Alcohol Brand Preference and Binge Drinking Among Adolescents

Adolescents commonly misuse alcohol, with 24.2% reporting current binge drinking in surveys of US high school students. Early-onset drinking raises risks for drinking-related morbidity and alcohol dependence. The alcohol industry spent $1.7 billion in media advertising in 2009 (The Nielsen Co, unpublished data, 2009). Ratings and other data contained herein are the copyrighted property of The Nielsen Co. Unauthorized use of this copyrighted material is expressly prohibited. Violators may be subject to criminal penalties under Federal Law [17 USC 101 et seq.]. All rights reserved.), operating only under voluntary limits regarding youth. Moreover, in 1996, the Distilled Spirits Council of the United States ended its ban on television advertising. If such advertising is reaching adolescents, brands with larger ad expenditures may be chosen as favorites, and adolescents might choose a distilled spirit as their favorite brand to drink. We report favorite brand and its association with ad expenditures and binge drinking in a population survey of underage adolescents.

See also pages 610 and 680

Methods. As part of a longitudinal telephone survey of US adolescents and media use, we surveyed 2699 youth aged 16 to 20 years about their alcohol use and report on favorite brand to drink among the underage drinkers (n=1734). Adolescents from all regions of the United States were represented, parental consent was obtained for those younger than 18 years, and the study was approved by the Committee for the Protection of Human Subjects at Dartmouth.

Results. Of the ever drinkers, 21% (26% males, 16% females) had drunk 5 or more drinks in a row in the past 30 days (current binge drinking) and 68% (71% males, 65% females) endorsed a favorite brand to drink, naming 138 brands in all. A distilled spirit brand was named by 53%; a beer brand, by 42%; and wine/cider, by 3.3% (unable to determine brand in 1.1%). Favorite brands are shown in the Table, with brands identified by fewer than 15 respondents collapsed into “other” categories. The most commonly chosen favorites among underage females and males were Smirnoff (Diageo, London, England) and Budweiser (Anheuser-Busch Companies, St Louis, Missouri), respectively. The eFigure (http://www.archpediatrics.com) illustrates the proportion of current binge drinkers by sex and favorite brand to drink (see the eTable for numeric data). Whereas the current binge drinking rate among underage drinkers with no favorite brand (“none” category) was 0.11 (95% confidence interval, 0.08-0.14), rates among those identifying a favorite brand were higher, ranging from 0.28 to 0.71. Beer brand favorites seemed as likely to be associated with binge drinking as distilled spirits brands, but choice of wine/cider was not. Annual advertising expenditures for alcohol brands in all media were obtained from The Nielsen Company for 95 of the named alcohol brands (The Nielsen Co, unpublished data, 2009). The Spearman correlation between annual ad expenditures and the proportion of adolescent drinkers overall who chose each brand was 0.64 (P < .001).

Comment. Within this national sample of underage drinkers, two-thirds reported a favorite brand of alcohol. Distilled spirit brands were cited as often as beer, consistent with a regional survey and suggesting that concentrated forms of alcohol are among the alcohol brands underage drinkers currently aspire to consume. The correlation between underage drinkers’ brand preference and marketing expenditures suggests a marketing influence on choice of beverage. Moreover, higher rates of binge drinking among adolescents who named a favorite brand suggest that alcohol advertising campaigns may influence the likelihood that alcohol will be consumed at levels that pose a risk to health.

This cross-sectional study cannot answer questions on temporality and did not distinguish among products within brand. Specifically what youths drink when they report Smirnoff as their favorite (eg, Smirnoff Ice) is an important topic for further research. This sample, while national, may not be representative of responses for sub-
jects with higher attrition (in this case, poorer families and minorities). Finally, as with any observational study, there may be a third variable besides exposure to alcohol advertising that represents the true cause of the development of an alcohol preference and its associated binge drinking.

Despite the limitations, youths chose distilled spirit brands in large numbers, brands preferred by youth have tended to have high advertising expenditures, and choosing a favorite brand was associated with binge drinking. Youth exposure to alcohol advertising on television has increased significantly since 2001. These findings support the premise that alcohol advertising plays a role in youth consumption patterns and that more effective means are needed to reduce youth exposure to alcohol advertising.

Despite the limitations, youths chose distilled spirit brands in large numbers, brands preferred by youth have tended to have high advertising expenditures, and choosing a favorite brand was associated with binge drinking. Youth exposure to alcohol advertising on television has increased significantly since 2001. These findings support the premise that alcohol advertising plays a role in youth consumption patterns and that more effective means are needed to reduce youth exposure to alcohol advertising.

Susanne E. Tanski, MD, MPH
Auden C. McClure, MD, MPH
David H. Jernigan, PhD
James D. Sargent, MD

Author Affiliations: Department of Pediatrics, Dartmouth Medical School, Hanover (Drs Tanski, McClure, and Sargent), and Norris Cotton Cancer Center, Lebanon (Drs Tanski, McClure, and Sargent), New Hampshire; and Department of Health, Behavior, and Society, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland (Dr Jernigan).

Correspondence: Dr Tanski, Department of Pediatrics, Dartmouth-Hitchcock Medical Center, One Medical Center Drive, Hinman Box 7925, Lebanon, NH 03756 (susanne.e.tanski@dartmouth.edu).

Author Contributions: Study concept and design: Tanski, McClure, Jernigan, and Sargent. Acquisition of data: Tanski, McClure, Jernigan, and Sargent. Analysis and interpretation of data: Tanski, McClure, Jernigan, and Sargent. Drafting of the manuscript: Tanski, McClure, and Sargent. Critical revision of the manuscript for important intellectual content: Tanski, McClure, Jernigan, and Sargent. Statistical analysis: Tanski and Sargent. Obtained funding: Tanski, Jernigan, and Sargent.

Financial Disclosure: None reported.

Funding/Support: This work was supported by grant AA015591 from the National Institute on Alcohol Abuse and Alcoholism and in part by Cooperative Agreement 5U58DP002072-02 from the Centers for Disease Control and Prevention (Dr Jernigan).

Disclaimer: The contents of this article are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

Online-Only Material: The eTable and eFigure are available at http://www.archpediatrics.com.