

As part of the review, 8 902 articles were screened and 107 scrutinised. Many well-known regression analyses for Organisation for Economic Co-operation and Development (OECD) and US data on advertising and consumption did not meet the study inclusion criteria, largely because the timing of the intervention could not be determined.^[2] Of four eligible studies, one was a small randomised controlled trial (RCT) that evaluated drinking behaviour of 80 young Dutch men who were exposed to movies having either low or high alcohol content together with commercials for alcohol products or neutral content (surrogate for a ban on alcohol advertising). The others were interrupted time series (ITS) studies conducted in Canada, with one evaluating what happened after a 58-year ban was lifted and the remaining two evaluating what happened after advertising bans were implemented in two provinces. The ITS studies evaluated different forms of banning with the effects of either full or partial bans of advertising and in some cases for specific types of alcohol.

The low-quality data from these studies did not show clear effects either for or against restricting or banning alcohol advertising. The RCT^[3] showed that men exposed to commercials with a neutral alcohol content drank significantly less than men exposed to alcohol commercials during a 1.5-hour follow-up period. However, this study and the three ITS studies all suffered from methodological biases.

The Cochrane Review found a lack of robust evidence for or against advertising bans or restrictions. It does not say that bans do not work; we do not know. Given that evidence is one component informing policy, decisions to ban alcohol advertising should transparently reflect other important factors, including resource considerations, feasibility, values and preferences that may inform the final recommendation.^[4,5] If the political appetite in SA is for banning advertising, we recommend that this be implemented in a research context. This should be a rigorous ITS study where data are collected at at least three time-points before and after implementation of a ban and include monthly industry (sales) data supplemented with household surveys to assess individual-level consumption.

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Implications of Cochrane Review on restricting or banning alcohol advertising in South Africa

To the Editor: A letter in *The Lancet* in June 2014 reported on delays in legislating an alcohol advertising ban in South Africa (SA).^[1] These delays resulted from the addition of an independent regulatory impact assessment due to be completed in 2014. A Cochrane Review on restricting or banning alcohol advertising to reduce alcohol consumption^[2] was published in November 2014 and should inform policy deliberations.

1. Parry C, London L, Myers B. Delays in South Africa's plans to ban alcohol advertising. *Lancet* 2014;383(9933):1972. [[http://dx.doi.org/10.1016/S0140-6736\(14\)60954-5](http://dx.doi.org/10.1016/S0140-6736(14)60954-5)]
2. Siegfried N, Pienaar DC, Ataguba JE, et al. Restricting or banning alcohol advertising to reduce alcohol consumption in adults and adolescents (Review). *Cochrane Database of Systematic Reviews* 2014;11(CD010704). [<http://dx.doi.org/10.1002/14651858.CD010704.pub2>]
3. Engels RC, Hermans R, van Baaren RB, Hollenstein T, Bot SM. Alcohol portrayal on television affects actual drinking behavior. *Alcohol* 2009;44(3):224-249. [<http://dx.doi.org/10.1093/alcalc/agg003>]
4. Lavis JN. How can we support the use of systematic reviews in policymaking? *PLoS Med* 2009;6(11):e1000141. [<http://dx.doi.org/10.1371/journal.pmed.1000141>]
5. Oxman AD, Fretheim A, Schünemann HJ and SURE. Improving the use of research evidence in guideline development: Introduction. *Health Res Policy Syst* 2006;4:12. [<http://dx.doi.org/10.1186/1478-4505-4-12>]

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