Centre for Diet and Activity Research
A UKCRC Public Health Research Centre of Excellence

Response to CAP Consultation: food and soft drink advertising to children

Who we are

The Centre for Diet and Activity Research (CEDAR) is one of five Centres of Excellence in Public Health Research funded through the UK Clinical Research Collaboration, and is a partnership between the University of Cambridge, the University of East Anglia and MRC Units in Cambridge. CEDAR studies the factors that influence diet and physical activity related behaviours, develops and evaluates public health interventions, and is helping shape public health practice and policy. Our goal is to support effective interventions to change diet and physical activity behaviours at the population level.

This response is submitted on behalf of CEDAR and was prepared by:

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Dr Adams and Prof White have conducted a range of previous research on food and alcohol marketing, particularly food marketing to children, including an evaluation of the regulations on television food advertising to children.[1-14]

Introduction

There is substantial evidence from systematic reviews (considered the most robust form of scientific evidence) that food marketing to children has an effect on children's food knowledge, preferences, purchasing and consumption.[15, 16] As the majority of food marketing in the UK is for less healthy foods,[4, 16] food marketing likely contributes to consumption of unhealthy diets.[17] The effects of food marketing occur at the brand and category level meaning that food marketing does not simply encourage children to switch brands, but to change their overall food intake.[16]

The diets of UK children are not healthy. Only 13% of 11-18 year olds achieve the recommended five portions of fruit and vegetables per day; 77% consume more saturated fat than recommended; and 71% more 'added' sugars than recommended.[18] These dietary patterns contribute to the third of year 6 children who are overweight or obese in England.[19] Despite considerable efforts, substantial improvements in diet and obesity remain elusive.

Food marketing is one part of a complex system of factors influencing children's diets.[17] It is naïve to think that there will be simple, single interventions that will achieve substantial changes in children's diet. Many interventions, each with apparently small individual effects, are likely to be required.

Interventions such as restrictions on food marketing can be described as "low agency, population interventions".[20] That is to say that:

- they operate across the whole population irrespective of any individual's risk of disease (population interventions);

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- they require little, if any, mental or physical engagement from individual recipients (low agency) for them to benefit from the intervention.

Low-agency, population interventions are likely to be more effective and to have wider and more equitable reach than other types of interventions. In particular, they are likely to be more effective than the 'high agency' interventions based on education and information which are predominant in current UK policy action in this area. Low agency, population interventions have been described as "central to public health action on diet and obesity".[20]

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

Yes. As described above, there is considerable evidence that food marketing, in all its forms, influences children's food knowledge, preferences, purchasing and consumption.[15, 16] Given the proliferation of media forms and access by children, it is inconsistent that advertisements for HFSS products are restricted on television, but not elsewhere. The rationale for restricting advertisements for HFSS products on television (to help protect children from unhealthy diets and obesity) extend to other spheres. Extending the restrictions would help parents provide a consistent message to their children, help achieve the vision of the current TV restrictions (of reducing, significantly, the exposure of children to these advertisements[21]), and help reduce the totality of less healthy food marketing.

Question 1b: Should CAP use the existing 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?

No, stricter rules are required. The current BCAP guidance allows brands that tend to be known for HFSS products (e.g. fast-food companies) to avoid the current restrictions on TV food advertising to children by not showing any of their HFSS products. We conducted qualitative focus group research with parents on their views and perspectives on TV food advertising to children and the current regulations.[9] Parents were particularly frustrated by the failure of the current restrictions to cover brand advertisements, describing this as "unacceptable", "exploitation", and "cynical". Parents expressed a desire for stricter regulation on this issue for television and such stricter regulation should logically be extended to other media.

Furthermore, the nutrient profiling model used to identify HFSS products describes products as 'less healthy' or not. It is important to remember that products which are not 'less healthy' are not necessarily 'healthy'. Marketing of these products should not necessarily be encouraged.

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

Yes, and this model should be regularly reviewed. For consistency, it would be sensible to adopt the current NPM used to determine whether foods can be advertised to children on television. The DH NPM was developed using systematic methods and has been validated against professional opinion and a range of other models and scores.[22-25] However, the DH NPM should be regularly reviewed and updated to reflect changes in scientific knowledge and food composition.

Question 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?

No, they should apply to all products. The current restrictions on promotions, licensed characters and celebrities are based on the evidence that these strategies are particularly effective I influencing children.[26] As described above, it is important to remember that products which are not HFSS should not automatically be considered 'healthy'. In addition, it may be desirable to extend the current restrictions on promotions, licenced characters and celebrities to advertisements for brands generally associated with HFSS products.

Question 4a: Should CAP introduce a rule restricting the placement of HFSS product advertising?

Yes. We have described the role of food marketing in general above and support stronger restrictions on food marketing across all media in order to promote healthier diets and reduce diet-related illnesses and obesity.

Question 4b: If a media placement restriction is introduced, should it cover media directed at or likely to appeal particularly to children aged 11 and younger, or aged 15 and under?

Aged 15 and under. As with our responses elsewhere, we feel it is important to apply and send consistent messages concerning food marketing. If exposure to HFSS TV food advertising should be reduced amongst children aged 15 and under, then this age cut-off should also apply to other media.

It is clear that the impact of food marketing to adults and older children has been much less studied than that on younger children.[10, 15] However, the current gaps in the evidence base related to adults and older children very clearly represent 'absence of evidence' rather than 'evidence of absence of an effect'.[10]

There is currently no reason to believe that food marketing does not have an effect on adults and older children, although the mechanism of this effect may vary with age. For example, younger children may be particularly vulnerable to food marketing because they do not understand the 'persuasive' intent of advertisements – although even older children often do not appreciate the 'selling' intent.[27] In contrast, older children may be particularly vulnerable to food marketing because they ascribe much greater value and meaning to food branding and see consuming particular (often less healthy) food brands as highly important for defining and maintaining their personal and social identity.[14]

Question 5: Should the CAP Code use the 25% measure for the purpose of restricting HFSS product advertising?

No, a stricter cut-off is required. We conducted an evaluation of the current TV restrictions on HFSS food advertising to children.[6] We found no change in children's exposure to HFSS food advertisements after the introduction of the restrictions compared to the exposure before. We also found a significant increase in adults' exposure to HFSS food advertisements over the same time period. This was despite finding very good adherence by broadcasters to the restrictions.

The most likely explanation for our findings is that HFSS food advertisements moved from 'children's' slots covered by the regulations to 'family' slots not covered by the regulations. Hence, children were no longer seeing HFSS food advertisements during programme 'of particular appeal' to children, but were seeing these advertisements during other programming. This leads us to conclude that a significant failing of the current restrictions on TV food advertising to children is that the definition of programming 'of particular appeal' to children is not strict enough.

On TV, the "120 index" is used to define programmes 'of particular appeal' to children – this is when the proportion of children watching is more than 120% of the proportion of children in the population. Around 19% of the UK population are aged 15 years or under; 120% of 19 is around 23%. Hence, at least 23% of people viewing a programme must be children for it to be defined as 'of particular appeal' to children. If this is not a strict enough cut off to be associated with a change in exposure, then nor is the proposed 25% measure. We would encourage a much lower cut-off and certainly not one above 19%.

We would also encourage consideration of both an absolute and relative definition of which media are 'of particular appeal to' children. Whilst the relative proportion of children exposed to media made particularly for children may be very high when expressed as a percentage of all those exposed, the absolute number of children exposed may be quite low for less popular content. In fact, the absolute number of children exposed to more popular media made for families may be much higher, despite children not making up such a high proportion of all those exposed. For this reason, we would encourage consideration of restrictions placed on media that exceed either a relative (e.g. more than 19% children) or absolute (e.g. more than 500,000 children) threshold of exposure to children.

Question 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. There is no good reason to restrict the regulations to specific forms of advertising or marketing. Children spend increasing amounts of time online, increasingly consume TV and video via online formats, and increasingly value their online time.[28] In addition, all forms of food marketing are known to have an impact on children – including promotions, label based branding and in-store placement.[16] For this reason, we would encourage extension of the proposed restrictions to all forms of marketing.

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