

# The marketing potential of corporate social responsibility activities: the case of the alcohol industry in Latin America and the Caribbean

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## ABSTRACT

**Aims** The aims were to: (1) identify, monitor and analyse the Corporate Social Responsibility (CSR) practices of the alcohol industry in Latin America and the Caribbean (LAC) and (2) examine whether the alcohol industry is using these actions to market their products and brands. **Methods** Nine health experts from Argentina, Brazil and Uruguay conducted a content analysis of 218 CSR activities using a standardized protocol. A content rating procedure was used to evaluate the marketing potential of CSR activities as well as their probable population reach and effectiveness. The LEAD procedure (longitudinal, expert and all data) was applied to verify the accuracy of industry-reported descriptions. **Results** A total of 55.8% of the actions were found to have a marketing potential, based on evidence that they are likely to promote brands and products. Actions with marketing potential were more likely to reach a larger audience than actions classified with no marketing potential. Most actions did not fit into any category recommended by the World Health Organization; 50% of the actions involving classroom and college education for young people were found to have marketing potential; 62.3% were classified as meeting the definition of risk management CSR. **Conclusion** Alcohol industry Corporate Social Responsibility activities in Latin America and the Caribbean appear to have a strategic marketing role beyond their stated philanthropic and public health purpose.

**Keywords** Advertising, alcohol industry, alcohol marketing, Caribbean, corporate social responsibility, Latin America.

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## INTRODUCTION

Corporate social responsibility (CSR) activities have been employed by the alcohol industry for more than two decades, but since 2010 they seem to have expanded among the transnational producers and their partners [1]. The creation of the World Health Organization's (WHO) Global Strategy to Reduce the Harmful Use of Alcohol (WHO, 2010) was an important milestone for WHO Member States, and seems to have contributed to the exponential growth of CSR activities. On several occasions, the industry has designated themselves as 'legitimate stakeholders in government and public health initiatives' in the sense of suggesting partnerships with WHO and civil society organizations to contribute to the effort to reduce the harmful use of alcohol [2,3].

Accordingly, in 2012, the International Center for Alcohol Policies (ICAP), a social aspects and public

relations organization (SAPRO), which operated until 2015 on behalf of the alcohol industry, disseminated a set of five commitments to develop CSR programmes to ostensibly support the Global Strategy. They included the reduction of underage drinking, strengthening voluntary codes of marketing practice, providing consumer information, responsible product innovation, drinking and driving countermeasures, and support to retailers to reduce the harmful use of alcohol [4]. ICAP also launched a web-based compendium of more than 3550 actions funded by alcohol producers, trade associations and SAPROs all over the world. The foundation of the International Alliance for Responsible Drinking (IARD) in 2015 incorporated ICAP's activities into the new organization to give the major alcohol producers more control over the strategy [5].

This research is based on the theory that companies can engage in three forms of CSR: ethical, altruistic and

strategic [6,7]. The ethical responsibility of a business is the idea of avoiding harm even when the firm cannot earn money from it. It can be argued that being ethical is mandatory for any company, because causing damage to society is not an acceptable outcome for any business. However, there are numerous examples in history of how companies are, in fact, putting society in danger, including pollution, deforestation and corporate-induced diseases related to the consumption of alcohol, tobacco and overprocessed foods that are highly promoted by marketing [8,9]. Altruistic responsibility, in turn, involves philanthropic actions without necessarily having any connection to the core business of a corporation. Philanthropy is one of the oldest forms of CSR, and perhaps the one that could fulfil CSR goals, because it goes beyond mitigating corporate externalities and preventing damage. However, philanthropic or humanitarian actions are normally out of the scope of companies because they demand the use of many extra resources. Finally, strategic responsibility aligns philanthropy with profit, meaning that it can bring financial benefits for 'perceived socially responsible behavior' [6].

It is not easy to define the motivations that lie behind the adoption of a CSR programme [10]. In the case of the alcohol industry it seems important, however, to investigate the impact of these actions on public health, in contrast to their potential for enhancing corporate image and marketing products and brands—called here 'marketing potential'. In this regard, several studies have investigated the use of responsible drinking messages (e.g. 'drink responsibly'), one of the first forms of CSR in the field. They found that the messages create a favourable image of alcohol brands without having any influence on excessive drinking [11–13]. Similarly, actions related to self-regulation marketing codes raise concerns about industry vested interests, as there is consistent evidence that self-regulation is not an effective way to prevent exposure to potentially harmful advertising content, especially among teenagers [14–17].

This study is part of a broader research project that aimed to identify, monitor and analyse the CSR practices of the alcohol industry in Latin America and the Caribbean (LAC). Our purpose was to examine the extent to which the alcohol industry is using these actions to market their products and brands and to create a favourable corporate image. Experts from three South American countries evaluated CSR activities with regard to their content, marketing potential, likelihood of conforming to the WHO Global Strategy target areas, evidence of effectiveness and potential to influence alcohol policy.

## METHODS

The 'Producers' Commitment' database<sup>1</sup> is maintained by IARD and collects summaries of activities conducted by national and multi-national alcohol companies and SAPROS. The activities, called 'industry actions', were conducted, according to IARD, in support of the WHO Global Strategy. Nine public health experts from Argentina, Brazil and Uruguay analysed all industry actions ( $n = 218$ ) from LAC, using IARD's information. Summary descriptions for three actions were missing, leaving 215 actions in which all variables were rated.

A standardized protocol was created and comprised 17 categories: the year that the activity began and ended, the sponsoring company, partners, country(ies) where it took place, whether there was government involvement, whether there was an industry-reported evaluation and, if so, the evaluation type, WHO Global Strategy area (according to sponsoring company and to raters), the potential of the action to cause harm to target groups, advertising and marketing potential, potential for policy impact, direct economic benefit to company, CSR potential, population reach, type of activity and estimated effectiveness. For the latter, raters used a set of 71 activities that were already evaluated in the literature [17,18] on a four-point scale of effectiveness (0 to +++), plus nine activities observed commonly in the alcohol industry CSR strategy but that have not been evaluated in policy research.

Experts were trained in the protocol by rating the same 35 initiatives selected randomly from the database. They compared their responses to achieve consensus where discrepancies were observed. After the first round, minor changes were made in the codebook in order to adapt it to the LAC context. A second round of another 35 randomly selected initiatives was then conducted. After achieving an acceptable level of inter-rater reliability (IRR;  $\kappa \geq 0.5$ ), raters were divided into three teams and each received one-third of the actions to code.

We also analysed whether the summary descriptions provided by IARD were sufficient to establish the validity and the reliability of the information. As there was no 'gold standard' for this purpose, researchers adopted the LEAD (longitudinal, expert and all data) standard [19] used in psychiatry to evaluate the validity of a diagnostic assessment instrument. 'Longitudinal' means that the information should not be limited to a single moment but should, rather, be based on monitoring the action over time to gather information about the past and the present. 'Expert' means the evaluation is performed by one or more experts in the field of alcohol control, who make an independent

<sup>1</sup>Until the completion of this paper, and after data collection, the industry performed two administrative changes. First, the creation of IARD resulted in layout and information changes in the database. Secondly, the website that hosted the database (<http://initiatives.producerscommitments.org>) was shut down at the beginning of April 2016.

assessment based on available data and the scientific literature. Finally, 'all data' implies the systematic use of multiple sources of information to evaluate the subject, such as interviews, attending industry-sponsored events, documents, videos, websites, etc. The criterion for ending the search was data saturation. Raters were trained in the procedure and IRR was acceptable ( $\kappa \geq 0.5$ ).

Additionally, inclusion criteria were created to guarantee the feasibility of the procedure: (a) activities that started after 2010 (the year of the WHO Global Strategy) and (b) activities that had started before 2010 but were still active until the beginning of data collection. As a result, the LEAD procedure was applied to 150 activities. Agreement among raters before and after LEAD was acceptable in most categories<sup>2</sup>: partners ( $\kappa = 0.69$ ), government involvement ( $\kappa = 0.62$ ), industry-reported evaluation ( $\kappa = 0.32$ ) and evaluation type ( $\kappa = 0.41$ ), harm potential ( $\kappa = 0.88$ ), marketing potential ( $\kappa = 0.86$ ), policy impact ( $\kappa = 0.69$ ), WHO Global Strategy area [ $\kappa = 0.48$  (95% intraclass coefficient = 0.37–0.58)], CSR potential ( $\kappa = 0.65$ ) and population reach ( $\kappa = 0.69$ ). Considering the high level of agreement for marketing potential, data analyses were run based upon the entire sample ( $n = 215$ ).

Marketing potential was evaluated by analysing whether the action could promote a specific brand or a product. Available responses were 'none' or 'possible'. Actions rated as 'possible' involved giving away merchandising material or marketing a specific product or brand. Experts were instructed to rate the activities conservatively using the evidence in the scientific literature. Activities undertaken by trade organizations or SAPROs were not rated as having marketing potential.

Finally, the evaluation of CSR potential was based on current literature [6,7] and considered four types of corporate responsiveness. Coders could rate the actions as (a) not having a social or environmental responsibility interpretation or not reflecting positively on the company ('none'); (b) 'altruistic' responsibilities that reflect giving back time or money to contribute solely to the wellbeing of a community or society, such as charity work or philanthropy that could have little or no impact on company's operational strategies; (c) 'risk management', which assumes that corporate externalities exist and refers to the company's needs to mitigate them and respond to social demands, such as responsible drinking messages or safe-rides campaigns; and (d) 'strategic', which allows the company to give back to the society and at the same time they can have a return on the investment in terms of resources or public relations. Coders were provided with examples and indicators for each type of CSR to minimize subjective bias.

## RESULTS

The majority of actions were found to have marketing potential (55.8%), according to the raters. More than sixty per cent (62.3%) were classified as meeting the definition of risk management CSR (Fig. 1). A smaller number (37.5%) were classified as strategic CSR. Of the 69 Actions classified as strategic CSR, 45 (65.2%) were also considered to have marketing potential. Similarly, of the 133 actions considered to have risk management CSR, 54.9% had marketing potential.

In terms of estimated population reach, our findings revealed that actions with marketing potential were more likely to have a larger reach than actions classified as 'none' (Fig. 2). More than 80% of the actions with large population reach, for example national media campaigns promoting designated drivers, or actions that could present a large cumulative effect in a population, were likely to promote alcoholic beverage brands or products.

We next analysed whether those activities could fit into any of 10 target areas defined by the WHO Strategy to reduce the harmful use of alcohol [20]. A significant proportion of activities with marketing potential were categorized by both the industry ( $P < 0.001$ ) and the raters ( $P < 0.001$ ) under the area of drink-driving (35.8%). This included actions such as designated driver campaigns, ride services, breathalyzer donations, taxi discounts, etc.

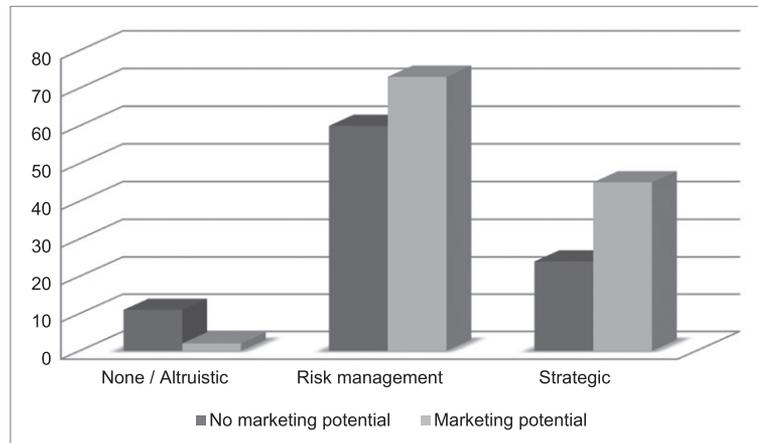
Table 1 gives an overview of the activities in relation to other variables in the study. Major producers were more likely to carry out actions with marketing potential. AB InBev conducted 52.5% of them. Considering the potential to impact national or local policies, 3.3% of actions that had policy impact were evaluated as having marketing potential ( $\chi^2 = 14.07$ , d.f. = 1,  $P < 0.0001$ ; Cramer's  $V = 0.26$ ).

Regarding activity type, Table 2 shows that 25.8% of the activities with marketing potential were classified as miscellaneous, non-evidence-based interventions, such as events targeted to corporate employees, industry-funded research and drink-driving countermeasures different from those described in the literature (breathalyzer donation, for instance). Nearly a quarter (24.2%) were classified as media campaigns, such as conversations through blogs and social media. Additionally, 50% of the actions involving classroom and college education for young people were found to have marketing potential.

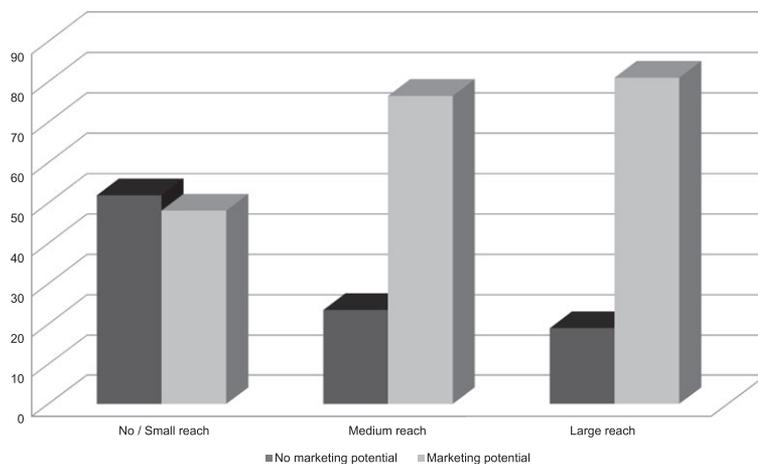
The majority of actions were estimated on the basis of the research evidence to either lack effectiveness (33%) or to have insufficient research to judge their probable impact (62.8%). Only 10 activities (4.6%) were rated as having any level of effectiveness (limited, moderate or

<sup>2</sup>Agreement for economic potential was not calculated, because all actions were coded as not having direct gain based on industry-reported descriptions, nor for activity type due to the high number of categories.

**Figure 1** Corporate Social Responsibility (CSR) approach and marketing potential ( $\chi^2 = 11.14$ ; d.f. = 2;  $P = 0.004$ ; Cramer's  $V = 0.23$ )



**Figure 2** Marketing potential and estimated population reach ( $\chi^2 = 15.10$ ; d.f. = 2;  $P < 0.001$ ; Cramer's  $V = 0.26$ )



high). Among those, four also had marketing potential. The association between evidence of effectiveness for the actions and marketing potential, however, was not statistically significant ( $P = 0.483$ ). Similarly, raters evaluated 51 actions (23.7%) as having the potential to cause harm from a public health perspective based on available scientific evidence, 29 (56.9%) of which also had advertising potential. Examples of actions with harm potential are safe-ride programmes (e.g. party buses) similar to those which have been found to increase heavy drinking and 'responsible drinking' programmes for young children (see Supporting information, Appendix S1). There was no association, however, between the potential for damage and whether the activity had marketing potential ( $P = 0.873$ ).

Finally, most activities with advertising potential (62.5%) did not include a process or outcome evaluation, as reported by the industry sponsor. The majority of the actions that presented any type of evaluation, however, had marketing potential (78.9%). We found the lack of evaluation was associated with the potential for marketing ( $\chi^2 = 16.83$ , d.f. = 1,  $P < 0.0001$ ; Cramer's  $V = 0.28$ ).

## CASE STUDIES

Qualitative findings are described below to illustrate actions with possible marketing potential:

- *Curtisom* (Portuguese slang for *Enjoy the Sound*): Conducted by AB InBev in Brazil, this initiative aimed to provide event structure and merchandising materials with brand logos to bars in poor communities so they could promote concerts and parties. According to the company, the CSR component was present through the addition of a '+ID' logo in the merchandising material and the exhibition of responsible drinking videos during the parties. Raters could not find any depiction of responsible drinking material in the documents analysed, which included photographs and videos.
- *Guardian Angel and Digital Application (app)*: An action reported by Diageo in Colombia, it consisted of a designated driver campaign with print and video materials, followed by the development of a mobile app to help consumers to reach cabs when they drink. A 15% discount was given in the taxi ride for drinkers of Diageo's brands who consumed in registered venues. Diageo also conducted

**Table 1** Overview of actions with no or possible marketing potential ( $n = 215$ ).

Variables	No marketing potential (%)	Possible marketing potential (%)	P-value	Cramer's V
<b>Producer</b>				
AB InBev	27 (28.4)	63 (52.5)	0.000	0.50
Diageo	7 (7.4)	15 (12.5)		
SAB Miller	10 (10.5)	15 (12.5)		
CCU	4 (4.2)	10 (8.3)		
Other national producer	1 (1)	9 (7.5)		
Other transnational producer	10 (10.5)	8 (6.7)		
Trade associations and SAPROs	36 (37.9)	0 (0.0)		
<b>WHO target area (raters' evaluation)</b>				
None	83 (87.4)	70 (58.3)	0.000	0.36
Drink-driving	5 (5.3)	43 (35.8)		
Other	7 (7.4)	7 (5.8)		
<b>Policy impact potential</b>				
None	77 (81.1)	116 (96.7)	0.000	0.26
Possible/high	18 (18.9)	4 (3.3)		
<b>Potential for harm</b>				
None	73 (76.8)	91 (75.8)	0.863	
Possible/high	22 (23.2)	29 (24.2)		
<b>Estimated population reach</b>				
None/small	83 (87.4)	77 (64.2)	0.001	0.26
Moderate	8 (8.4)	26 (21.7 %)		
Large	4 (4.2 %)	17 (14.2)		
<b>CSR potential</b>				
None/altruistic	11 (11.6)	2 (1.7)	0.004	0.23
Risk management	60 (63.1)	73 (60.8)		
Strategic	24 (25.3)	45 (37.5)		
<b>Effectiveness</b>				
None/unknown	90 (94.7)	116 (96.7)	0.483	
Effective (limited, moderate)	5 (5.3)	4 (3.3)		

a version of the mass media campaign (without the app) in Uruguay.

- *Chofer Designado (Designated Driver)*: This mass media campaign was conducted through television, radio and press by Florida Bebidas, a company that retails seven beer brands in Costa Rica. Free ride services were also provided to consumers during parties, but only to drinkers who could prove their state of inebriation through a test applied by the driver.
- *Global (Be)er Responsible Day*: This action was undertaken by AB InBev in four LAC countries: Argentina, Brazil, Bolivia and Paraguay. It consisted typically of a 1-day annual event to 'celebrate alcohol responsibility initiatives'. In Argentina, AB InBev ran the event for an entire week by distributing stickers with legal age enforcement, breathalyzer donations for educational purposes, television and radio campaigns to promote responsible drinking and designated driver actions through a partnership with the Rugby league. In Brazil, the company engaged employees and partners, such as non-governmental organizations (NGOs) that work with children and teenagers in economically disadvantaged urban areas, to distribute posters at point

of sale (POS) and ran educational activities. In Bolivia, employees visited POS and conducted a national media campaign. In Paraguay, employees and local celebrities visited POS wearing special shirts and badges to distribute stickers and brochures to reinforce the legal drinking age.

- *Taxi*: This was a television campaign conducted by AB InBev in Uruguay about safe rides. According to the company, it was the first time that responsible drinking advertising had been conducted in the country.
- *Responsible Consumption Messages at the Starts With You (SWU) Music Festival*: Undertaken by Heineken in Brazil to promote preventive measures during a music festival, it promoted the slogan 'Enjoy Heineken Responsibly' in merchandising material and provided identification bracelets for all consumers over legal drinking age. It also included drink-driving messages and bartender training to comply with the law of not selling to minors.

## DISCUSSION

Reducing the impact of marketing is considered by the WHO as an important measure to control the harmful

**Table 2** Most frequent types of activities with marketing potential.

<i>Activity type</i>	<i>Frequency (%)</i>
'Other' non-evidenced-based interventions	25.8
Media campaigns	24.2
Promotional events/RD message secondary to marketing	13.3
Classroom and college education	5.8
Designated driver campaigns and safe rides	6.6

RD = responsible drinking.

use of alcoholic beverages [20]. We found that while the alcohol industry has been claiming to undertake CSR strategies in support to the WHO Global Strategy, more than half the actions were considered to have the potential to sell alcohol products and promote brands. Even more troublesome, from the small percentage of actions that were considered to have some level of effectiveness 40% also had marketing potential, which may undermine any attempt to control alcohol problems.

Because these marketing activities are embedded in CSR actions, the general public may not perceive them as advertising and, as a result, may not be aware of their ability to promote products. Additionally, the blurred line between CSR and marketing puts these actions in a position where they are not entirely under the scrutiny of civil society and governments regarding marketing regulation, especially when they present smaller population reach and their marketing components could not be accessed easily [21].

Most activities, regardless of their marketing potential, were considered as not corresponding to any Global Strategy area, or coders were not able to classify them due to insufficient information. Based on IARD's descriptions, raters considered that among those that could meet the WHO description, drink-driving was the area with the most actions. As illustrated by the qualitative data, designated driver programmes, mass media campaigns and ride services were the actions conducted most often. Scientific evidence of designated driver and safe-ride programmes, however, has shown limited effectiveness [22]. Furthermore, the majority of the actions presented one or more components that indicated marketing potential, such as the addition of brand logos, the offer of ride services only upon consumption of alcoholic beverages and the use of drink-driving messages secondary to the marketing strategy. Our findings suggest that those activities are in conflict with the public health objectives, as in their implementation they are endorsing and promoting alcohol products.

Similarly, half the actions involving classroom education for young people were found to have marketing potential. Those activities were typically school-based programmes that included minors or interventions with

college students to increase knowledge about alcohol consumption. One of the goals of the school programmes is to delay the onset of drinking, and in the case of college individuals the programmes are conducted in response to the amount of heavy drinking identified. Even if designed, implemented and evaluated correctly, school-based programmes can have no efficacy and even be counterproductive in terms of behaviour change and reducing substance abuse [23]. The inclusion of marketing components as seen in the present study could result in the direct opposite of public health objectives, such as the increase of drinking behaviours and the stimulation of early initiation of alcohol consumption.

The ratings of CSR strategies revealed that enhancing corporate image was not the only expected outcome for the alcohol companies. Although the definition of CSR lacks rigour in the scientific literature, applying the concept to make direct endorsement of brands is a different purpose from mitigating corporate externalities, responding to social pressures or giving back to society. The enhancement of corporate image and the establishment of the 'implicit contract' with the society to legitimate the firms' operations are considered normally as indirect consequences of 'doing the right thing'. Our findings suggest that the alcohol industry might be using CSR to maximize profit.

The findings also suggest the need for public health authorities and policymakers to monitor CSR strategies and evaluate their potential as another form of marketing, and to take into account possible conflicts of interests when they are encouraged to develop partnerships with the alcohol industry. Furthermore, civil society's representatives, researchers and health professionals should evaluate carefully whether it is acceptable to jeopardize public health objectives and allow science to act as a potential marketing strategy in exchange for funding or other types of sponsorship.

Study limitations include the dependence upon industry-reported information. Despite several attempts by the researchers to access information, many companies still treat their programmes' evaluations and results as proprietary and do not allow public access. This fact could partially explain the level of agreement below 0.5 in some variables, such as 'industry-reported evaluation', 'evaluation type' and 'WHO category'.

#### **Declaration of interests**

None.

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## References

- Babor T. F., Robaina K. Public health, academic medicine, and the alcohol industry's corporate social responsibility activities. *Am J Public Health* 2013; **103**: 206–14.
- Bivans B., Martinic M. Reducing harmful drinking: industry contributions [internet]. 2009. Available at: [http://icap.org/Portals/0/download/all\\_pdfs/WHO/Reducing%20Harmful%20Drinking%20-%20REFERENCED.pdf](http://icap.org/Portals/0/download/all_pdfs/WHO/Reducing%20Harmful%20Drinking%20-%20REFERENCED.pdf) (accessed 3 May 2016) (Archived at <http://www.webcitation.org/6hEiyJNWT> on 3 May 2016).
- Leverton M., Grant M. Implementing the WHO Global Strategy to reduce harmful use of alcohol. In: Grant M., Leverton M., editors. *Working Together to Reduce Harmful Drinking*. New York/London: Routledge; 2010, pp. 197–210.
- Anheuser Busch InBev, Bacardi, Beam, Brewers Association of Japan, Brown Forman, Carlsberg et al. (2012, October 9). Reducing Harmful Use of Alcohol: Beer, Wine and Spirits Producers' Commitments. Available at: <http://www.diageo.com/en-row/ourbrands/infocus/Pages/gapg.aspx> (accessed 13 May 2016) (Archived at: <http://www.webcitation.org/6hTkFai3q> on 13 May 2016).
- International Alliance for Responsible Drinking, World's Leading Producers of Beer, Wine, and Spirits Launch International Alliance for Responsible Drinking (IARD). October 14, 2014. Available at: <http://icap.org/LinkClick.aspx?fileticket=if2MWFa4LQ4%3d&tabid=36> (accessed 13 May 2016) (Archived at <http://www.webcitation.org/6hTwtg1qIO> on 13 May 2016).
- Lantos G. P. The boundaries of strategic corporate social responsibility. *J Consum Mark* 2001; **18**: 595–632.
- Schwartz M. S., Carroll A. B. Corporate social responsibility: a three-domain approach. *Bus Ethics Q* 2003; **13**: 503–30.
- Jahiel R. I. Corporation-induced diseases, upstream epidemiologic surveillance, and urban health. *J Urban Health* 2008; **85**: 517–31.
- Babor T. F., Robaina K., Jahiel R. I. Defining drinking problems in the UK as a corporation-induced disorder: public health implications. In: *Paper presented at the The 38th Annual Alcohol Epidemiology Symposium of the kettilbrunn Society*. Stavanger, Norway; 2012.
- Dunfee T. Stakeholder theory: managing corporate social responsibility in a multiple actor context. In: Crane A., McWilliams A., Matten D., Moon J., Siegel D., editors. *Oxford Handbook of Corporate Social Responsibility*. New York: Oxford University Press; 2008, pp. 346–62.
- Smith S. W., Atkin C. K., Roznowski J. Are 'Drink Responsibly' alcohol campaigns strategically ambiguous? *Health Commun* 2009; **20**: 91–9.
- Barry A. E., Goodson P. Use (and misuse) of the responsible drinking message in public health and alcohol advertising: a review. *Health Educ Behav* 2010; **37**: 288–303.
- DeJong W., Atkin C. K., Wallack L. A critical analysis of 'moderation' advertising sponsored by the beer industry: are 'responsible drinking' commercials done responsibly? *Milbank Q* 1992; **70**: 661–78.
- Henriksen L., Feighery E. C., Schleicher N. C., Fortmann S. P. Receptivity to alcohol marketing predicts initiation of alcohol use. *J Adolesc Health* 2008; **42**: 28–35.
- Morgenstern M., Isensee B., Sargent J. D., Hanewinkel R. Exposure to alcohol advertising and teen drinking. *Prev Med (Balt)* 2011; **52**: 146–51.
- Chung P. J., Garfield C. E., Elliott M. N., Ostroff J., Ross C., Jernigan D. H. et al. Association between adolescent viewership and alcohol advertising on cable television. *Am J Public Health* 2010; **100**: 555–62.
- Babor T. F., Caetano R., Casswell S., Edwards G., Giesbrecht N., Graham K. et al. *Alcohol: No Ordinary Commodity: Research and Public Policy*. Vol. 9780199551. New York: Oxford University Press; 2010, pp. 15–384.
- Nelson T. E., Xuan Z., Babor T. F., Brewer R. D., Chaloupka F. J., Gruenewald P. J. et al. Efficacy and the strength of evidence of U.S. alcohol control policies. *Am J Prev Med* 2013; **45**: 19–28.
- Spitzer R. L. Psychiatric diagnosis: are clinicians still necessary? *Compr Psychiatry* 1983; **24**: 399–411.
- World Health Organization (WHO). The WHO Global Strategy to Reduce the Harmful Use of Alcohol, vol. 46. Alcohol and Alcoholism. Geneva, Switzerland; 2010.
- Casswell S. Current status of alcohol marketing policy—an urgent challenge for global governance. *Addiction* 2012; **107**: 478–85.
- Ditter S. M., Elder R. W., Shults R. A., Sleet D. A., Compton R., Nichols J. L. Effectiveness of designated driver programs for reducing alcohol-impaired driving: a systematic review. *Am J Prev Med* 2005; **28**: 280–7.
- Ringold D. J. Boomerang effects in response to public health interventions: some unintended consequences in the alcoholic beverage market. *J Consum Policy* 2002; **25**: 27–63.

## Supporting Information

Additional Supporting Information may be found in the online version of this article at the publisher's web-site:

**Appendix S1** References related to Risk of Harm Potential.