

Construction of Alcohol-Related Risks and Harms in Public Health Advertising against Underage Drinking

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1 Introduction

Underage alcohol consumption has been linked to risks of major harm to young people, including physical and mental health, cognitive development and social risks⁹. Despite this, parents may choose to supply alcohol to their children on occasions on the assumption that drinking under parents’ supervision reduces potential harms^{2,5}. Parents may also let their children drink due to social pressure from other adults in the situation, or pressure imposed by the knowledge or perception that other parents are also allowing underage drinking². This practice has been advised against by various public health campaigns, with a varying degree of effectiveness⁵. This raises the question as to what constitutes effective messaging.

2 Aim

The aim of this study is to investigate how **risk discourses** are constructed in public health advertisements against underage alcohol consumption.

Risk discourses

Risk is the **potential adverse outcome** as a result of an event or action⁸. Risk is often linked to alcohol consumption, particularly of adolescents. In this study, **risk discourses** are defined as the shared knowledge and understandings of risk that are constructed via the use of language and other meaning-making resources⁸. In public health advertising, risk discourses are often mass communicated in the form of **expert knowledge** and guidance to educate the ‘uninformed public’ and compel citizens to modify their behaviours and manage risks accordingly¹. With risk discourses being central to the ways potential health threats and dangers are perceived and countered, the analysis of risk discourses in public health advertising provides unique insight to the **communication of risk information** and how it may influence people’s behaviours and actions relating to risks⁸.

3 Methodology

The study used the method of **social semiotic multimodal discourse analysis** to understand the choices of language, image and sounds being used to construct alcohol-related risks and harms for young people in the advertisements. The analysis is multimodal in nature, i.e., looking at the combination and configuration of various meaning-making resources as a whole - rather than separately⁷. Social semiotics sheds light on how **choices of meaning-making resources** may construct effective public health messaging to produce desirable effects, i.e., influence people’s understanding and behaviours relating to alcohol-related risks.

A case study was conducted using **Alcohol.Think Again** advertising campaigns (WA, Australia), which were aimed at parents of adolescents (aged 12-17) to discourage alcohol supply to their children.

Social semiotics

Social semiotics looks at **the social functions of meanings**, which are constructed by the choices of meaning-making resources and shaped by situational and sociocultural contexts^{6,7}. Unlike traditional semiotics and structural linguistics, social semiotics highlights the meaning makers’ **agency and intentionality** in selecting the most apt resources to convey desired meanings and guide the audience towards the preferred interpretations⁷.



I see



I need you to say no



We all need to say no

1.

2.

3.

Images from <https://alcoholthinkagain.com.au/>
Use of copyrighted images courtesy to Mental Health Commission, WA State Government

4 Findings and discussion

Multimodal analyses show how semiotic resources are selected to communicate risks related to underage alcohol consumption to parents of young people. Each campaign made use of **different discourses of risk**.

Campaign 1 features risk discourses as **experts’ warnings about the harms of alcohol** through:

- use of verbs to characterise harms as an observable, material ‘action’ (“...*the harm alcohol does*”) to young people;
- visual depiction of medical experts (doctor, medic, psychologist) delivering the messages;
- dark, grim imagery of the harms accompanied by voiceovers in deep tones and harsh timbres which highlight severity.

→ Grim consequences given by experts that appeal to one’s emotions form a ‘semiotics of fear’ to nudge the audience to do the ‘right’ thing.

Campaign 2 features risk discourses highlighting **parental self-responsibility** in a direct message from young people to the audience/parents, through:

- use of vocative “*Mum, Dad*” and second-person pronoun “*you*” to address the target audience directly; stressed by a dark, harsh tone and grim facial expressions;
- contradictory depictions of young people as both risk-knowledgeable and irrational risk-takers which emphasise parents’ role as the responsible adult to make the ‘right’ decision.

→ To say ‘no’ to alcohol is framed as synonymous with being a ‘good’ parent, which requires self-responsibility to manage risks for their children.

Campaign 3 features risk discourses highlighting **collective responsibility** of members of a community to manage risk, through:

- use of plural first-personal pronoun “*we*” alongside adverb “*all*” highlighting inclusivity of the message;
- visual depiction of strangers in a family setting, who are heard urging and praising the father for refusing to supply alcohol, suggesting this is a socially approved choice.

→ Portraying cultural unacceptability of risk behaviours frames alcohol supply control as a whole-of-community responsibility.

Using the various risk discourses, the campaigns thus imagine an **‘ideal’ version of the Self and the community**, which envisages alcohol supply control as the cultural norm and expected behaviour to be understood and followed accordingly³. These visions of selfhood and community, thus, form parts of the **‘governmental technologies’** to regulate the actions and behaviours of people in a neo-liberal society^{3,8}, including alcohol supply to young people.

5 Conclusion

The findings demonstrate the construction of various risk discourses across multiple semiotic resources, which vary from **experts’ warnings** of serious adverse outcomes, to risk management as **parental individual self-responsibility** and **collective responsibility** as part of community membership. Altogether, they form a cohesive message to encourage the ‘correct’ behaviours to manage alcohol-related risks for young people. The study has illustrated how choices of words, images, and sounds work individually and together to create public health messaging, which may inform the design of effective alcohol-related risk communication aimed at behaviour change to reduce alcohol-related harms among young people. However, this study is limited in that it lacks the perspectives of the audiences, which may differ from what the advertisements have intended and potentially affect the effectiveness of public health campaigns and guidelines for underage alcohol consumption. As such, an agenda for future research is to **incorporate interviews with audiences** to understand their interpretations of the texts in relation to their own lived experiences and worldviews for better impact.

Key references

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