Response to Television Advertising of Food and Drink Products to Children

From Consensus Action on Salt and Health

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CONSENSUS ACTION ON SALT AND HEALTH (CASH)

Consensus Action on Salt and Health (CASH) is a group of medical scientists who are the leading experts in the UK on the relationship between salt and blood pressure. CASH was set up in 1996 to try and reach a consensus with the food industry about the importance of salt in elevating blood pressure and to devise strategies to reduce salt intake in the UK in order to reduce the very large number of unnecessary strokes, heart attacks and heart failure. As far as it is able in conjunction with the food industry, Department of Health and the Food Standards Agency, CASH will seek to ensure that the target of 6 grams for all adults and much lower targets for children are achieved within five years. For further information please go to www.actiononsalt.org.uk.

CASH is pleased to have the opportunity to comment on the Office for Communications (Ofcom) proposals to regulate television advertising of food and drink products to children and welcomes the need to address this important issue.

General Comment on the proposals

CASH believes that OFCOM should consult on all the advertising restrictions that will be most effective in protecting the future health of children. None of the three proposals included in the current consultation go far enough in protecting children from the effects of advertising foods that are high in fat, salt or sugar (HFSS). It is estimated that children from the age of 3-4 consume approximately 9-10g of salt/day[1]. This is 3 times the recommended intake for children aged 4-6 years, approximately 2 times the guideline amount for children aged 7-10 years old, and 1.5 times the recommendation for children aged between 11-14 years [2].

Children's diets can have an impact on both their current health and can greatly influence the development of diseases later in life. The focus of the document from the Foreword onwards states that restrictions are necessary to deal with the increasing prevalence of obesity. Although this may be a key driver, it is important that the public understands that obesity is only one outcome of poor dietary patterns, and that there are wider implications for health. This is mentioned in 2.5, page 14, but it is our view that the additional effect of diet on health other than obesity deserves greater prominence.

A high salt diet in childhood predisposes an individual to a number of health problems including: high blood pressure [3 1 4 5 6 7 8] which leads to increased

risk of heart disease and stroke; osteoporosis [9] [1]; aggravated respiratory illness such as asthma[10] [11] [12] and stomach cancer [13]. Additionally, a high salt diet increases fluid consumption**.** A large proportion of a child's fluid intake comes in the form of soft drinks, therefore this increased consumption could have an influence on the rising incidence of obesity and tooth decay in children. A high salt intake also makes children thirstier, if fluid consumption is not increased this will affect concentration.

In order to bring down the levels of salt consumption children need to reduce their intake of processed foods high in salt such as crisps and fast food products. Many of these are currently regularly advertised during television programmes that children are watching as well as those directly aimed at children. In not consulting regarding a pre-9pm watershed ban of advertising HFSS products it would appear that Ofcom has lost sight of the brief it was given which was to protect children from the current barrage of junk food advertising. Here Ofcom seems more concerned with protecting the interests of broadcasters and advertisers.

In relation to the distinction made between younger and older children on grounds of their cognitive ability *("media literacy")* to interpret advertising critically (paragraph 1.13), we would recommend a precautionary policy with children up the age of 12 highlighted as particularly vulnerable. This is because it is *after* this age that children are deemed to be able to distinguish between advertising and 'normal' programming.

Consultation Questions

Question 1: Do you agree that the regulatory objectives set out in paragraph 5.2 above are appropriate?

CASH does not agree that the regulatory objectives set out in section 5 are entirely appropriate. Ofcom states that segmenting television audiences divides children into two age brackets from 4-9 years and 10-15 years and proposes that regulation is only aimed at those under 10 years. If this paragraph is referring to the research referred to in 1.13 then it actually states that "by the age of 11-12, children have developed a critical understanding of advertising." Therefore, the definite age of this understanding is 12 and not 10 so if groups are to be considered it should be 4-12 and 13-15.

With the current recommendations CASH is concerned that children in the 10-15 years age bracket are being excluded and as such it is irresponsible for Ofcom to simply redefine the definition of 'child' to suit a regulatory purpose. All children require protection and policy restrictions should apply accordingly. CASH feels that children of this age are more likely to be making purchases independently of their parents, and should therefore be protected from persuasive advertising. Furthermore, although 11-12 may be the age at which children discriminate between different adverts and programmes, it does not imply this is a suitable age for them to make judgements about different advertising.

Additionally, CASH would like clarification of what is meant by 'adult airtime' as quoted in objective 4, as research indicates that a large number of children watch television up to 20.00hr and even beyond this. CASH also feels that an additional objective should be added to promote or facilitate the advertisement of healthy foods.

Question 2: Do you consider that it is desirable to distinguish between foods that are high in fat, salt or sugar and those that are healthier in order to achieve the regulatory objectives, or could an undifferentiated approach provide a reasonable alternative?

A differentiated approach which distinguishes between foods that are high in fat, salt or sugar and those that are healthier is essential both to achieve the regulatory objectives and to enable advertising of healthier products. As stated in the report, HFSS products account for 82-92% of all food and drink advertising before 9pm or in children's airtime (Table 1 – page 21). The only arguments for including "all foods" in regulatory restrictions as opposed to just HFSS products appear to be commercial ones (criticism of nutrient profiling; "discrimination" against particular market sectors etc). It is CASH's opinion that it is not in the public health interest or protection of commercial interests to limit advertising of healthier options and we would therefore support the option aimed at HFSS, leaving some scope for the promotion of "healthier" products which is essential for communicating healthy eating messages to children.

Question 3: If so, do you consider the FSA's nutrient profiling scheme to be a practical and reasonable basis for doing so? If not, what alternative would you propose?

CASH supports the FSA model in principle when applied in the context of this purpose. We feel that given the scientific scrutiny the profiling scheme received, the FSA model is the best available at present therefore we agree that the FSA's scheme is appropriate.

It has been reported in the media that industry is seeking to arrive at its own nutrient profiling system as part of their submission to this consultation. To be clear, we do not accept any nutrient profiling system that is based on:

- Industry defined portion sizes.
- Distinguishing only between foods within categories (e.g. where the healthiest section of each food category, however unhealthy the category, is highlighted as healthy).

Question 4**: **Do you agree that voluntary self-regulation would not be likely to meet Ofcom's regulatory objectives or the public policy objectives?

CASH agrees that voluntary self-regulation would not meet either Ofcom's regulatory objectives or the public policy objectives. Although CASH is

encouraged by the progress made by industry on various aspects regarding nutrition e.g. reformulation of products, improved front of pack labelling schemes etc, in order to maximise public health protection regulation must be consistent and sustainable across industry sectors. The current levels of self-restraint are not guaranteed once the threat of imposed regulation is lifted.

Question 5: Do you agree that the exclusion of all HFSS advertising before 9.00pm would be disproportionate?

It is CASH's view that exclusion of all HFSS advertising before 9:00pm *would not* be disproportionate for the following reasons:

1) A 9pm watershed would remove 82% of the recorded HFSS advertising effects on all children aged 4-15 years. Ofcom's own report, and FSA research outlines the benefits of this: primarily the nation benefiting by up to £990 million a year, equating to some 2000 lives saved a year. A 'common sense' definition of proportionality would be that the benefit is greater than the cost. The table below shows that, according to the Value of Life assessment used to calculate the medical cost, lost output and human cost of obesity, the benefits of a pre-9pm watershed restriction significantly outweighs the cost:

	Cost (£m pa)	Benefit (£m pa)	**Net benefit (£m pa)**
Low	103	245	**142**
Medium	141	495	**354**
High	166	990	**824**

2)

i) in 2005 69% of all children's viewing took place *outside* "children's airtime". In fact, for 4-9 year olds only 24% (3.7 h /week) of viewing was in dedicated children's commercial airtime, and for 10-15 year olds 10.8% (1.7 h /week). See table of BARB data on page 27 of research annexes volume;

ii) the figures on page 25 indicate that the "viewing profile" of children gives a misleading impression. Although a greater proportion of morning viewers are children, the absolute numbers are actually much greater in the evening. In fact there are more children watching at 21:00-22:00 than between 16:00-18:00, and apparently about 250,000 4-9 year olds per week watching right through until 23:00.

Ofcom's second objection to the pre-9pm watershed is listed in paragraph 5.20 of the consultation document: *"...rather than being a targeted measure on younger children, its effect would be to restrict the viewing of audiences other than younger children. It would prevent adults from viewing advertisements for most HFSS food and drink products aimed at them, and could well make television an unattractive medium for manufacturers."*

As demonstrated above, children do not just watch children's television. This means there is an even stronger case for HFSS food advertising restrictions during early evening family viewing than during traditional children's TV slots. We do not dispute the right of companies to advertise to adults. However, we cannot agree with Ofcom's view which seems to be that the right to advertise to adults is more important than the need to protect children. Our view is that it is vital to protect children from HFSS food advertising, and if that means that some adverts that would be primarily viewed by adults can no longer be shown, so be it.

We believe that the application of the precautionary principle (as recommended to Ofcom by the FSA) should mean that, where there are competing imperatives, children's health should be placed first.

We do not feel that it is disproportionate because the original remit from the Government is to restrict the promotion of HFSS to children. A total ban on advertising of HFSS products until 9pm is the most effective manner of doing this. It is not in the interests of public health to put commercial interests before the health of children, especially when improving the health of children is the actual remit.

Question 6**: **Do you agree that all food and drink advertising and sponsorship should be excluded from programmes aimed at pre-school children?

Yes.

Question 7: Do you agree that revised content standards should apply to the advertising or sponsorship of all food and drink advertisements?

CASH recommends that restrictions should only be placed on the advertisement of HFSS food and drink and the ability to promote the consumption of healthy foods, as deemed appropriate by regulators, should be retained.

Question 8**: **Do you consider that the proposed age bands used in those rules aimed at preventing targeting of specific groups of children are appropriate?

CASH refers you to our response to question 1, regarding our concerns that children in the 10-15 years age bracket are being excluded, that only children aged *11-12* have developed a critical understanding of advertising so this should be 4-12 and 13-15. However, we strongly believe that all children require protection and policy restrictions should apply accordingly.

Question 9: Do you consider the proposed content standards including their proposed wording to be appropriate, and if not, what changes would you propose, and why?

In section 7.2.1 there is no definition of what constitutes 'encouragement'. CASH believe this is too vague and will be difficult to uphold. Therefore CASH

would like this to be more specific and include advertising that portrays HFSS food to be ‘better’ than non-HFSS foods. For example, in a recent Jammy Dodgers advert the product comes to life and kicks a bag of sprouts off the table, This type of advert may infer that sprouts are inferior to the product advertised damaging the Governments 5 a day campaign.

In section 7.2.3 it states that promotional offers must not be targeted directly at children in band 1 or 2. CASH refers you to our response to questions 1 and 8 regarding our concerns that the age banding is inappropriate.

In section 7.2.4 it states that celebrities or licensed characters should be used with a ‘due sense of responsibility’. CASH is of the opinion that they should not be used at all in advertising HFSS products to any age children. It is not clear whether “advertiser-created equity brand characters” are allowed to be used to target children in band 1 or 2. CASH does not feel that this should be permitted as it is not possible for younger children to distinguish between adverts and programmes.

CASH questions why commercial product advertising cannot be expected to emphasise ‘good dietary behaviour, an active lifestyle or promote a varied and balanced diet’ if relevant to their products or brand (section 8.3, note 2). CASH feels that this is what advertisers should be encouraged to do.

Regarding 8.3.1, the European Parliament has recently approved rules so that nutritional claims such as ‘low in fat’ cannot be made on food labels when a product is for example, high in sugar or salt. Therefore, we expect the BCAP code to reflect these rules and request this update to be added. Essentially no nutrition claims should be made on HFSS foods.

It is stated in section 8.3.3 note 2, that a ‘variety of other foods should be shown’. CASH would suggest that this should be amended to ‘a balanced meal should be shown’.

Question 10. Do you consider a transitional period would be appropriate for children's channels in the context of the scheduling restrictions, and if so, what measure of the 'amount' of advertising should be used?

We do not believe transitional period is appropriate. The arguments for “phasing in” restrictions appear to be of a commercial nature and not supportive of the policy’s public health objectives.

Question 11**: **Do you consider there is a case for exempting low child audience satellite and cable channels from the provisions of Package 3?

For this policy to be beneficial, uniformity and sustainability is key to the success of implementation. Therefore any element of exemption in any package will only dilute public health benefits; having one consistent message is essential.

Question 12**: **Do you agree that there should not be a phase-in period for children's channels under Package 3?

Please refer to answers 10 and 11 above.

Question 13: Which of the three policy packages would you prefer to be incorporated into the advertising code and for what reasons?

We reject all three policy packages and believe that HFSS food advertising should be restricted to until the 9pm watershed.

Package 1

CASH notes that package 1 is the only package to distinguish HFSS foods from “all foods”. As highlighted in our response to question 2, the arguments for including “all foods” in regulatory restrictions appear to be commercial ones. It is CASH’s opinion that it is critical to have the scope to promote “healthier” products in order to communicate the healthy eating message effectively. Ofcom’s reissued impact assessment significantly reduces the predicted impact from ending 50% of instances of children watching HFSS food adverts down to 39% weakening this package and making it ineffective.

Package 2
The effects of package 2 will be as weak as above with the added negative effect of restricting advertising for healthy food as well as for HFSS food.

Package 3
This is the least desirable of all. It does not differentiate between HFSS and healthy food and it allows advertising during the entire day.

Therefore CASH would recommend a fourth option; to include the fundamental aspects of package 1 incorporating an extension to the 9 pm watershed.

Question 14: Alternatively, do you consider that a combination of different elements of the three packages would be suitable? If so, which elements would you favour within an alternative package?

CASH does not believe any combination of the packages will meet the regulatory objective of significantly reducing instances of children watching HFSS food advertising. This is because none will reduce the amount of HFSS advertising in early evening programmes such as Coronation Street which is watched by many children.

Question 15: Where you favour either Package 1 or 2, do you agree that it would be appropriate to allow children's channels a transitional period to phase in restrictions on HFSS / food advertising, on the lines proposed?

Please refer to answers 10, 11 and 12 above.

***Question 16**: Do you consider that the packages should include restrictions on brand advertising and sponsorship? If so, what criteria*

would be most appropriate to define a relevant brand? If not, do you see any issue with the prospect of food manufacturers substituting brand advertising and sponsorship for product promotion?

We consider it is vital that brands primarily associated with HFSS food are covered by any new restrictions.

An enormous loop-hole would be created in any regulations if companies such as McDonald's were allowed to advertise their brand, even if they were prevented from advertising the vast majority of their products. Their brand is in many ways stronger than their individual products so replacing product promotion with brand promotion will result in little reduction of influence on children. This is similar to Cadbury's sponsorship of Coronation Street. This has increased the overall awareness of their brand as well as individual products. Therefore, advertising brands primarily associated with HFSS food products will have the effect of boosting sales of these products.

CASH believe that restrictions should be applied to brands primarily associated with HFSS products. A possible definition of this could be for brands where more than half of their turnover is generated by HFSS food products.

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