Submission to Committee of Advertising Practices
Non-broadcast food advertising rules – 12 month review
July 2018

Action on Salt
Action on Salt is a group concerned with salt and its effects on health, supported by 24 expert scientific members. Action on Salt is successfully working to reach a consensus with the food industry and Government over the harmful effects of a high salt diet, and bring about a reduction in the amount of salt in processed foods as well as salt added to cooking, and the table. To date we have been successful with many supermarkets and food manufacturers choosing to adopt a policy of gradually reducing the salt content of their products, and a Government-financed campaign to raise awareness of the effects of salt on health.

We thank BCAP for giving us the opportunity to submit evidence. For more information, please contact: Mhairi Brown, Nutritionist for Action on Salt, mhairi.brown@qmul.ac.uk

Our position
The food and drink we now consume is the biggest cause of premature death and disability in the UK and represents a huge burden on the NHS.[1] Too much salt raises our blood pressure, which is the second cause of death after smoking. Our long-term aim is to ensure only healthy products (not high in fat, salt and sugar) are marketed, promoted and advertised. We realise this is ambitious, therefore in the meantime we recommend that current restrictions on advertising should be effectively extended across all forms of non-broadcast media, social media and advertising (including in cinemas, on posters, in print, online and advergames). Furthermore, the use of unlicensed but commonly recognised cartoon characters and celebrity endorsement within children's advertising should not be allowed on HFSS products, including on packaging.

Cigarette advertising has been banned in the UK for many years because it causes cancer and cardiovascular disease, yet HFSS foods and drinks, which are now a bigger cause of death and disability, can be advertised without strong restrictions to vulnerable children, who have no understanding of the dangers of consuming these products.

Definition of HFSS brand adverts
While we appreciate the ASA has made some effort to provide guidance on the use of brands adverts, the existing guidance on what constitutes an HFSS brand advert is vague and lacks clarity. This is particularly problematic when brands are introducing a non-HFSS product and marketing it using strong, established branding cues and assets associated with their HFSS products.

Not only do advertisements for certain branded products make children more likely to prefer and purchase that particular product, it encourages consumption of similar products.[16] The current guidance requires reform to ensure the guidance is strong and clear in its application. We believe there should be clear guidance on what a brand's product portfolio should look like in order to be considered as a non-HFSS brand and this should take into account sales volumes. We encourage ASA to carry out further work to ensure that the CAP guidance is clear and takes into consideration recent evidence around brand advertising.

Evidence of the impact of HFSS marketing exposure on children
There is a substantial body of evidence to demonstrate that junk food marketing negatively affects children's dietary health. Research has shown, in children, junk food marketing is associated with:

- The 'normalisation' of junk food consumption[2]
- Increased preference for junk food[3]

- Greater taste preferences towards advertised products[4,5,6]
- Greater pestering of parents to buy junk food[7]
- Immediate snack food consumption[8]
- Greater intake of junk food and lower intake of healthy food[1] overall[9]
- Increased food intake that is *not* compensated for by eating less at later eating occasions[1]
- Greater body weight[10]

The Bradford Hill causality framework is an internationally recognised and widely-used standard which uses a set of nine criteria to provide epidemiologic evidence of a causal relationship between a presumed cause and an observed effect.[11]

A 2016 study by Norman et al[12] categorised the evidence for food marketing's relationship with childhood obesity against this framework. The results are as follows:

- **Strength of association** ✓
    - Evidence shows that junk food marketing exposure is strongly associated with poor dietary choices and overconsumption of junk food
- **Experimental evidence** ✓
    - Across various study designs using various media, experimental evidence shows that junk food marketing exposure strongly influences the food children prefer, the food they choose and the food they actually eat
- **Dose-response** ✓
    - Evidence demonstrates that as the level of junk food marketing exposure increases, so does the impact of that marketing
- **Consistency of evidence** ✓
    - Various study designs using various media, wide range of countries and ethnicities, evidence consistently shows negative impact on children's food behaviours
- **Temporality** ✓
    - Evidence demonstrates significant effects on children's food behaviours *after* exposure to junk food marketing
- **Plausibility and coherence** ✓
    - Psychosocial theory and biological underpinnings of children's food preference development supports the impact of junk food marketing on food behaviours

25% audience index

This mechanism is ineffective in protecting vast volume of children from HFSS ads. Media which is universally popular with both adults and children would not meet the threshold, even when over a million children are watching. In real terms this means that large numbers of children are being exposed to HFSS advertising when they watch popular video content online and on social media. We are also concerned that HFSS brand owners are unable to access the data needed to definitively prove fewer than 25% of the audience of their chosen online platform are under 16.

Furthermore, when choosing where to target their online advertising, HFSS brands are reliant on information about the age of the audience that is highly likely to be inaccurate. The ASA's own research found that children register on social media using a false age, frequently exposing them to inappropriate advertisements. We share the sentiment of the ASA's Chief Executive: '*On the face of it, our survey suggests that advertisers are sticking to the rules but children aren't. But before we all lay the blame with parents and guardians, we need to be honest: if advertisers and social media companies know that children say they're older than they are, don't they have a crucial part to play too?*'[13]

Lack of compliance
OHA has provided two examples of HFSS brands not complying with the code and placing HFSS adverts directly outside a primary school – where over 25% of the audience are likely to be under-16. Following the first complaint, regarding a Magnum ice cream poster in a bus shelter, ASA contacted Unilever, the brand owner, and the poster was removed quickly. On this occasion ASA considered that this advert was placed in error and closed the complaint without formal investigation.

Several weeks later, OHA submitted a second complaint regarding a KFC Mars flavoured Krushem poster in a phone box outside the same school. On this occasion ASA decided to formally investigate and their draft recommendation is that this is a breach of the code.

We are concerned that these two examples both appearing in the same location, is symptomatic of a wider lack of compliance with this area of the code. We understand that a number of other examples have also been submitted recently.

Awareness of the Rules and Opportunity to Complain
Since the new rules were introduced on 1 July we have seen little evidence of any attempt to make the public aware of their existence.

We noted the comments by the ASA to the Health and Social Care Select Committee on 8 May 2018, that there have been few complaints against the code to date. It is our belief that this cannot be taken as evidence that the new rules are in themselves working (ie there is no non-compliance) but that people are either unaware of the rules' existence, and/or unclear about what is covered/not covered by them, and/or do not feel confident or able to send in a complaint. We would be interested to see any independent evidence from the CAP Review of levels of public and professional awareness on this point.

There is strong evidence on both the impact of HFSS advertising on children and that the current protections are insufficient. We believe the evidence shows that only healthy products (not high in fat, salt and sugar) should be marketed, promoted and advertised.

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