

Submission to the Committee of Advertising Practice (CAP)

CAP Consultation: food and soft drink advertising to children

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Introduction

The Institute of Public Health in Ireland

The remit of the Institute of Public Health in Ireland (IPH) is to promote cooperation for public health between Northern Ireland and the Republic of Ireland in the areas of research and information, capacity building and policy advice. Our approach is to support Departments of Health and their agencies in both jurisdictions, and maximise the benefits of all-island cooperation to achieve practical benefits for people in Northern Ireland and the Republic of Ireland.

IPH welcomes the opportunity to submit to the CAP consultation on food and drink advertising to children. Both the Republic of Ireland and the United Kingdom are signatories to the UN Convention on the Rights of the Child which state that children should be entitled to the highest attainable standard of health and to protection from exploitation (United Nations, 1989). The World Health Organization (WHO) and the Government of South Australia, 2010) ethos is for a ‘health in all policies’ approach to decision-making; this recognises the role that all sectors have to play in creating conditions conducive to healthy living and choices.

Poor quality diet and overweight/obesity are significant threats to public health across Ireland and the United Kingdom. One in four children in the Republic of Ireland is either overweight or obese (Heinen et al, 2014). In Northern Ireland, 21.2 per cent of Primary 1 children and 27.8 per cent of Year 8 children measured in 2014/2015 were considered overweight or obese (Public Health Intelligence Unit, 2016). IPH is particularly concerned by the health inequities dimension to overweight/obesity and its associated burden of disease. It is adults and children in the lowest socio-economic groups who are impacted most by this disease burden (WHO, 2013).

IPH has an extensive portfolio of work in this area. This includes: the *Obesity Hub*¹ an online resource providing access to the best international evidence on obesity; submissions² to the Broadcasting Authority of Ireland on advertising of high in fat, salt or sugar (HFSS) foods to children; and also includes the first Health Impact Assessment (HIA) of a sugar sweetened drinks tax³ for the Republic of Ireland that had the intention of addressing overweight and obesity.

IPH is concerned by the partial self-regulating nature of advertising standards in the UK. There are conflicts of interest inherent in such mechanisms (University of Liverpool et al, 2015) and *self-regulation is unlikely to lead to wholesale change in the balance of what food is marketed to children* (Adams et al, 2012:5). However, working with industry as part of a regulatory mix is an essential component of ensuring measures work.

Restrictions on HFSS product advertising

1 (a) Should the CAP Code be updated to introduce tougher restrictions on the advertising of products high in fat, salt or sugar (HFSS)?

IPH welcomes the CAP consideration of tougher restrictions on the advertising of HFSS products. Children and young people across the UK and Ireland are exposed to the same media, both broadcast and non-broadcast. IPH has a remit for public health across the island of Ireland and therefore welcomes the protection of our young people from exposure to unhealthy products being marketed across borders. Aside from our concerns about overweight and obesity, there are other health impacts of HFSS product consumption, in particular dental health.

¹ <http://obesity.thehealthwell.info/> [Accessed 6 July 2016]

² <http://www.publichealth.ie/document/iph-response-broadcasting-authority-ireland-childrens-commercial-communications-code> and <http://www.publichealth.ie/document/iph-response-broadcasting-authority-ireland-bai-general-and-childrens-commercial> [Accessed 6 July 2016]

³ <http://www.publichealth.ie/news/other-news/proposed-sugar-sweetened-drinks-tax-health-impact-assessment> [Accessed 6 July 2016]

To fully address dietary issues across the UK and Ireland, a suite of measures is required. *A Fitter Future for All*, Northern Ireland's obesity prevention framework, intends to reduce overweight and obesity by 2022 through increasing the percentage of people eating a healthy, nutritionally balanced diet and to increase the percentage of the population meeting physical activity guidelines. Aznar et al (2016) have recently recommended that a comprehensive childhood obesity strategy is needed that would include addressing food advertising and promotion, sugary drink taxation, and product reformulation. There is no one measure that will resolve the problem, rather addressing food advertising and promotion is one element of a necessary regulatory mix (University of Liverpool et al, 2015).

However, food preferences are influenced by marketing and advertising (Story et al, 2004; Cairns et al, 2009; Kelly et al, 2010; NICE, 2010; WHO, 2010; 2013) and if they were not, it is unlikely that industry would waste considerable resources on these measures, as evident by figures provided in Annex 7 of the consultation document. In support of this, the WHO (2013) states that online advertising expenditure in 2010 for the UK was €10 billion, while 65 per cent of 5-7 year olds, and 85 per cent of 8-11 year olds in the UK in 2011 are accessing the internet through home computers. Overall, it is estimated that children in the UK present a marketing opportunity worth £99 billion (Safefood, 2015). The UK has the highest expenditure on internet marketing when compared to 16 other countries (Safefood, 2015). Where industry have raised questions about the evidence base (as in the pre-consultation phase), the precautionary principle should be used. Therefore, restricting children and young people's exposure to HFSS product advertising in non-broadcast media is welcomed.

1 (b) Should CAP use the existing Broadcast Committee of Advertising Practice (BCAP) guidance on identifying brand advertising that promotes HFSS products to define advertising that is likely to promote an HFSS product for the purposes of new and amended rules?

IPH agrees with the uniformity of using BCAP guidance for the new and amended rules as a sensible approach, assuming that BCAP guidance has been found to be a comprehensive method based on previous experiences. However, IPH notes that 13.9, 13.10, 13.11 relate only to HFSS product advertising to pre-primary and primary school age children, and in the context of potentially raising the age (4(b)) to aged 15 or younger for media placement restrictions, IPH believes that these clauses should also include older children.

Selecting a nutrient profiling model

2 Should the CAP Code adopt the Department of Health (DH) nutrient profiling model to identify HFSS products?

IPH supports the use of the UK Department of Health's nutrient profiling model to identify HFSS products. This model is also used by the Broadcasting Authority of Ireland and would facilitate a uniform approach across the two jurisdictions where, as mentioned, children and young people are exposed to both UK and Ireland broadcast and non-broadcast media. However, IPH believes this model should be subject to regular review to ensure an up-to-date evidence base underpins the model. Should more robust models be implemented in other jurisdictions in the future, these models should be considered as alternatives (for example, the WHO Europe nutrient profiling model) in both the UK and Ireland.

Existing prohibitions on the use of promotions and licensed characters and celebrities

3 There are existing rules in place relating to the creative content of food and soft drink advertising directed at children aged 11 and younger. Should these rules now be applied to advertising for HFSS products only?

IPH welcomes this innovative approach however we would cautiously recommend restricting this to HFSS products only. The concern is that HFSS products could be advertised under this wider creative banner via loopholes, as identified in the BCAP

guidance. Marketing is no longer restricted to product awareness; it is now a multifaceted approach including brand awareness, customer relationships and co-product advertising (Cairns et al, 2009). Therefore, there is the potential that more healthy foods and drinks that meet the criteria for the wider creative content band could be used to promote HFSS products. For example, IPH notes that diet versions of soft drinks may not be excluded from regulations using the Department of Health's nutrient profile model and could be used as a vehicle for raising brand awareness and encouraging sugar sweetened drinks consumption. This is of concern given that sugary drink consumption is clearly a government priority as identified in the March 2016 Budget.

Introducing media placement restrictions

4 (a) Should CAP introduce a rule restricting the placement of HFSS product advertising?

IPH would welcome restrictions on the placement of HFSS product advertising as appropriate, for example, children and young people may not constitute the direct or even significant proportion of the audience for billboard media however children and young people are certainly exposed to these forms of advertisements. In order to address the increasingly sophisticated methods to access children and young people through non-broadcast media, IPH welcomes advertising restrictions on the placement of HFSS products. Young people are unable to fully recognise the intent of marketing and do not demonstrate a critical understanding of advertising until they are in their pre-teen years (Story et al, 2004; Aznar et al, 2016). In addition, Aznar et al (2016:33) states that:

Children are nowadays exposed to HFSS advertising through many different media and is often not recognised as advertising. Indeed promotional tools like sponsorship, product placement and advergames are designed to disguise their commercial intent and get under the viewer's cognitive radar.

In addition, in non-broadcast media there is less control over who is viewing advertisements than broadcast media which parents may have greater control over. For example, although certain social media sites may state that there is an age limit, there is no way of enforcing this.

4 (b) If a media placement restriction is introduced, should it cover media directed at or likely to appeal particularly to children:

- i) Aged 11 or younger?**
- ii) Aged 15 or younger?**

Where these are the only bands being considered, IPH would endorse a restriction relating to children age 15 or younger. This age band is in line with the Ofcom regulations relating to advertising restrictions for food and beverages during TV programmes which appeal to children. In the Republic of Ireland, IPH has recommended that broadcast advertising restrictions of HFSS foods and drinks apply to people aged under 18 (where the audience is expected to comprise 50 per cent or more of people under the age of 18) for a less complex approach. In addition, older children are more likely to have disposable income independent of their parents and therefore have greater access to HFSS products than younger children who rely on ‘pester power’. Older children are also more likely to have greater exposure to non-broadcast media.

Defining the audience

5 It is often straightforward to identify media targeted at children. Where media has a broader audience, CAP used a “particular appeal” test – where more than 25% of the audience are understood to be of a particular age or younger – to identify media that should not carry advertising for certain products.

Should the CAP Code use the 25% measure for the purpose of restricting HFSS product advertising?

While this is a useful measure, it has often been shown that children and young people are exposed to media outside of the expected targeted audience, for example with television programming children often watch family programming rather than, or as well as, children’s programming (Adams et al, 2012; WHO, 2013). This is even more likely in the case of non-broadcast media. Publications, movies-at-home, games and other online

resources do not have monitored age restrictions and can be accessed at any time, unlike television which has watersheds.

It can be difficult for parents to monitor what their children are seeing when using personal internet-accessible devices, and many of the marketing techniques used would not be immediately obvious without ongoing monitoring. Therefore IPH would endorse a wider test than the 25% particular appeal test.

Application to different media

6 Should CAP apply the placement restriction on HFSS product advertising to all non-broadcast media within the remit of the Code, including online advertising?

IPH endorses the restriction of HFSS product advertising to all non-broadcast media. Children and young people are exposed to a barrage of marketing messages, in particular online. Spotify and YouTube were particularly mentioned in a recent study (Aznar et al, 2016) with young people as sites where they are exposed to adverts. Children at a particular stage in their cognitive development may be aware they are being marketed to, and they may also have knowledge of what is unhealthy. However although children are increasingly aware and knowledgeable about their exposure to HFSS product advertising, these marketing tools have simultaneously become more sophisticated. Methods such as subtle devices within advergames, where the buttons are branded, or where users are encouraged to provide personal details and to refer friends to these sites or where children are encouraged to devise their own advertisements circumventing regulations, are reminders of how the tobacco industry has similarly attempted to circumvent international codes and promote their products through parallel branding and alternative marketing (see Hafez et al, 2006; Hendlin et al, 2010). In light of the constantly changing environment, it is essential that any advertising codes are regularly monitored and reviewed for effectiveness and have the ability to quickly respond if industry attempts to circumvent restrictions.

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