MRC/CSO Social and Public Health Sciences Unit Consultation Response

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<th>Title of consultation</th>
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<td>CAP Consultation: food and soft drink advertising to children. Introducing new restrictions on the advertising of food and soft drink products to children</td>
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<th>Name of the consulting body</th>
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<td>Committee of Advertising Practice</td>
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<th>Why did the MRC/CSO Social and Public Health Sciences Unit (SPHSU) contribute to this consultation?</th>
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<td>Exposure to marketing of foods high in fat, sugar and salt (HFSS) contributes to children’s dietary preferences and intakes, impacting on risk-factors for long-term health outcomes such as non-communicable diseases (e.g. obesity, diabetes, heart disease and cancer). The SPHSU has a huge amount of expertise in researching and explaining the drivers of social determinants of health. More specifically we have expertise in obesity research and have recently conducted a study to determine children’s experiences, perceptions and beliefs about exposure to HFSS product marketing and views on regulation. Preliminary research findings inform this response and therefore may be useful in informing CAP decision-making.</td>
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<td>The MRC/CSO Social and Public Health Sciences Unit is responding to the following areas outlined by the Committee:</td>
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<td>1) Restrictions on HFSS product advertising</td>
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<td>2) Selecting a nutrient profiling model</td>
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Our Response

Executive Summary

We are committed to improving the health of children and in highlighting the social determinants that harm child health and promoting policies that protect children’s health. We believe that progress on childhood obesity will only be made if policy makers act to protect children from unhealthy food and drink advertising. This means restricting HFSS product advertising.

- We believe that as it stands the BCAP guidance is flawed. It still allows for brands who sell a product range that predominantly includes foods HFSS to advertise when children are the likely audience. We are concerned that a similar situation is likely to arise in relation to non broadcast advertising.
• A clear nutrient profiling model must be put in place. Evidence shows that industry models are not robust in distinguishing suitably between healthy and unhealthy products when compared with independent models.

• We believe it is imperative that rules are in place around creative content. We do not believe however that the age restrictions go far enough, and we are concerned about the impact of celebrities on young people aged 12-15 years (and beyond). In our focus group study, young people readily named famous actors, singers, sport personalities and vloggers that they admired and followed. Many young people admitted that they would deliberately choose a product that appeared to be endorsed by a favourite celebrity and that they would need to pay a premium for such products. We have concerns about the use of licensed characters as they may be attractive to children. We do not support the relaxing of the licensed characters unless for unprocessed foods and vegetable producers and not for companies who sell HFSS products as their main sales.

• We believe that there is a need to introduce strict placement restrictions to protect children up to the age of 15 years and these children also need to be protected from programmes and products even when the target audience makes up less than 25% of the audience. We know that ‘official’ age restrictions are not always followed and a precautionary approach would be prudent.

• Finally, we believe that it is essential that the placement restriction on HFSS product advertising is applied to all non broadcast media within the remit of the Code. Young people spoke with us about a wide range of media through which they recalled seeing advertising for HFSS products. There is now increasing evidence demonstrating the negative impacts non-broadcast advertising has on children’s health and wellbeing. It is important this is tackled so that companies cannot simply change where they ‘place’ their advertisements in order to continue to promote their products. Also worth highlighting is the fact that young people in our focus group study also detailed being exposed to marketing in places not covered by the code including in-store price promotions, restaurant competitions, and product packaging. We are particularly concerned that these will remain mechanisms through which children and young people can be targeted with advertising for products HFSS.

Background
The MRC/CSO Social and Public Health Sciences Unit (SPHSU), University of Glasgow is a large research Unit consisting of researchers from a wide range of disciplines (sociologists, anthropologists, psychologists, epidemiologists, geographers, political scientists, public health physicians, statisticians, information scientists, trial managers and others). The Unit receives funding from the Medical Research Council and the Chief Scientist Office in the Scottish Government Health and Social Care Directorates, as well as grant funding from various UK, EU and global funding bodies. Our aim is to promote human health by the study of social, behavioural, economic and environmental influences on health in order to improve population health and reduce social inequalities. One of the research programmes in the Unit (Informing Healthy Public Policy) was given funding to conduct horizon scanning research with the aim of ensuring policy-makers have timely research evidence (such as for evidence calls). This research is to ensure the Unit is at the forefront of promoting the timely translation of scientific knowledge to influence policy and practice by communicating the results and implications of research to policy audiences.

The SPHSU researchers (Hilton, Chambers, White) who have conducted this exploratory rapid response study bring together expertise in: understanding emerging public policy debates, childhood obesity, child nutrition, NCD-related product regulation, industry marketing and advertising, including the online food and beverage marketing environment aimed at children.

In preparing this response, we have carried out 15 focus groups with young people aged between 12-15 years (total n=65) recruited from areas of high, mixed and low deprivation in Central
Scotland. Ethics approval was obtained from the University of Glasgow (College of Social Science) and full parental consent was gained. Once recruited, young people were invited to attend a focus group and were asked a range of questions (including: how they spent their free time, recollections of and opinions on food and beverage advertising, and opinions on proposed regulations and restrictions). They were also shown examples of popular HFSS food and drink advertising to stimulate discussion. The focus groups were digitally audio-recorded and transcribed verbatim, before data was thematically analysed for informing our evidence response.

This response also draws upon findings from a systematic review carried out by Chambers and colleagues [1] on the impact of advertising regulations for products HFSS and a review of the current evidence base on the impact of online marketing for products HFSS to children.

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

Yes. Many of the young participants in our focus group study were concerned about the level of advertising and considered it does affect the choices children make about products HFSS. These young participants were attracted to branding and considered they were the target of considerable marketing particularly in the online environment where they spoke about spending much of their free time.

In the wider literature it is clear that UK children eat diets far removed from those currently recommended for good health. Sugar intake is particularly high in children, with 15.6% of 11-18 year olds energy intake being derived from added sugars [2]. The main sources of sugar intake in UK children’s diets comes from sugar sweetened beverages, followed by cereals, cakes and biscuits, all of which are extensively advertised products [2]. The World Health Organisation [3] recently recommended that added sugar should make up no more than 5% of daily energy intake, highlighting how far children are in the UK from eating diets likely to lead to optimal health. At a UK level, a move to a diet in line with this recommendation is estimated as having the potential to save the NHS £500 million per year, with additional wider economic benefits [4]. Dietary intake plays an important role in observed health inequalities. Children living in areas of the highest deprivation in Scotland are more likely to eat a diet high in sugar, and low in fruit and vegetable intake than their counterparts living in areas of low deprivation, accounting for much of the inequalities in obesity and dental decay between children living in these areas [5,6].

Current non broadcast advertising codes are lax in comparison with those surrounding broadcast advertising, and evidence suggests that the two need to be more closely aligned to protect children. Indeed, there has been criticism that restrictions around broadcasting do not go far enough, with evidence that current restrictions have not reduced children’s advertising exposure [7] and calls for a 9pm watershed to be introduced [8]. A recent Cancer Research UK survey has highlighted that 74% of the public support such a restriction [9].

The Food and Drink Federation have suggested that advertising literacy education may act to counter the negative influence of advertising for products HFSS [10]. Our systematic review has highlighted that there is currently very little high quality evidence to support the benefits of advertising literacy training in children and young people in relation to products HFSS [1]. This is a gap that could be useful to explore further.

b. Should CAP use the existing Broadcast Committee of Advertising Practise (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?
From our focus group study we believe that as it stands the BCAP guidance is flawed. It still allows for brands who sell a product range that predominantly includes foods HFSS to advertise when children are the likely audience. This issue was discussed by young people in response to viewing an advertisement from a fast food chain for carrots. Many of them suggested that the advert served to raise the profile of the brand further, ‘pretending’ to promote healthy foods deliberately to reduced public criticism of the brand which largely manufactures and sells unhealthy HFSS products. They argued that it was unlikely to improve children’s diets, as the default option within the chain’s restaurants was for fries. Further a few participants considered this advert was particularly targeted at very young children less able to differentiate about the brand and they thought such advertising to be harmful in setting up early food patterns. Both BCAP and CAP guidance should be changed to prevent advertising targeted at children and young people by brands whose product range is predominantly for foods HFSS.

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

A comprehensive nutrient profiling model must be put in place. Evidence shows that industry models are not robust in distinguishing suitably between healthy and unhealthy products when compared with independent models. In a systematic review of the evidence, seven studies funded by industry were positive about the success of the self-regulatory initiatives [1]. Nevertheless, six out of seven studies did not use an independently defined measure of nutritional quality. Brinsden & Lobstein [11] found that government nutritional profiling models were more restrictive than industry led schemes, with Denmark’s code the most restrictive. The Department of Health (DH) nutrient profiling model allows foods to be classified in a way that is largely consistent with dietary recommendations, however, it has been criticised for allowing too many less healthy foods to be advertised [12].

Unfortunately no gold standard for nutrient profiling exists in relation to advertising to children [12], with a recent systematic review calling for more validation studies to authenticate the application of NP models [13].

In some groups, young people raised the issue that salt, sugar and fat content were not the only criteria with which to judge whether a product was healthy or not, using the example of diet soft drinks. They raised concerns about the impact of sweeteners.

There’s always aspartame as well. Like, when they were saying that Diet Coke was zero fat, zero sugars and stuff like that, like, it still has aspartame, which actually has an effect on your brain.

I think the way they do the cut-off point for if something’s unhealthy or healthy, I think if it’s, like, something makes a food unhealthy – if it’s, like, high in fat, high in sugar, high in salt – but it’s not unhealthy if it’s low in that. It’s healthy because of the nutrients in it, rather than it being low in salt, which doesn’t exactly make it healthy.

Therefore, a system which also takes product categories into account is suggested.

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?

We believe it is imperative that rules are in place around creative content. We do not believe
however that the age restrictions go far enough, and we are concerned about the impact of celebrities on young people aged 12-15 years (and beyond). In our focus group study, young people readily named famous actors, singers, sport personalities and vloggers that they admired and followed. Many young people admitted that they would deliberately choose a product that appeared to be endorsed by a favourite celebrity and that they would need to pay a premium for such products.

*If you put [Taylor Swift] on a box of Cherry Cola Tic-Tacs, I will be wanting to buy those.*

It is clear from our study that like children, young people are also heavily influenced by advertising and seemed perhaps more susceptible to big brand influence linking to a demonstration of some level of sophistication and prestige among their peers.

*Because like our sort of age has such an online presence, like say if like a model or whatever was advertising something, I’m like ten times likely to buy it, even if I don’t actually like the taste I’m just like, “Oh I saw Gigi Hadid was advertising that.”*

We have concerns about the use of licensed characters as they may be attractive to children. We do not support the relaxing of the licensed characters unless for unprocessed food and vegetable producers and not for companies who sell HFSS products as their main sales. Young people expressed a concern about the use of licensed characters as they believed that this was likely to influence younger children. In some groups, young people argued that brand characters should also be included in rules as they were deemed particularly attractive to younger children who may identify with those characters. Whilst young people recognised that few healthy products were advertised in comparison with products HFSS, and that this balance should be redressed, they also expressed concern over advertising for healthier products by brands known for selling a product range that was predominantly HFSS. They pointed out that the advertisement might get someone to a certain location to purchase a product, but that their choice would be highly unlikely to be a healthy one on arrival.

*No one goes to McDonald’s for carrots.*

*Yeah, like, just advertise your burger, no one wants to go buy overpriced carrots from McDonald’s.*

4a. **Should CAP introduce a rule restricting the placement of HFSS product advertising?**

Yes. Two systematic reviews of the evidence have found that strong regulation is more likely to have an impact on reducing the potential harm from advertising for products HFSS. In these reviews, this came in the form of clear statutory regulations in comparison with industry self-regulation [1,14].

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?

In focus group discussions, young people said they spent substantial amounts of their spare time at home online. Social media provided a way to keep immediate connections with friends, to share and exchange information with a range of people (including unknown persons) and amuse themselves for long periods. These focus groups were made up of friendship groups and it was clear from some participants that social media advertising was ‘annoying’ with a few participants
talking of using software to stop nuisance advertising; whilst for others advertising was something they liked and actively shared with friends, for example, by sharing photographs of certain foods. When not at home, young people were likely to spend their limited ‘pocket money’ on sweets, games or to buy fast food. Some spoke of fast food restaurants that they visited as also those that they had recalled seeing advertising for. Many young people aged 12-15 years said that they were directly influenced by advertising to buy products HFSS. They discussed the features of advertising that attracted them. This included humour, attractive and eye-catching content, and information about new products in an established range. They said they would discuss and share this type of advertising with friends.

In addition, in the focus groups, young people reported a lack of parental oversight of their online activity in line with findings by Mascheroni and Olafsson [15].

> My mum never goes through my phone or anything. She never asks to see what I'm doing.

> I’d say probably most parents work and then if they have like younger kids as well it’s sort of a bit of a chore if you’re having to like check that they’re not like watching something.

We believe this highlights why there is a need to protect all children under the age of 15 years.

5. It is often straightforward to identify media targeted at children. Where media has a broader audience, CAP uses 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 media. Should the CAP code use the 25% measure for the purpose of restricting HFSS product advertising?

One of the main criticisms of the current broadcast regulations are that the largest number of young people watch television outside of defined ‘children’s programming’, that is when 25% of the audience are under 16 years of age [7]. The viewing of family programming, such as Xfactor and Britain’s Got Talent, are opportunities for companies to advertise products HFSS to a significant number of children and young people. We are therefore concerned that similar opportunities will arise in non broadcast media. For example, whilst it is unlikely that 25% of Facebook users are under 16 years of age, nearly all young people that we interviewed had a Facebook account.

Care must also been taken in terms of ‘official’ age restrictions on social media platforms. Many of the young people we spoke with either had social media accounts currently, despite being under 13 years of age, or had previously when they were under this age. In fact a few young people spoke about being particularly attracted to video games (Call to Action) aimed at older teenagers.

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?

Yes. We believe it is essential that the placement restriction on HFSS product advertising is applied to all non broadcast media within the remit of the Code. Young people spoke with us about a wide range of media through which they recalled seeing advertising for HFSS products. This included websites (eg Youtube), social media, billboards, magazines, public transport, cinema and leaflets. TV watching in its traditional form was not a medium through which young people in our study tended to engage, with a preference for ‘play again’ and Netflix. Nevertheless, with one study estimating that children aged 2-11 view an average of 26,000
television advertisements per year, with approximately 40% coming from programming whose audience is not primarily children [16], TV is still a place for advertising.

In addition to current broadcast restrictions, there is a need to restrict non-broadcast advertising to reflect current media consumption practices and trends. There is now increasing evidence demonstrating the negative impact non-broadcast advertising has on children's health and wellbeing [17].

It is important that non broadcast advertising is adequately regulated to ensure that companies cannot simply change where they 'place' their advertisements in order to continue to promote their products. The online environment is currently one of those alternative placements. Children live in an ubiquitous digital environment, where mobile devices and continual internet access is the norm [17]. Personal and social experiences are now ingrained with mobile technology, social media networks, instant messaging and interactive games. It differs drastically from traditional broadcast advertising, due to the intimate nature between the marketer and consumer that can be achieved through advertising digitally. This makes it a powerful medium for companies to advertise and there is a real risk to children and young people being exposed to these advertisements.

Advergames are considered to be one of the most problematic forms of online advertising targeted at children, given their potential to target the emotional and subconscious mind [18]. Advergames can be extremely difficult for children to differentiate from entertainment [19]. Children cannot readily distinguish an advergame from any other type of online game [20], and they are likely to engage with them for a lengthy period of time, on average 10-15 minutes [17]. Advergames can aid in creating a positive preference for brands. This positive preference increases and becomes stronger the more children play the games. The activity also results in a higher preference for the products HFSS advertised [21-24].

Finally, it is worth highlighting that young people in our focus group study also detailed being exposed to marketing in places not covered by the code including instore price promotions, restaurant competitions, and product packaging. We are particularly concerned that these will remain mechanisms through which children and young people can be targeted with advertising for products HFSS.

References
8) Prevention of Cardiovascular Disease, NICE Public Health Guidance, June 2010,


11) Brinsden H, Lobstein T. Comparison of nutrient profiling schemes for restricting the marketing of food and drink to children. Pediatric Obesity, 8, 325-37.


When was the response submitted?
20th July 2016

Find out more about our research in this area
www.gla.ac.uk/sphsu

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