

# Teens most influenced by alcohol marketing more likely to report dangerous drinking behaviors

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Underage youth who cite alcohol marketing and the influence of adults, movies or other media as the main reasons for choosing to consume a specific brand of alcohol are more likely to drink more and report adverse consequences from their drinking than youth who report other reasons for selecting a specific brand, new research suggests.

The findings, published in the May issue of the *Journal of Adolescent Health*, add to a growing body of research suggesting [youth](#) exposure to alcohol marketing affects their drinking behavior. The study was conducted by researchers from the Johns Hopkins Bloomberg School of Public Health's Center on Alcohol Marketing and Youth and the Boston University School of Public Health.

The researchers conducted an Internet survey in 2012 of 1,031 people between the ages of 13 and 20 who reported having consumed alcohol in the previous 30 days. Of those, 541 reported having a choice of multiple alcohol brands the last time they drank and researchers wanted to know why they chose the brand they did. They classified the [underage drinkers](#) into five groups:

- Brand Ambassadors, who selected a brand because they identified with its marketed image (32.5 percent of respondents)
- Tasters, who selected a brand because they expected it to taste good (27.2 percent of respondents)
- Bargain Hunters, who selected a brand because it was inexpensive (18.5 percent of respondents)
- Copycats, who selected a brand because they'd seen adults drinking it, or seen it consumed in movies or other media (10.4 percent of respondents)
- Others (11.5 percent of respondents)

"Almost one in three underage drinkers reports choosing a brand of alcohol to drink based on branding and marketing," says lead study author Craig Ross, PhD, president of Fiorente Media, Inc. and a consultant to the Johns Hopkins Bloomberg School of Public Health's Center on Alcohol Marketing and Youth. "These findings suggest that [alcohol advertisements](#), media portrayals of alcohol use, and celebrity endorsements play a significant role in alcohol brand selection among young people."

Alcohol is the most commonly used drug among youth in the United States and is responsible on average for the deaths of 4,300 underage persons each year, researchers say. Approximately 33 percent of eighth graders and 70 percent of twelfth graders have consumed alcohol, and 13 percent of eighth graders and 40 percent of twelfth graders drank during the past month.

The researchers also examined whether different reasons for selecting a [brand](#) of alcohol were associated with riskier drinking behaviors. Brand Ambassadors and Copycats reported consuming the largest amount of alcohol and were most likely to report both heavy episodic drinking and negative alcohol-related health consequences, such as being injured while drinking or suffering an injury serious enough to require medical attention.

"The prevalence of heavy drinking among these two groups and the high rates of negative health consequences they report are of particular concern," says study author David Jernigan, PhD, director of the Center on Alcohol Marketing and Youth at the Johns Hopkins Bloomberg School of Public Health. "Further research to explore methods of offsetting negative influences of alcohol marketing and promotion on our children's health is sorely needed, as are more effective restrictions on

advertising placement to reduce youth exposure to [alcohol marketing](#) and promotion."

Alcohol advertising in the U.S. is primarily regulated by the industry itself. Several leading [public health](#) groups and officials, including the National Research Council, the Institute of Medicine and 24 state and territorial attorneys general, have called upon the [alcohol industry](#) to strengthen its standards to reduce youth exposure to alcohol advertising and marketing.

**More information:** "Selection of Branded Alcoholic Beverages by Underage Drinkers." *Journal of Adolescent Health*, 54(2), S2–S3. DOI: [10.1016/j.jadohealth.2013.10.021](https://doi.org/10.1016/j.jadohealth.2013.10.021)

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