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/CDSUMMARYNEWSLETTER/Documents/2012/ohd6115.pdf>.

⁶ U.S. Department of Health and Human Services. The Surgeon General’s Call to Action To Prevent and Reduce Underage Drinking. U.S. Department of Health and Human Services, Office of the Surgeon General, 2007. Available at: <http://www.surgeongeneral.gov/topics/underagedrinking/calltoaction.pdf>.

⁷ Substance Abuse and Mental Health Services Administration. Report to Congress on the Prevention and Reduction of Underage Drinking. External. Rockville, MD: U.S. Department of Health and Human Services; 2017. <https://store.samhsa.gov/product/Report-to-Congress-on-the-Prevention-and-Reduction-of-Underage-Drinking/PEP14-RTCUAD>

⁸ Oregon Health Authority. Oregon Healthy Teens (OHT), 2019. Accessible via: https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/CHRONICDISEASE/DATAREPORTS/Documents/datatables/ORAnnualOHT_Alcohol.pdf.

⁹ “State laws to reduce the impact of alcohol marketing on youth: Current Status and Model Policies,” n.d. http://camy.org/_docs/research-to-practice/promotion/legal-resources/state-ad-laws/CAMY_State_Alcohol_Ads_Report_2012.pdf

¹⁰ What do tobacco advertising restrictions look like today? <https://truthinitiative.org/news/what-do-tobacco-advertisingrestrictions-look-today>.

¹¹ Federal Trade Commission. Press Release: FTC Releases Fourth Major Study on Alcohol Advertising and Industry Efforts to Reduce Marketing to Underage Audiences (2014). Accessible via: <https://www.ftc.gov/news-events/press-releases/2014/03/ftc-releases-fourth-major-study-alcohol-advertising-industry>.

¹² Anderson P, De Bruijn A, Angus K, et al. Special issue: the message and the media. Impact of alcohol advertising and media exposure on adolescent alcohol use: A systematic review of longitudinal studies. *Alcohol*. 2009;44:229–243.

¹³ Casswell S, Thamarangsi T. Reducing harm from alcohol: Call to action. *Lancet*. 2009;373:2247–2257.

¹⁴ World Health Organization. Global strategy to reduce the harmful use of alcohol. Geneva: WHO, 2010. Available at: http://www.who.int/entity/substance_abuse/msbalcstrategy.pdf. Accessed June 21, 2011.

¹⁵ Grenard J, Dent C, Stacy A. Exposure to alcohol advertisements and teenage alcohol-related problems. *Pediatrics*. 2013;131:2. doi:10.1542/peds.2012-1480.

¹⁶ National Institute on Alcohol Abuse and Alcoholism. Apparent Per Capita Alcohol Consumption: National, State, and Regional Trends, 1977-2017. April 2018. <https://pubs.niaaa.nih.gov/publications/surveillance113/CONS17.htm>

¹⁷ Sacks, Jeffrey J., Katherine R. Gonzales, Ellen E. Bouchery, Laura E. Tomedi, and Robert D. Brewer. “2010 National and State Costs of Excessive Alcohol Consumption.” *American Journal of Preventive Medicine* 49, no. 5 (November 2015): e73–79. <https://doi.org/10.1016/j.amepre.2015.05.031>.

¹⁸ “Alcohol – Excessive Consumption: Increasing Alcohol Taxes.” *The Guide to Community Preventive Services (The Community Guide)*, April 15, 2014. <https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-increasing-alcohol-taxes>.

¹⁹ Alaniz, Maria Luisa. “Alcohol Availability and Targeted Advertising in Racial/Ethnic Minority Communities.” *Research World* 22, no. 4 (1998): 4.

²⁰ “Alcohol – Excessive Consumption: Regulation of Alcohol Outlet Density.” *The Guide to Community Preventive Services (The Community Guide)*, April 15, 2014. <https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-regulation-alcohol-outlet-density>. Accessed November 20, 2020.

²¹ Hahn R et al. ‘Effectiveness of Policies Restricting Hours of Alcohol Sales in Preventing Excessive Alcohol Consumption and Related Harms,’ *AMJ Prev Med*. 39(6): 590–604 (2010).

²² National Institute on Drug Abuse. *Alco-Pops: A Refreshment to Rethink*. August 2013. <https://teens.drugabuse.gov/blog/post/alco-pops-refreshment-rethink-0>. Accessed November 20, 2020.

Recommended citation:

Oregon Health Authority Public Health Division, Health Promotion and Chronic Disease Prevention Section. *Shining Light on Alcohol Marketing in Oregon*, 2020.