



Ending alcohol sponsorship of sport in Aotearoa: Policy Advocacy

The Public Health Association of New Zealand (PHA) is a national association with members from the public, private and voluntary sectors. Our organisation's vision is 'Good health for all - health equity in Aotearoa', or 'Hauora mō te katoa – oranga mō te Ao', and our purpose is to advocate for the health of all New Zealanders. To achieve this, we provide a forum for information and debate about public health action in Aotearoa New Zealand. Public health action aims to improve, promote and protect the health of the whole population through the organised efforts of society. We recognise Te Tiriti o Waitangi as Aotearoa New Zealand's founding document, defining respectful relationships between tangata whenua and tangata Tiriti, and are actively committed to supporting Te Tiriti values in policy and legislation.

The Public Health Association calls for the ending of alcohol sponsorship of sport, and for funding solutions for sports that are health-promoting, equitable and sustainable. In particular, we urge central and local government to be boldly innovative, using the best available evidence to develop sports alcohol sponsorship control policies that are good for the wellbeing of people and communities.

Overview

The purpose of this advocacy brief is to examine the role of alcohol sponsorship of sport in Aotearoa. Such sponsorship has been identified in successive reviews as contributing to the pernicious normalising effect of harmful levels of drinking in society, and of embedding a culture of heavy alcohol use among a key demographic market for the alcohol industry: young men. Examination of the evidence endorses the need for a robust harm reduction policy platform to address the role alcohol plays in society.

Background

The Mental Health and Addiction Inquiry report: He Ara Oranga¹ drug and alcohol related recommendations:

26: "Take a stricter regulatory approach to the sale and supply of alcohol, informed by the recommendations from the 2010 Law Commission review, the 2014 Ministerial Forum on Alcohol Advertising and Sponsorship and the 2014 Ministry of Justice report on alcohol pricing.

27. "Replace criminal sanctions for the possession for personal use of controlled drugs with civil responses (for example, a fine, a referral to a drug awareness session run by a public health body or a referral to a drug treatment programme).

However the government response to these recommendations is: 'for further consideration'. The report includes a chapter on 'Action on alcohol and other drugs' and notes that 'a heaving drinking

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culture harms health and wellbeing and that *'well over half the youth suicides involve alcohol or illicit drug exposure.'* It is concerning that the government has determined 26 and 27 recommendations are of low priority.

The Treaty of Waitangi Tribunal hearing WAI 2575² and #BO26 are claims that relate to the Crown's failure to provide adequate mental health addiction services for Māori. Alcohol has been acknowledged as an underpinning contributor to poor mental health outcomes for Māori.³

'Alcohol in Our lives'⁴ was a seminal piece of research on alcohol use in New Zealand. Published in 2010 it is still the reference point for all discussions and research into alcohol harm. The report outlined a clear pathway (via legislative reform) to reduce alcohol harm, for example by reducing supply, access and raising the age of purchase and the cost per unit of alcohol.

The research noted that:

- a. Alcohol is a major contributor to rates of violent offending and family violence.
- b. Alcohol has a causative contribution to mental health disorders, dependence and foetal alcohol spectrum disorder.
- c. A link between alcohol use and suicide was noted. In particular, within Māori populations the burden of alcohol used is amplified as due to the impact of colonisation and institutional racism, Māori have high rates of alcohol consumption and one of the highest rates of youth suicide in the world. The report expands further on Māori attitudes to alcohol and provides some historical understanding of alcohol use within the Te Ao Māori world.

Alcohol and Equity

Aotearoa has high rates of domestic violence, resulting in children living in adverse conditions and neglect. Alcohol misuse is an equity issue in Aotearoa with the most deprived areas at a greater risk of alcohol harm⁵.

From a mental health perspective, it is the impact alcohol has on family/whānau violence that causes significant concern. There is a strong link between adverse childhood events and poorer mental health outcomes across the life course – from an increased risk of foetal alcohol syndrome onwards. Alcohol use has been associated with a number of children's deaths in NZ, including road accidents and assaults.⁶ (Connor et al 2015)

Alcohol's role in widening Māori health inequality

Alcohol misuse is an equity issue: people in the most deprived areas are more likely to engage in hazardous drinking (1.3 times more likely) and they are 2.5 times more likely to experience psychological distress. One key objective of reform should be to lift the mental wellbeing of those who are the most vulnerable. Some of the increased drinking is related to supply – there are much higher concentrations of liquor outlets in areas of deprivation. There is also evidence that substance abuse resulting in clinical dependence (alcohol) is more likely for adolescents from poorer backgrounds⁷.

According to Murwai⁸ alcohol studies in Aotearoa have tended to focus on individual behaviours and interventions whilst Māori, and increasingly the New Zealand health sector, tend to take a family/whānau approach to health issues and look at broader environmental issues that impact on alcohol use. Murwai notes that alcohol-related harm research has been an alienating experience for Māori where they are blamed for excessive alcohol consumption rather than the studies understanding how colonisation has contributed to undermining Te Ao Māori principles. Before colonisation there were no intoxicating substances in Aotearoa and alcohol has therefore been seen as a colonising tool. He makes the point that research into Māori alcohol use needs to encompass values relevant to Māori. Interventions may also need to look at external factors such as institutional racism and discrimination that may play a part in increasing alcohol use amongst Māori e.g. Māori drinking may be a response to loss of culture.

Sport in Aotearoa, particularly rugby is inextricably linked with developing certain ideals of masculinity and an arena culturally in which young Māori men can excel and it can even provide a route out of entrenched poverty. Health inequalities for Māori are extensive. Some of the poorer health outcomes for Māori can be attributed to alcohol related morbidity⁹. Alcohol use in NZ continues to contribute to the health equity gap between Māori and non- Māori.

Alcohol sponsorship of sport

Following successful lobbying at all levels internationally, the sponsorship of sport by tobacco companies is largely banned. The gaps created by this action has had the perverse impact of increasing the reliance of many sports bodies on other forms of advertising; and alcohol has been a major winner. Alcohol, and the promotion and advertising of alcohol, has been associated with sporting events for many decades and in most countries, to the extent where it has been argued that “ *it would be unusual to view a sporting event without seeing some form of event signage or a commercial for an alcohol or tobacco brand*”¹⁰ (McDaniel et al., 2001). A review of national, regional and club levels sports sponsorships in Aotearoa found that sponsorship of those sports popular among young people was predominantly from gambling, alcohol and unhealthy food, with rugby in particular dominated by alcohol sponsors¹¹ (Maher et al., 2006).

Alcohol sponsorship of sport in Aotearoa has a long history that includes the sponsorship of teams (at the club, provincial and national levels) and events (All Blacks matches, Rugby World Cups, and provincial competitions). Financial, contra, and in-kind support from the alcohol industry is essential for many Aotearoa sports clubs. Moreover, the links between Aotearoa’s national sport of rugby and alcohol brands are ‘*extensive, engrained, and entangled*’¹² (Gee 2020)

It appears incongruous that sports which exemplify a healthy, fit, lifestyle should be used as a promotional vehicle for products that harm health and wellbeing. Although this is widely recognized, the incongruence of these linkages has aroused surprisingly little public controversy. They appear to have become such an ingrained ubiquitous part of the sports world that most people are indifferent to them.

As reported by Gee, 2010

‘Drinking behaviours, and attitudes, are strongly influenced by social and cultural norms (Jones 2010) and by the social situation in which alcohol is consumed (e.g., Greenfield and Room, 1997; McDaniel et al., 2001). The close association between alcohol and sport is particularly problematic, with evidence that young people who watch televised sport are exposed to extensive alcohol advertising (Center on Alcohol Marketing and Youth, 2003), and that those young people who are sports fans drink more alcohol and experience more alcohol-related problems (Nelson and Weschler, 2003). Among Australian teenagers and young adults consumption of alcohol is typically associated with sport as an important component of post-game celebrations (McGuifficke et al., 1991). However, it is also associated with the general ethos of being part of the team. Men in particular are more likely to drink excessively when socializing with members of their sporting team than with other groups of friends (Black et al., 1999)’.

The public spotlight on the personal, health and societal impact of the culture of excessive binge drinking can have no sadder example than that of a high profile and once prodigiously talented All Black receiving a prison sentence recently following the latest in a series of well publicised alcohol fuelled episodes.

Justifications often made are that sports would be less financially viable without sponsorship from the alcohol industry. As early as 1993, Crompton¹³ observed ‘*The self-interest of sports managers and players concerned with survival of their events, and of the media concerned with protecting advertising revenue, has resulted in little discussion on the appropriateness of tobacco and alcohol companies sponsoring sport*’. It could be said that there is a co-dependence between the media and the major sporting codes on alcohol advertising revenue¹⁴. (Jones 2010) Sports ground billboards, players’ strips and (more limited now) print media are both visible and can be held to account.

This is not the case when considering rise of sophisticated social media manipulation, promotion of sporting heroes as ‘influencers’. When associating alcohol with sport extends to sporting stars featuring in alcohol advertisements, this further blurs the line between advertising and content. Such an

association is inappropriate because of the potential impact on underage consumers who tend to be frequent viewers of live and televised sporting events¹⁵ (Howard and Crompton, 1995).

Arguments against the case for alcohol sponsorship as a necessary enabler of sport can be made by considering the many sports and codes that thrive in the absence of alcohol sponsorship. Television broadcast rights, airlines, and increasingly telecoms and media, corporations, and global consumer brands are all major global sources of sports revenue. On-line gambling and promotion of credit card/ pay day lending debt are less-welcome alternatives.

The case for reform

Successive resources have indicated there are cost effective and affordable interventions to restrict the harm associated with alcohol.¹⁶ Key among these was Gluckman's 2011 report: [*Improving the Transition: Reducing Social and Psychological Morbidity During Adolescence*](#) which not only described the impact of alcohol and its role in youth suicides, sexual risk taking, poor mental health, but also that alcohol use may often be linked with other drug use within adolescent populations. The report also outlined the ineffective approaches that attempted to reduce alcohol use amongst adolescents and the alcohol reforms that may benefit young people. Two independent reviews have been commissioned since 2010 related to alcohol sponsorship. The first by the New Zealand Law Commission was charged with the task to provide the government with "a revised policy framework covering the principles that should regulate the sale, supply and consumption of liquor in Aotearoa having regard to present and future social conditions and needs"¹⁷ (Law Commission 2010, p. iv). The final report, entitled *Alcohol in Our Lives: Curbing the Harm*, examined a range of factors concerned with limiting alcohol-related harm (e.g., monitoring, enforcement, education), controlling supply of alcohol (e.g., licencing, purchase age), regulating its availability (e.g., proximity and nature of outlets, times of sale), and reducing the demand (e.g., price, advertising and sponsorship). (as reported in¹²) The report specifically detailed regulation of alcohol advertising, sponsorship, and promotion, including the prominent marketing of alcohol through sport. The consultations provided such a compelling argument about the effects of alcohol promotions on community health that one of the chapter's recommendations introduced a staged-approach to ban alcohol-related sponsorship of cultural and sports events or activities over a five-year period.

The results from the 2019/20 Alcohol Use in New Zealand Survey (AUiNZ) include a report that adults are generally supportive of the 2018 World Health Organization (WHO) SAFER initiative to help combat the effects of alcohol-related harm, by focusing on the most cost-effective policy interventions ('best buys'). The best buys focus on drink driving; advertising, sponsorship and promotion; screening; availability; and pricing¹⁸ (World Health Organization, n.d.).

Of the five 'best buys' in terms of policy effectiveness, Best buy #2: *Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion*, was well supported. 62% of adults in Aotearoa specifically supported banning alcohol sponsorship at sporting, community and other events that under 18-year-olds go to.

The Public Health Association should actively advocate for this change.

Priorities for action:

1. To advocate strongly for the removal of all sport sponsorship associated with alcohol.
2. That the PHA adds its expertise to the public health community in the drive to reduce the harm related to alcohol promotion via this sponsorship.
3. To contribute to the evidence that would support Sports New Zealand and the Health Promotion Agency to design initiatives to align sport with reduction of alcohol related harms.⁴

PHA actions to support this policy

The Public Health Association, including its branches, should:

- Keep members informed of relevant research, key policy/legislative developments and consultations
- Influence local and central government policy-making through submissions and participation in policy development forums
- Strengthen relationships with aligned advocacy groups, and policy officials and decision makers at regional and national levels.

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