



**HOW ALCOHOL MARKETING CAN COMPLICATE THE
LIVES OF PEOPLE IN RECOVERY: A QUALITATIVE STUDY**

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Abstract

The impact of alcohol marketing on individuals in recovery from alcohol use disorders is an underrepresented topic in the literature, despite evidence suggesting detrimental effects on quality of life and potential relapse risks. This qualitative study aimed to explore (1) the differential effects of various types of alcohol marketing and (2) participants' personal experiences encountering such marketing over time. Ten online interviews were carried out with participants from recovery organizations in the Netherlands, Scotland and Ireland. A manual framework analysis revealed some degree of harm associated with all forms of alcohol marketing, with retail marketing in supermarkets and similar spaces identified as the most widely disruptive. Participants additionally reported feelings of social alienation, daily life disruptions and frustrations when exposed to marketing, highlighting its enduring negative impact even later into the recovery journey. The study's findings underscore the need for further research and policy interventions to mitigate these harms and support individuals in recovery.

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I. Literature review

I.1 Introduction

Alcohol consumption is known to lead to a multitude of adverse outcomes, such as neurological, cardiovascular and liver problems, as well as a worsening of mental health and an increased risk of accidental injuries (World Health Organization [WHO], 2022). A history of heavy drinking compounds these risks, alongside the potential for severe withdrawal symptoms and dependence. Therefore, for many of those who enter treatment for alcohol use disorders (AUDs), achieving and maintaining their sobriety is a crucial, albeit challenging, goal. In the Netherlands, where 13% of the population aged 18 or over identified as “ex-drinkers” in 2023 (STAP, 2024), there is a critical need for a more in-depth exploration of the various internal and external factors which may affect recovery.

Individuals in recovery are exposed to the marketing and advertising of alcohol in various forms, such as television adverts, billboards, social media ads, events and retail displays. There is growing concern around alcohol marketing increasing the frequency and quantity of alcohol consumption in the general population (WHO, 2022), but existing research has predominantly focused on its effect on underage drinking (Critchlow & Moodie, 2021). There has been a recent push for a larger focus on adult drinkers, especially those in recovery from AUDs (Alcohol Focus Scotland, 2023; Boniface et al., 2023). A recent literature study by the European Centre for Monitoring Alcohol Marketing (EUCAM), supported by quotes from interviews with individuals in recovery, underscored the importance of further research and the expansion of the definition of vulnerable people to include those with AUDs (Quinn and van Dalen, 2022). Although there is some Dutch regulation concerning the marketing of alcohol, such as the 2008 Media Act prohibiting it on

TV and radio between 6 AM and 9 PM, more research is needed to evaluate whether further policy changes are necessary to protect those in recovery.

I.2 Theoretical Background

The constructs of cue reactivity and attentional bias, which fall under the broader cognitive-behavioural model of addiction, can be particularly useful in understanding alcohol abuse and relapse (Babor et al., 2017).

Cue reactivity refers to the psychological and physiological responses, such as increased craving, changes in heart rate and skin conductance, that alcohol-dependent individuals may exhibit when encountering alcohol-related cues (Babor et al., 2017). For instance, being exposed to environments typically associated with alcohol use, such as bars or parties, can trigger such responses, highlighting the importance of environmental stimuli in recovery and relapse. This appears to still be impactful when encountered non-physically, as actively addicted individuals described a lower self-reported ability to resist drinking heavily, after being exposed to television show scenes involving alcohol consumption compared to those without (Sobell et al., 1993). This heightened reactivity to alcohol-related cues can reinforce the desire to drink alcohol and can be predictive of alcohol consumption even after a period of abstinence (Rohsenow et al., 1994; Litt et al., 2000; Papachristou et al., 2014).

In a similar vein, attentional bias involves the disproportionate allocation of attention to alcohol-related cues over neutral cues (Field and Cox, 2008), which has also been associated with a higher likelihood of relapse (Cox et al., 2002). This selective attention can perpetuate cravings, and it has been argued that a positive feedback loop may occur, in which the greater salience of alcohol-related cues can lead to more cravings, and vice-versa (Field et al., 2004).

Understanding these concepts is particularly relevant in the context of alcohol marketing. The marketing strategies adopted by alcohol brands often use alcohol-related cues to capture consumers' attention and prompt a positive emotional response, reinforcing their intention to buy alcohol. For instance, advertisements may feature lively social gatherings, festive environments, and appealing imagery of alcoholic drinks (Noel et al., 2017), which trigger cue reactivity and attentional bias, leading to a higher likelihood of purchase.

I.3. General Impact on Individuals in Recovery

Regarding the specific effect of alcohol marketing on individuals in recovery from AUD's, a literature search yielded just seven relevant articles, five of which were qualitative. A rapid literature review by Murray and colleagues (2022) collated a small body of literature exploring the specific impact of alcohol marketing on individuals in recovery. Two quantitative studies were identified. The first, a cross-sectional study conducted in France (Guillou-Landreat et al., 2020) found that participants generally did not consider themselves influenced by alcohol marketing, yet reported recalling it in the last 6 months, and viewed marketable aspects of alcohol (e.g., price, availability) as appealing for purchase. A second experimental study, conducted in the Netherlands (Witteman et al., 2015), found that patients enrolled in detoxification treatment showed heightened physiological cue reactivity and craving in response to alcohol advertising. The rapid review also identified four qualitative studies involving individuals in recovery: Thomson et al. (1997) from New Zealand, Treise et al. (1995) from the United States, Shortt et al. (2017) from Scotland, and Guillou-Landreat et al. (2020) from France. The participants in these studies consistently reported viewing alcohol marketing as risky for relapse, and highlighted more specific risks, such as the feeling

of missing out in regular social life (Thomson et al., 1997) and a focus on the retail environment (Shortt et al., 2017).

In addition, a more recent qualitative study by Atkinson and colleagues (2024) has extended these findings by exploring the experiences of sober British women with a specific focus on gendered advertising. Participants expressed frustration around alcohol being “everywhere”, citing multiple sources of exposure, such as television, radio, social media, billboards, films and supermarkets. They also expressed a belief that non-drinkers are often represented as “the others” within British society, highlighting the impact of gendered messages linking alcohol consumption to feminine identities such as motherhood (e.g., “wine mom”) and empowerment. This sentiment has been supported by other studies: for instance, a qualitative meta-synthesis by Kougiali and colleagues (2021) discussed that women may often seek a form of temporary empowerment, following trauma and abuse, in the consumption of alcohol, partly normalized by marketing.

I.4 Digital Marketing

Digital marketing spans the use of social media platforms (e.g., Facebook, Instagram, TikTok and Twitter), on-demand services, websites and email for the distribution of advertisements. In recent years, alcohol brands have been focusing more of their attention and resources on digital advertising (Jernigan and Ross, 2020), driven by young people’s decreased alcohol consumption and their growing scepticism towards traditional alcohol advertisements (Carah and Brodmerkel, 2021). Although there is an unfortunate lack of literature exploring the effect of digital marketing on those in recovery, a study by Russell and colleagues (2022) found that peers’ pro-drinking content on social media decreased treatment-seeking intentions in hazardous drinkers. More broadly, a systematic review (Noel

et al., 2020) investigating the impact of digital marketing, mainly including advertisements on social media, showed that a higher engagement with ads was positively associated with an increase in alcohol consumption and hazardous drinking. In addition, heavy-drinking participants in an experimental study (Alhabash et al., 2016) were more likely to choose bar gift cards over coffee shop gift cards after exposure to Facebook ads, than participants who drank less.

An additional mode of digital marketing which has been used too recently to receive sufficient academic attention is influencer advertising, referring to the use of highly influential content creators to advertise alcohol products (WHO, 2022). In addition to the general positive portrayal of alcohol and alcohol-dominated public settings on many of these creators' social media, creators often clearly show specific alcohol brands, both unpaid and in paid collaboration with said brands, in their content (Willoh, 2020). It has been argued that such content blurs the line between commercial marketing activity and user-created content, especially due to the interactive nature of digital marketing (Carah and Brodmerkel, 2021), making it more difficult for fans to correctly identify sponsorships and endorsements (Critchlow et al., 2019; Boniface et al., 2023). An unfortunate by-product of the rapidly changing landscape of social media is that the literature and regulation around alcohol marketing often fails to match the pace of innovation (Critchlow et al., 2019). For example, the Netherlands imposes certain rules on influencers with over 500,000 followers, such as the clear labelling of paid collaborations with alcohol brands and a restriction on marketing alcohol to underage audiences (STAP, n.d.). However, this still leaves individuals in recovery vulnerable to seeing positive depictions of alcohol in a normalized and often glamorized context. The socially desirable aspect of influencers' lives and content, moreover, further exacerbates the view, often expressed in qualitative studies, that drinking culture is the 'norm' and that sober individuals are 'missing out' (Atkinson et al., 2024).

I.5 Traditional Commercials and Advertisements

Despite the rise of digital marketing, commercials and advertisements featuring alcohol on traditional media, such as television, radio, magazines, newspapers and billboards, remain prevalent. Such commercials can be particularly triggering when they feature positive cues such as parties and socializing, leading to strong cravings as well as a sense of exclusion and loss for those recovering from AUDs (Alcohol Focus Scotland, 2023; Treise et al., 1995). This is further supported by Witteman and colleagues (2015), who asked participants recovering from AUDs to keep a diary of their exposure to traditional modes of alcohol advertising. The rate of exposure (reported to be daily by most participants) was positively correlated with cue reactivity and craving, although there was no evidence of relapse in the small follow-up sample. Sober women in a qualitative study by Atkinson and colleagues (2024) also expressed concern at the presence of advertisements in various environments, which they have become more “hyper-aware” of during their recovery. Quantitative and qualitative evidence (Guillou-Landreat et al., 2020; Thomson et al., 1997) also indicates that advertisements are more enticing when they feature a preferred brand of the ex-user. Therefore, despite many people becoming less trusting of traditional marketing (Carah and Brodmerkel, 2021) and those in recovery often not considering themselves affected by it (Guillou-Landreat et al., 2020), it appears to still be noticed and may influence craving amongst this population.

I.6 Event Marketing

Event marketing can be defined as the marketing of alcohol at popular events, such as sports games and music festivals, usually through sponsorships (Johnston and Spais, 2015). Such collaborations often create associations between cultural entities and alcohol brands, potentially leading fans to have a more positive perception of the brands involved (Zerhouni

et al., 2019) and turning their interests into alcohol-related cues. Although there is an unfortunate lack of research linking event marketing to people in recovery from AUDs, there is general evidence of its effect on drinking. For instance, it is highlighted by the WHO (2022) as a harmful source of cross-border marketing, particularly for younger men who are more likely to both attend these events and to engage in heavy drinking (Long et al, 2018). Moreover, a systematic review by Brown (2016) showed a positive association between sports sponsorships and consumption amongst sportspeople. To conclude, despite a shortage of relevant evidence, event marketing appears to be a significant source of alcohol-related cues and its effect on those in recovery requires more academic attention.

I.7 Point-of-Sale Marketing

In qualitative studies, point-of-sale marketing, defined as marketing and promotions in retail locations which distribute alcohol, such as supermarkets, has often been stated to be a triggering source of exposure to alcohol cues. In a study which requested participants to take photos of environmental cues which helped or hindered their AUD recovery process (Shortt et al., 2017), retail environments, such as supermarkets, smaller shops, restaurants and wedding venues, were identified as risky by every participant. For example, one participant submitted a photo of a local shop, adding “it’s just there right on my doorstep and the first sign is beers and ciders”. Such marketing is particularly harmful as it exposes people in recovery to alcohol cues and promotions in locations they cannot avoid, such as supermarkets. This concern was additionally raised by sober women in a qualitative study (Atkinson et al., 2024), with one participant claiming that “this week I haven’t been able to go into the supermarket because the temptation is real”, highlighting the disruptive influence of such promotions on her life.

Although there is no quantitative evidence for the effect of point-of-sale marketing on people in recovery, there is observational research to show that the positioning of alcoholic beverages in a supermarket influences the rates of their sale (Nakamura et al., 2014).

II. The Design of the Current Study

II.1 Introduction

While there is a growing body of research concerning the effects of alcohol marketing on general and underage populations, there is a critical need for more papers focused on individuals in recovery from AUDs. With the aim of filling this gap and informing policy, the current study will explore the nuanced impact of different types of alcohol marketing on this vulnerable group. A qualitative methodology, involving interviews with people in recovery from AUDs, will be employed. This was chosen as the shortage of research on the topic calls for a more exploratory approach, where the personal experiences and opinions of those in recovery will be heard directly.

The study will be divided into two broad research aims. The first aim is to explore the unique impacts on recovery of four types of alcohol marketing: digital (e.g., social media ads, influencer sponsorships), traditional (e.g., television, radio, billboards), event-based (e.g., sports and music) and point-of-sale (e.g., supermarkets, retail environments). The most impactful type will be identified for the purpose of informing more in-depth future research, as well as targeted policy changes.

The second research aim, with a more exploratory approach, is to learn more about the general experiences of the individuals when encountering alcohol marketing in their day-to-day lives. This contains three research questions:

1. *How do the themes within alcohol marketing influence participants' perceptions of alcohol consumption?*
2. *How has the effect of marketing varied over time or with treatment (during active use, in early recovery, in present day)?*
3. *What are participants' opinions on current alcohol marketing regulations, and what suggestions do they offer for improvements?*

Any other consistent themes that emerge from the participants' responses will also be discussed.

II.2 Method

***Participants.** Several recovery organizations were approached by email, which described the aim of the study, interview procedure and the research questions. This resulted in the successful recruitment of ten participants from Alcoholics Anonymous Netherlands, Alcohol Action Ireland, and the Scottish Recovery Consortium. The participants were located in either the Netherlands, Scotland or Ireland, their ages ranged between 47 and 73, and only two identified as women. All participants considered their past alcohol use to be harmful, and all described being active in group recovery programmes, such as Alcoholics Anonymous. They ranged between 9 months and 46 years of sobriety.

***Procedure.** A semi-structured interview schedule (Appendix A) was used to reflect the research questions. The interviews took place remotely, in English, either on Microsoft Teams or over the telephone. The participants were asked for their consent prior to the start of the interview, and the recordings of each interview were promptly deleted once transcription was finalized. Pseudonyms were used thereafter to protect the participants' identities.

***Data Analysis.** A manual framework analysis was performed on the resulting data, following the guidance of Klingberg and colleagues (2024). Framework analysis was selected due to its use in health policy research, as well as its focus on comparing the experiences of individual participants. A combined deductive-inductive approach was used to create a framework matrix, which was divided in rows for participants and columns for themes. Pre-determined categories were initially generated in accordance with the research aims and the interview schedule. These became the broader themes of ‘sources of advertising’ (with sub-themes ‘digital’, ‘traditional’, ‘event’ and ‘point-of-sale’), ‘themes in advertising’, ‘active use vs recovery’ and ‘thoughts on regulations’. A more inductive approach was then used to generate further sub-themes and codes from the data and adjust them to fit more closely with the participants’ insights. For instance, ‘alcohol and social life’ was identified as a sub-theme within the broader ‘themes in advertising’ theme due to it frequently being discussed by participants.

III. Findings of the Study

III.1 Sources of Advertising

***Digital Advertising**

Social media. Four of the ten participants did not encounter social media alcohol ads, with two attributing this to not using social media often in general. The remaining six described seeing ads on Facebook, X (formerly Twitter), Instagram and TikTok. Although some participants were able to successfully block the ads, others felt this was ineffective. For instance, Philip (10 years sober) explained, *“If you’re on Twitter doing a bit of campaigning as I do a little bit of, and you’re bombarded by alcohol marketing, and you block as many of them as you can, but they keep coming, you just think ‘just leave me alone’”*. The most

frequent sentiment regarding social media, expressed by four participants, was that the presence of the alcohol ads was related to their engagement with recovery content: *“My subject’s recovery, which involves drugs and alcohol, so if there’s anything that’s coming up round about drugs and alcohol, these are being posted to me because I’m looking into that”* (Richard, 18 years sober). Three participants described being or having been personally affected by the presence of social media, with one identifying it as their most triggering source of alcohol marketing: *“It does trigger something in your brain a wee bit. I may not do it at the time, but certainly later that day, I will usually think, ‘maybe that would’ve been nice’, but obviously it wouldn’t.”* (Jack, 8 years sober). When asked about the impact of influencer sponsorships, all the participants described either never encountering them or not having an issue with them.

Other digital marketing. When asked about other sources of digital advertising, a few participants described sometimes encountering ads elsewhere online, particularly while browsing the web or on streaming services, such as ITVX, but this was not shown to be a frequent concern.

***Traditional Advertising**

Television. All the participants noted encountering television ads, and half saw them frequently and were personally impacted by them. Ads were described to be most prevalent around holidays, sporting events and before and after movies, which makes the marketing more effective. When describing the triggering effects of television ads, some participants described the convivial imagery often used in them; for instance, Noah (46 years sober) described *“Sports, social scenes, everybody happy, smiling faces, warm pubs... that’s what triggers me more I think”*. Richard (18 years sober), who identified television ads as his most triggering source of marketing, expressed the following: *“The ad breaks have usually got*

alcohol or pictures of people in pubs and things like that. It depends on where I am at that time; if I'm not having a great day and I'm watching that, the thought does come into my head that it's tempting". Regarding product placement specifically, most participants described noticing it, particularly noting its subtle nature: *"I think there is no talk show, no Dutch production where there is no drinking. There's always beer on the table. There's always wine on the table."* (Lucas, 16 years sober).

***Radio.** Only one participant described encountering and being affected by alcohol advertising on the radio. Jack (8 years sober), expressed a specific instance where he heard a radio advert at 09:45, 15 minutes before his local shop began to sell alcohol: *"My brain just went into that 15-minute check, which is quite frightening ... To put it on at that time of day as well, at 9:45 in the morning, advertising alcohol, I don't think that's really right."*

***Print advertising.** When asked about print advertising, participants mostly identified receiving supermarket promotional leaflets through their mailbox, which often have alcohol sections, and two found this negatively impactful early on in their recovery. Leonard (10 months sober) said the following: *"In the beginning it was very difficult for me, because when you're not sober so long in the beginning, a few months, the thoughts about alcohol are strong. And I didn't read [them], I put them with the paper waste."*

***Outdoor advertising.** Although some participants described encountering alcohol ads on posters and billboards, few described it as impactful. Dutch participants in particular said that they did not encounter many ads. However, Christmas market stalls and branded lorries were also noted, with one participant describing the triggering effect of encountering alcohol-branded lorries every morning on the motorway, expressing that *"I pass 1000 other lorries, every type of branding I know is on them, and the only one that ever catches my eye is the Guinness one."* (Noah, 46 years sober).

***Event Advertising**

Sports events. Of the participants who engaged with sport, all expressed a belief that it is too intertwined with drinking culture, which was caused mainly by marketing. For instance, Philip described how *“Taking coke and drinking and going to football is a national pastime in Scotland, and we don’t seem to be able to enjoy football without it”*. This effect was often attributed to sponsorships with major alcohol brands, such as Heineken and Guinness, which have become associated with sports. For example, Lucas described *“Now for the first time in the Olympics, the Heineken Holland House [sic] is now called the Holland House, but it’s so obvious that it’s Heineken.”* Noah also noted *“You know the moving ads that go around the football stadiums? Every time the Heineken comes up, it catches my eye”*. Moreover, Joy (8 years sober), sharing this sentiment with several other participants, described that she *“used to be a soccer lover, and watched it a lot, but I stopped that in recovery and that’s partly because of the marketing”*. Similarly, Dennis (9 months sober) felt that football games were *“too dangerous”* for him to attend.

Music events. Several of the participants specifically pointed out a problem with marketing at music events. For example, Lucas noted that *“I don’t think it is possible to have a festival or a concert without it; they pay a lot of money to have their selling points over there”*. The marketing, as well as the general association between attending music events and consuming alcohol, has even prompted several participants to avoid them throughout their recovery. Dennis expressed that *“[The marketing] is also why I don’t go there. I’m now nine months in recovery – I think I can but I don’t know for sure. I’ll wait”*. Furthermore, Laura (4 years sober) explained that *“Although I’m in recovery and everything is going really good, I don’t like to be around a lot of drunk people. [...] I don’t notice [the marketing], I only notice drunk people.”* On the contrary, some of the participants expressed more positive experiences attending music events in recent years, including both conventional and designated drug-free

events. Philip described the reaction of a fellow recovery group member's reaction to his first drug-free music festival, stating *"It was nearly 3000 people there and everybody was having a good time and he couldn't process that"*, adding that *"It shouldn't just be that a music festival involves loads of drug-taking and alcohol; people are allowed to have fun and people can consume alcohol, but lots of people can't."*

***Point-of-Sale Advertising**

Supermarkets and shops. Opinions and experiences regarding the positioning of alcohol in supermarkets were incredibly consistent, with almost all participants expressing that they avoid (or avoided early on in their recovery) the alcohol aisle. Although some participants had to make more significant adjustments, such as having their spouses take over grocery shopping, or going to the local farm foods store instead of the supermarket, some noted that government regulations, such as restricted alcohol sale times, made shopping easier. Noah, in particular, noted the stricter regulations in Ireland, with alcohol being moved to *"locked away areas that can't open before 12 o'clock"*. However, despite regulations becoming more widespread, most participants mentioned that the largest issue was the placement of alcohol outside of the designated aisle. For example, Philip stated that *"what really triggers people is when they put alcohol in places where you wouldn't expect it, like at the end of an aisle, for example, with a big promotion, and that can hijack people a little bit when they see that"*. Robert also expressed that *"Sometimes even in every aisle, there's some kind of alcoholic drink"* and that it is *"even worse, for me, than seeing it on the TV"*. Some participants also described the effect that this has on their day-to-day life. Joy, whose husband took over the grocery shopping early on, described that it *"felt like a setback in recovery, that I wanted to gain territory back but I couldn't"* and *"To me, a supermarket should be a safe place for people who are trying to get well and to be able to do their daily shopping without being confronted with it"*.

Pricing and discounts. All participants expressed concern over discounting (such as “*buy one, get one free*”, Philip) and the generally cheap selling price of alcohol products. For instance, Laura described that, early in her recovery, she would always notice when her favourite drink was on-sale, triggering thoughts like “*Who would notice it if I bought one bottle and drank it?*”. Scottish and Irish participants described it as less of an issue in recent years, attributing that to regulation around minimum unit pricing, although Richard noted that “*a slab of beer is cheaper now than when I could’ve gotten it years ago, so there’s always ways around it*”. Dutch participants, on the contrary, widely expressed concern over pricing – “*On one hand, the [Dutch] government raises prices by having high taxes, and then the supermarkets lower their prices to attract people*” (Robert).

III.2 Themes in Advertising

***Alcohol and social life.** Most of the participants described a strong association between alcohol and socializing, parties and cheer, which has affected them personally. Joy described the sentiment that “*you can’t celebrate without alcohol, and the marketing plays into that – they show it in a very atmospheric way*”. Noah expanded further on how “*marketing always creates an atmosphere of the buzz*” with “*the guys drinking the pints, the beautiful women coming into the pub at night and everybody singing lovely singsongs*”. Richard, highlighting the triggering effect that such marketing could have, notes “*that upbeat music alongside a party that gets all exciting and looks very inviting for me, and I need to have a wee word with myself*”. This is echoed by Dennis, who expresses “*People, social life, friends, and I think, ‘why can I not do that?’*”

***Emotion regulation.** For many of the participants, alcohol consumption was also associated with an improvement in mood in marketing. This is illustrated by Leonard who describes “*They play on my feeling, that when you drink a glass of wine or beer, I’m gonna be more*

happy with it than without it". Similarly, Joy felt that marketing and media enforced that *"you drink when you feel depressed or sad"*, which was *"impactful for me in the beginning when I was self-medicating with alcohol"*. Furthermore, several of the participants noted the stark contrast between the good mood and excitement shown in advertising, and the reality of heavy drinking. For instance, Lucas expresses that *"In the beginning, when you drink, you feel better, but later on you drink because you have to feel less sick, so there's nothing party and it's not rock 'n' roll"*. Noah echoes this contrast, saying *"That's kind of the continuum – it goes from being the best funny guy at the party, to drinking on your own and being left alone"*.

***Physical imagery.** In contrast to the social and emotional imagery, some participants were attracted mainly by the simple physical imagery of alcohol beverages or their consumption, particularly their past drink of choice. This included, for instance, *"the pouring of the glass from the drink"* (Laura) or *"a pint of beer or Guinness, the one on telly with the condensation"* (Richard). Similarly, Jack expresses *"If it's a nice day for example, then you might start to think of an advert where the guy's having a nice can of lager or whatever it is on a sunny day, and that can be kind a triggering"*.

***Gendered messages.** When asked directly if they feel that alcohol marketing targets men and women differently, most of the participants agreed that it does. Examples such as *"wine and prosecco"* (Jack) for women and *"football and beer"* (Philip) for men were brought up often, as well as *"how cool guys are and how beautiful women are"* (Richard). When asked if they feel that gendered marketing affects them specifically, however, responses were mixed. Richard, for example, said that *"I'm aware of it, and it would annoy me more than anything else"*. Joy, however, who described male-targeted marketing as associated with *"camaraderie and friendship"* and female-targeted marketing with *"sit[ting] back and relax[ing] when you've had a hard day"*, said that, early on in her recovery, she *"had*

no way to relax anymore, that that was taken from me” and that “the marketing just enforced that feeling”.

III.3 Active Use VS Recovery

***During active use.** When asked whether marketing played a role during active drinking, most participants said it did. A large portion attributed this to seeing discounts and pricing in stores, which tempted them into buying alcohol. For example, Laura expressed that she *“didn’t even see it or notice it on the TV – the only thing was [...] the discount papers from the supermarkets, and the first thing I would open was the wine section, see which wine was advertised”*. Echoing other participants, Jack described that pricing took precedence over taste or preference: *“Before we had the minimum unit price and so like 3 bottles of wine for a tenner – I’ll have that, thanks very much. In fact, I’ll just get 6 because that’s £20. [...] I wasn’t really thinking about anything else, to be honest”*. Robert also described that *“if the prices [in the Netherlands] were much higher, then I probably would not have drunk as much as I did”*. Other participants noted the messages and imagery in marketing which played a role. For instance, Lucas described hearing the slogan *“it gets you through the day”* in an advertisement, which was *“leading [him] to go to drink”*. Philip also attributed his early relapses to the notion that *“I can’t have fun anymore, that’s taken away from me now and now my life’s gonna be miserable”* and that *“certainly alcohol marketing doesn’t help with that”*.

***During treatment.** When asked whether marketing played a role in the first stages of recovery, almost all participants described a strong impact, using language such as *“overwhelming”* (Jack) and *“always in your face”* (Richard). Many described both advertisements and discounts as a significant trigger for relapse. Jack, who experienced several relapses early in his recovery, said that *“each one, it was always because there was*

either something advertised or you'd hear something on the radio or you see something on the telly, or social media". Joy also described an instance within the first 6 months of her recovery, where "there was a billboard with a glass of beer and I could taste it, and that made me scared". However, some participants also described that their treatment, such as attending Alcoholics Anonymous meetings, made it slightly easier to cope with the marketing. Leonard expressed that "From the treatment, I'm more aware of what marketing wants from me, and I'm more aware that it's a trick to make me buy alcohol"

***Present day.** The majority of participants expressed that they do not feel a strong impact of marketing in the present day, describing it as more of an annoyance than a significant risk, although most expect some effects to linger. For example, Laura (4 years sober) stated *"I will be in recovery my whole life, I think, and there'll still be triggers, but it's not a part of my life anymore"* and Philip (10 years sober) expressed that *"it still triggers a little bit of thought, but it's easier to bat that thought away now"*. Furthermore, Richard (18 years sober), who described marketing as more of an annoyance, still stated that *"If I'm not in a good place, it's not a good thing for me to be anywhere near any marketing because the thought is there no matter what"*. Most participants attributed this improvement to time and treatment, such as Dennis (9 months sober) describing that *"after six months, it got better and better"*, a duration which was also mentioned by other participants. In addition to the risk of relapse, some participants also discussed the general effect, emotionally, that marketing could have later in recovery, such as Robert (2 years sober), who described that *"there are some moments in which I feel sad that I choose not to drink, [...] I can feel grief"*, but that it is *"a matter of acceptance"*. Similarly, Leonard (10 months sober) stated that *"The first thing I think about alcohol is how much I did like it, and I'm still missing it, but the periods between the feelings of missing it are longer"*. Some also discussed the sense of social othering that people can experience in sobriety: *"If you didn't go and drink [at a festival], there was*

something wrong with you [...], and then so I end up having to say ‘no, I’m driving’, but then it means you can’t really enjoy these things” (Jack, 8 years sober).

III.4 Thoughts on Marketing Regulations

***Thoughts on current regulations.** Most participants described great dissatisfaction with the current regulations around alcohol marketing, pointing to the national impacts of alcohol (*“In Scotland, we have amongst the highest alcohol-related deaths in the world”*, Philip) and the financial interests of the alcohol industry (*“big alcohol makes super normal profits out of the misery of others”*, Noah). Dennis also highlighted the impact of the current volume of marketing on the risk of relapse, and that *“people go in recovery and come back and see everything and drink again”*. However, two Dutch participants expressed their belief that stricter regulation would be unnecessary. Laura discussed that *“there are a lot of addicts, but there’s also a lot of people who just drink a glass of wine or two on the weekends”* and *“I don’t think it’s fair to say to the industry, ‘you can’t have marketing anymore because people get addicted to your products’”*. Similarly, Robert expressed that *“it’s very hard to differentiate in regulation for people who are addicts or not”* and *“I think everybody should have a free choice on how to arrange your life, and some choices are more bad than other choices”*.

***Suggestions for new regulations.** Of the participants who called for more regulations, many believed that it should follow the existing regulations around tobacco, which can be *“a template”* and *“perfectly doable”* (Philip). This includes the existing practice around *“put[ting] it in a separate place that is difficult to access, that you can’t see”* (Philip), as well as that *“on every package you see what smoking can do to somebody”* (Leonard). In addition, some participants expressed the need for a less significant decrease in advertising. Lucas, for

example, stated that *“We learn in recovery that we change and the world doesn't change, but it should be helpful if the advertising is not this intense, if they just show the drink as it is.”*

Similarly, Joy expressed that *“you can't protect me from my own brain, but a little bit of protection would have been nice, just to be able to do my daily living things without being confronted with it so much”*.

***Zero-alcohol products.** When asked directly about their opinions on zero-alcohol (0.0) products, responses were very mixed. Several participants described having no problem with it, and even drinking it themselves. For example, Richard called it *“a good alternative”* which can also help younger people avoid *“the peer pressure of having a drink”*. Robert also called it *“a nice alternative to still have the taste, and not using alcohol”* and expressed that *“I hope that all those big brands like Heineken or Amstel are going to promote alcohol-free beer much more in the future”*. Another group of participants were not against it, but viewed it as just a way of *“promoting their generic brand”* (Philip), especially when used in sponsorships. Moreover, Lucas said that *“When I think about Heineken I don't think about 0.0”*, and *“I think if they [advertise] it, please do it with another name, not the genuine name of the brewery”*. Finally, several participants described being against the use of 0.0 products due to potential triggering effects. For example, Joy described that *“even that smell triggered me in the beginning, so I never drank those, I'm too scared to do that”*. Noah, to illustrate his belief that *“0.0 products are not for alcoholics”* also noted anecdotal evidence of *“Friends of mine who said, ‘ah, should we go back and try a pint of 0.0?’, and next thing they've fallen off the wagon. Because we're not actually chasing the alcohol, we're chasing the excitement”*.

IV. Discussion

IV.1 Sources of Advertising

The first research aim involved an investigation into the unique impacts of four pre-determined types of alcohol advertising on individuals in recovery from alcohol use disorders (AUDs): digital, traditional, event and point-of-sale. To achieve this, participants were asked to describe their experience with each type in separate sections of each interview. Although every type of marketing was described as triggering to some extent, the frequency of exposure and intensity of the impact often varied widely between participants.

Although some participants described not using social media, the others described encountering ads to varying degrees. A concerning finding within this category was that participants often felt that they were targeted by the algorithm as a result of engaging with AUD recovery content online, which may pose a great risk for individuals wishing to use social media as a recovery resource. This is particularly concerning in the context of prior experimental research, which indicates that seeing online ads can influence intention to consume alcohol, an effect which is increased by the level of risky alcohol use (Alhabash et al., 2016). As some participants also claimed to not be able to block the advertisements, this may be a point of interest for further regulation regarding digital alcohol advertising.

Of the traditional types of alcohol advertising, which were broken into the further categories of television, radio, print and outdoor advertising, only television was widely discussed as impactful and triggering. The participants cited concerns around the imagery used within the adverts, conveying cheerful and convivial energy in association with alcohol, as well as their prevalence around other alcohol-related cues such as holidays and sport events.

Although not all participants had a personal interest in sport or music events, event marketing was often indicated to be a problem. In particular, the frequent sponsorships of large alcohol brands within the sporting world were widely discussed, as well as cultural tendencies (in all three countries) to combine watching sports with drinking alcohol. These factors encouraged several of the participants to stop watching or attending games, even when they were previously fans. This was also the case in relation to music events, as many participants felt they were too risky to attend due to their association with drinking.

Point-of-sale marketing was, by a large margin, the most commonly expressed concern among participants, with all indicating at least some level of disruption associated with it, particularly in early recovery. This included having to make adjustments to their day-to-day life, from avoiding the alcohol aisle at the supermarket to delegating grocery shopping entirely to their spouses. Although some Scottish and Irish participants noted that the current regulations, such as designated alcohol sections, have been helpful, many supermarkets do not seem to adhere fully to those rules, and the placement of alcohol promotions in random sections of the supermarket can be very triggering, which is echoed by previous research (Nakamura et al., 2014). As individuals in recovery from AUD can be susceptible to attentional bias (Cox et al., 2002), the presence of alcohol products in neutral environments can be a trigger for relapse. The experiences of the participants in this study have also been echoed by previous qualitative research (Shortt et al., 2017), in which all participants also expressed significant concerns with the retail environment. Discounts and the general pricing of alcohol products have also been an issue for all participants, with many citing price as an incentive to buy alcohol. This is also supported by previous research (Guillou-Landreat et al., 2020), in which participants were attracted by the pricing of alcohol products, even when they did not consider themselves affected by marketing. In light of these findings, future

research with a specific focus on the effect of point-of sale advertising on individuals in recovery is strongly suggested.

IV.2 General Experiences

The second research aim concerned a more exploratory investigation into the participants' personal experiences of alcohol marketing, including specific themes, messages and imagery they found impactful, the role of time and treatment, as well as their personal opinions on current regulations.

Participants described four kinds of alcohol marketing themes which have been impactful for them personally: (1) alcohol's association with socializing and social conformity, (2) the belief that alcohol can improve mood, (3) visual and auditory stimuli associated with alcohol (cue reactivity; Babor et al., 2017), and (4) gender-specific messages (Atkinson et al., 2024). These findings are echoed by findings from a national survey (Kloosterman, 2023), where Dutch adults described enjoyment, having fun ("gezelligheid"), feeling looser at parties and stress relief amongst their top reasons for consuming alcohol. These reasons are supported theoretically by Cooper's (1994) four-factor model of drinking motives, based on the original theory by Cox and Klinger (1988). The theory identifies four distinct motives for the choice to consume alcohol: conformity (drinking to fit in or avoid social rejection), social (drinking to improve social experiences), coping (drinking to alleviate negative emotions or stress) and enhancement (drinking for positive emotions or enhancement). The findings of the current study therefore indicate that susceptibility to these motives can persist into recovery, and that the use of related themes, messages and imagery within alcohol adverts can directly increase both internal and external motivations to drink. As some participants attributed their early relapses partly to the effect of marketing, stating

that it exacerbated the notion that they could not socialize or have fun without alcohol, the thematic content of alcohol advertisements requires more attention in policy and literature.

Participants were also asked about how alcohol marketing influenced them at different stages: during active use, treatment, and present day. During active use, point-of-sale marketing was the most impactful, with pricing, discounts, and availability driving consumption. During treatment, participants described feeling overwhelmed by marketing but acknowledged that support from programmes like Alcoholics Anonymous helped them cope with it. In the present day, most participants described being less affected by alcohol marketing, but anticipated a lifelong risk of being triggered. They also expressed frustration, grief and social alienation reinforced by marketing themes. This may be an implication for future research, investigating the impact of alcohol marketing and alcohol culture on the quality of life and mental health of individuals later in their AUD recovery journey, beyond the focus on relapse risk.

The participants' views on current regulations varied widely. Most felt they were not sufficient in their respective countries and believed that future regulations should follow the example of tobacco advertising, such as a complete ban on advertising and the introduction of detailed health warnings. Others found some level of alcohol marketing acceptable, but believed that it should be less frequent and intense, particularly to protect people in their early stages of recovery. However, a small number of participants expressed that current regulations are enough, citing personal responsibility and the view that alcohol is still a normal part of life for most people. Opinions on zero-alcohol products were mixed, ranging from support for them and a desire to see more promotion for them, to the opinion that they should be branded under a different name, to the belief that they may trigger relapse.

V. Limitations and Suggestions for Future Research

The findings of this study were impacted by several limitations which are important to discuss. As all qualitative studies, it relied solely on self-reported data which is susceptible to biases such as social desirability and recall inaccuracies. Furthermore, it was difficult at times throughout the interview and analysis process to disentangle the impact of marketing from broader culture experiences. For example, participants' decisions to avoid music events may have been influenced by general drinking culture rather than on-site alcohol marketing, although these factors are likely interconnected. Therefore, it would be beneficial for future studies to include more quantitative elements, such as cross-sectional observations and even experimental designs. This is particularly important for this population, as Guillou-Landreat and colleagues (2020) have found that individuals in recovery may underestimate the personal impact on them of alcohol marketing exposure.

Due to the qualitative study design, the study also included a very small sample size of just ten participants, meaning that the findings cannot be reliably generalized to the entire population of those in recovery. This has resulted in great heterogeneity between the participants' demographics. Firstly, the range in the duration of their sobriety (9 months to 46 years) could have affected the findings as marketing appeared to be much more impactful in early recovery. Secondly, the participants varied in age and skewed slightly older (46 to 73 years), potentially affecting the sources of marketing they may be exposed to. Thirdly, as gendered marketing can affect men and women differently (Atkinson et al., 2024), the inclusion of just two women in the study may have influenced the results. Finally, the recruitment of participants from three countries – the Netherlands, Scotland and Ireland – also further complicated the findings. In addition to affecting generalization, the regulations, and to a lesser extent the culture around drinking, varies slightly between the three countries. These factors highlight the need for more large-scale quantitative studies and surveys.

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Appendix A

Semi-Structured Interview Questions

Conclusions: Warming up:

1. Demographics – gender, age, how long are you into your recovery?
 - Is there anything else about your recovery journey which you feel is relevant to the topic of alcohol marketing?
2. When thinking about alcohol marketing, are there specific instances of it which you can recall?

Types of marketing:

3. Can you describe your experience with digital marketing?
 - Ads on social media?
 - Ads elsewhere online, e.g. on-demand streaming, websites, email mailing lists?
 - Social media influencer sponsorships?
4. Can you describe your experience with traditional media marketing?
 - Television and streaming, incl. product placement?
 - Radio?
 - Print (magazines, newspapers)?
 - Posters and billboards?
5. Can you describe your experience with event marketing?
 - Sports events?
 - Music festivals and concerts?
6. Can you describe your experience with point-of-sale marketing?
 - Supermarkets and other retail spaces?

General experiences:

7. How do the messages and imagery advertisements influence your perception of alcohol consumption?
 - Are certain images more impactful than others?
8. Do you find that alcohol marketing targets men and women differently?
 - If yes → what have your experiences been with that?
9. How did alcohol marketing influence your drinking behavior while you were still in active use?
 - Any specific instances?
10. How did alcohol marketing influence your drinking behavior while undergoing treatment?
 - Any specific instances?
11. How does alcohol marketing affect you now, whilst in recovery?
 - Any specific instances?

- Do you find that there is a difference, compared to active use or treatment?
12. What are your thoughts on the current regulations surrounding alcohol marketing?
- Do you believe there should be more restrictions?
 - If yes, what kind of restrictions would you suggest?
 - How do you feel about alcohol-free beer?
13. Is there anything else you would like to share?