



UK

UK'S RESTRICTIONS ON JUNK FOOD ADVERTISING TO CHILDREN



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SUMMARY

Strong evidence from systematic reviews has shown that the marketing of high fat, sugar and/or salt (HFSS) foods contributes to children's preferences, purchase requests and consumption patterns

The UK food industry expenditure promoting 'unhealthy' foods for purchase in retail settings was more than £250 million in 2014 (Public Health England, 2015b). This is of concern to public health advocates. Strong evidence from systematic reviews has shown that the marketing of high fat, sugar and/or salt (HFSS) foods contributes to children's preferences, purchase requests and consumption patterns (Hastings et al., 2003)(Kraak & Story, 2015)

The majority of foods and drinks children see advertised are HFSS – for example, fast foods, soft drinks, sugar-sweetened cereals, confectionery, and savoury snacks (Public Health England, 2015b) – while only 1.2% of broadcast advertising spend goes on promoting fresh vegetables (Food Foundation, 2016b).

International attention on the harmful role of marketing on children's food preferences, purchasing behaviour and consumption, and obesity and other diet-related health conditions has steadily built over recent decades (Swinburn et al., 2008). Much of the early evidence was presented to the UK government by its advisory body, the Food Standards Agency, in 2003 (Hastings et al., 2003). In 2016, the World Health Organisation drew on a rich and robust evidence base linking extensive and persistent marketing to children's dietary preferences, and stated that "the settings where children and adolescents gather, and the screen-based offerings they watch, should be free of unhealthy foods and sugar sweetened beverages" (World Health Organisation, 2016).

The UK has developed some restrictions on the promotion of HFSS products to children and young people, in addition to some general restrictions placed on all advertisers. This policy brief provides an overview of these and assesses how these policies came to take their current form. By reviewing their strengths and weaknesses, this briefing will explain existing loopholes in UK regulations that mean children are still being exposed to advertising of HFSS foods. This should assist other countries facing similar problems.

This paper does not examine restrictions placed on the use of health claims by advertisers – i.e. claimed relationships between food ingredients and health – which have been developed by the European Commission

- The UK advertising industry has self-regulated restrictions on the advertising of HFSS products in children's broadcast and non-broadcast media. Advertisements for both HFSS and non-HFSS products are further required to avoid condoning or encouraging poor nutritional habits.
- Food and drink products are categorised according to a nutrient profiling model that considers the composition of food and drink products.
- No restrictions are found in-store and at the point of purchase, including on the packaging of food and drink products. Likewise, no restrictions are placed on the sponsorship of sporting and cultural events.
- Restrictions on both broadcast and non-broadcast media are self-determined and -regulated by the marketing industry, leaving them exposed to accusations of conflict of interests, and a conservatism in the design, monitoring, enforcement and adaptation of relevant restrictions.

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Glossary

ADVERTISING STANDARDS AUTHORITY (ASA)

An industry-led, self-regulating organisation, consisting of the advertisers and media owners. While unable to develop or enforce legislation, the ASA is responsible for regulating the content of advertisements, sales promotions and direct marketing in the UK. It does this by developing industry codes of practice (by delegation – see below), monitoring industry practice and checking complaints regarding compliance. It is funded by a levy on advertising spend.

COMMITTEE OF ADVERTISING PRACTICE (CAP) AND THE BROADCAST COMMITTEE OF ADVERTISING PRACTICE (BCAP)

Industry-composed panels sitting within the ASA and charged with developing codes of conduct for UK advertisers: the BCAP Code for TV and radio advertisers, and CAP Code for advertisers using print media, including posters and other promotional material in public places, cinema and non-broadcast electronic media (including advertisers' own websites).

These codes place general rules on the practices of advertisers, and enhanced restrictions for specific sectors, such as the auto, gambling, food and alcohol industries.

Advertisers found to be in breach of the code can be instructed to remove their adverts from the medium in question by the ASA, which has a number of 'soft' regulative powers. For example, non-compliant

advertisers can be published by the ASA, with the intent that such bad publicity drives future compliance. The ASA does not have any substantive sanctioning powers with regards to advertisers' compliance with the codes, although broadcasters are required to ensure their programming meets the BCAP Code in order to secure their licence to broadcast.

DEPARTMENT OF

HEALTH (DH) The government department responsible for health and social care in the UK.

FOOD STANDARDS AGENCY (FSA) AND ITS DEVOLVED PARTNERS

These are responsible for food safety and food hygiene across the UK. It was previously responsible for advising government on nutrition-related issues. In 2010, these responsibilities were transferred to DH and other governmental bodies.

HFSS PRODUCTS Food and non-alcoholic drink products that are high in fat and/or salt and/or sugar. In the UK, a nutrient-profiling model originally devised by the Food Standards Agency is used to classify HFSS and non-HFSS products accordingly.

OFCOM The government-approved regulator and competition authority for broadcasters.

PUBLIC HEALTH ENGLAND

(PHE) An autonomous executive agency of the Department of Health. It is charged with protecting and improving the nation's health and wellbeing, and

reducing health inequalities in England only. It does this by stimulating policy conversations and advising the work of government.

THE UK GOVERNMENT

Formed by Members of Parliament from the political party that commands a parliamentary majority (or a coalition of parties). The prime minister is head of the UK government. Government departments and their agencies are responsible for putting policy into practice.

The United Kingdom made up of four countries: England, Wales, Scotland and Northern Ireland. Following devolution in 1999, powers were transferred from the UK Parliament in Westminster to the Scottish Parliament, the National Assembly for Wales and the Northern Ireland Assembly, and policies in certain areas – including health, agriculture, education, the environment, and local government – are determined by the devolved powers. However, the policies contained within this briefing paper are generally applicable to the whole of the UK.

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THE POLICY

For the purpose of this briefing paper, advertisements have been categorised into four broad domains:

- broadcast advertising, through TV and radio channels;
- non-broadcast advertising, through print, cinema and online & social media channels;
- advertising found in-store, including product packaging;
- advertising found under the guise of commercial partnerships and sponsorship of sporting and cultural events, and other public activities.

Broadcast advertising

Since 2007, specific restrictions on the broadcast advertising of HFSS foods to children have been set out in the UK Code of Broadcast Advertising.

As per the BCAP Code, HFSS adverts for both food and drink are prohibited during, and immediately before or after, *programmes commissioned for, principally directed at or likely to appeal particularly to audiences below the age of 16*. This means dedicated children's channels are prevented from carrying HFSS adverts, as are programmes shown during daytime schedule slots dedicated to children's TV (BCAP, 2017).

When HFSS product advertisements are shown, licensed characters – for example, cartoon characters created by a movie studio – and celebrities popular with children are not allowed to be used to promote HFSS products.

A number of further – and generally loosely defined – restrictions are placed on the advertising of food products to children during general programming. For example, advertisers are prevented from appealing to various emotions, such as 'pity, fear, loyalty or self-confidence', to sell both HFSS and non-HFSS products (BCAP, 2017).

The BCAP Code also states, in principle, that all food advertisements, aimed at children and young people, and adults, must avoid "anything likely to condone or encourage" poor nutritional habits, damaging oral healthcare practices, the excessive consumption of any food, and otherwise unhealthy lifestyles. As described below, these restrictions are open to considerable interpretation.

The impact of these scheduling restrictions seems to have been significant. Research suggests that in 2005, television advertising exposed children aged four to 11 to 12.1 billion HFSS adverts a year. The research suggests that in 2009, children were exposed to 7.7 billion HFSS adverts – 37% fewer compared to 2005 – while children watched broadly the same amount of television, with younger children (3–9) seeing 52% less HFSS adverts and older children (aged 10 to 15) 22% less (OFCOM, 2010).

Non-broadcast advertising

Until recently, advertisements in non-broadcast media channels covered by the CAP Code have been subject to weaker restrictions than broadcast advertisements. However, as of July 2017, new restrictions will be placed on digital HFSS advertisements, including 'advergaming' and adverts placed on a manufacturer's own websites.

The BCAP Code also states, in principle, that all food advertisements, aimed at children and young people, and adults, must avoid "anything likely to condone or encourage" poor nutritional habits

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It is difficult to assess the scale of children's exposure to non-broadcast HFSS advertising, partly due to the fact that the CAP Code has not until now required advertisers to categorise their advertisements into HFSS and non-HFSS categories (CAP, 2016a). However, the representative Advertising Association estimated that the industry's non-broadcast HFSS advertising spend was £178 million in 2015 (CAP, 2016a).

HFSS advertisements – also defined using the DH nutrient profiling model employed in the BCAP Code – will now be prohibited from 'children's media' by the BCAP Code. Here, children's media is defined through a 'particular appeal' test. There are now prohibitions in media explicitly directed at children 'or hav[ing] content that is strongly orientated to [children]'; and where the intended audience is not immediately clear, but for which under-16-year-olds make up over 25% of the actual audience (CAP, 2017).

The use of licensed characters and celebrities popular with children will now likewise be prohibited for HFSS products. In addition, a number of further restrictions, paralleling the BCAP Code, have been placed on the use of particular messaging and promotion strategies to advertise HFSS products through non-broadcast channels, including online and social media.

These new restrictions sit alongside more general rules on the marketing of foods (HFSS and otherwise) for children and adults. These are described below and, again, largely parallel the general (e.g. not HFSS-specific) requirements of the BCAP Code.

A number of restrictions, paralleling the BCAP Code, have been placed on the use of particular messaging and promotion strategies to advertise HFSS products through non-broadcast channels, including online and social media

- Marketers should ensure that marketing communications contain nothing that is likely to result in the physical, mental or moral harm of a child.
- Advertisements should not exploit the credulity of children or undermine parental authority. 'High-pressure' or 'hard-sell' techniques should be avoided.
- The CAP Code prohibits direct exhortations to children to buy an advertised product.
- Prices for food products must not be presented in a way that suggests children or their families can easily afford them.
- Health or nutrition claims must abide by EU regulations for claims.
- Marketing communications must not condone or encourage poor nutritional habits or an unhealthy lifestyle in children.
- Marketing communications should not encourage frequent eating between meals, eating immediately before going to bed or excessive consumption.
- Marketing communications should not condone or encourage attitudes associated with poor diets or unhealthy lifestyles – e.g. skipping meals, a dislike of green vegetables.
- The CAP Code specifically bans sales promotions in advertising for food that is targeted, through its content, at children under 12 (CAP, 2017).

There is strong consensus among the academic and third-sector communities that the UK currently lacks adequate measures to protect children from marketing of less-healthy foods

STRENGTHS AND WEAKNESSES OF THE POLICY

The UK was the first country to introduce scheduling restrictions of food advertisements to children, so an argument can be made that the UK's policy community has shown some leadership in this area (World Health Organisation, 2014). However, there is strong consensus among the academic and third-sector communities that the UK currently lacks adequate measures to protect children from marketing of less-healthy foods.

This is demonstrated in the results of the Food Foundation's recent application of the Food Environment Policy Index (Food EPI). This index is an internationally validated benchmarking tool designed to track the progress that governments have made towards good practice in improving food environments, and tackling non-communicable diseases such as heart disease and type 2 diabetes so as to identify critical gaps in policies and infrastructure (Food Foundation, 2016a).

The application of the Food EPI to England involved a total of 73 experts from 41 organisations (universities, civil society organisations and professional bodies), who rated how well England was doing compared with good practice statements developed by an international consortium of experts. Participants rated 48 aspects of England's food policies, among which there is a good practice statement for advertising in child settings, which reads:

"Effective policies are implemented by the government to ensure that less healthy foods are not commercially promoted to children in settings where children gather (e.g. preschools, schools, sport and cultural events)."

The Expert Panel ranked government progress towards meeting this statement as the 12th worst among the 48 areas of policy

The good practice statement for non-broadcast media reads:

"Effective policies are implemented by the government to restrict exposure and power of promotion of less healthy foods to children through non-broadcast media (e.g. internet, social media, food packaging, sponsorship, outdoor advertising including around schools)."

The DH nutrient profiling model: comparison with international models

HFSS products are defined for the purpose of the BCAP Code by a nutrient profiling model developed by the FSA and now operated by the DH. The nutrient profiling model was first developed in 2004–2005 by the FSA and backed by the government's Scientific Advisory Committee on Nutrition with input from a range of industry and non-industry nutritional experts.

Food and drink products are awarded 'scores' for their nutrient composition (per 100g). Points are awarded for their quantity of 'category A' measurables – total energy, saturated fat, total sugar and sodium. Further points are awarded for the quantity of 'category C' measurables – fruit,

vegetables and nut content, fibre and protein – found in the product. An aggregate nutrient profile score is awarded by subtracting the product's 'C score' from its 'A score' (Department of Health, 2011).

This nutrient profile score is then used to determine whether a product is regarded by advertisers as healthy or less healthy, with the latter subject to enhanced restrictions within the CAP and BCAP Codes.

The model has placed some limits on the advertisements of products with the highest levels of sugar, fat and salt, but still allows relatively unfettered promotion of products with still relatively high levels of these substances. Brinsden

and Lobstein have compared the likely impact of different nutrient profiling models used both in the UK and internationally. The study looked at five different models: a scheme designed by the US's industry-led Children's Food and Beverage Advertising Initiative (CFBAI); the 'EU Pledge' model, a voluntary, industry-led initiative focusing on practices targeting children under 12 years; proposals from a US Government Interagency Working Group (IWG); the Danish Forum Code, a regulatory model developed in partnership between government and industry stakeholders; and the DH model described above.

The models were tested against a list of US food

products. It found that under the CFBAI's proposed model, 49% of 178 products would be permitted (i.e. not subject to enhanced restrictions on HFSS products); 41% were permitted under the EU Pledge model; while the DH's model permitted 37%. However, the US IWG model would permit only 14% of products, while the Danish Code would permit 7%.

This shows that while the DH's model is more restrictive than the CFBAI and EU Pledge model – both of which were designed primarily by industry stakeholders – it is less-restrictive than other international examples created by government bodies and/or multi-sectoral groups (Brinsden & Lobstein, 2013).

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The Expert Panel ranked government progress towards meeting this statement as the 8th worst among all 48 areas of policy. Note that the relevant content of the CAP Code has since been reviewed (see above), so as to be made broadly comparable with the BCAP Code. However, this should not be regarded as a gold-standard policy model for protecting children's health: England's policy regarding broadcast media was still only ranked as the 17th best implemented of 48 food policy statements. The good practice statement reads: *Effective policies are implemented by the government to restrict exposure and power of promotion of less healthy foods to children through broadcast media (TV, radio).*

This section details some of the key omissions and implementation issues with the UK's policies designed to protect children from HFSS advertising.

Advertisement channels omitted from scope

Neither the CAP nor BCAP have placed, within their self-chosen remits, advertisements found in-store, including product packaging. The purposeful placement of HFSS products at children's eyesight at the check-out is therefore allowed in the UK, as is the use of both licensed and unlicensed characters on point-of-sale displays and product packaging.

Likewise, the sponsorship of sporting and cultural events – including those occurring within schools and other places where children congregate – are found in neither of the remits of the CAP and BCAP. This means HFSS products and brands can be promoted through their affiliation with major sporting events such as the Olympics (Children's Food Campaign, 2012), but also community activities. For example, between 2010 and 2015, Coca-Cola alone provided ~£7.5 million in funding for Special Olympics GB, the StreetGames project – which specifically targets the most deprived areas in the UK – and the ParkLives programme (Coca-Cola UK, 2015).

Such sponsorship deals may be extremely attractive to local authorities struggling to provide finance for sports programmes. However, they allow manufacturers of HFSS and other unhealthy food products to promote their products, and associate their brands with healthy lifestyle choices.

Highly focused restrictions within regulated advertising channels

Even within the media channels that have HFSS restrictions found in the CAP and BCAP Codes, children and young people are still routinely exposed to HFSS advertising.

Children and young people watch a wider range of TV programmes than those with HFSS restrictions. Family entertainment programmes such as the X Factor and the Simpsons shown at 'prime time' – which runs from early evening through to 9pm – were not exclusively commissioned for or principally directed at children, but attract large child and adult audiences. No enhanced restrictions for HFSS are placed for advertisements run during these programmes.

Following the introduction of children's programming-specific restrictions in 2007, the UK saw an increase in the total volume of HFSS advertising aired throughout the day (assessed between 2005 and 2009), largely attributable to a proliferation of digital channels, while the share of HFSS as a proportion of all TV advertising remained stable (OFCOM, 2010).

In 2006, OFCOM estimated that a blanket ban on HFSS advertising during prime time would cost broadcasters £120-£200 million per year in lost advertising. They recommended that in light of this cost, any mandatory restrictions would have a disproportionate impact on broadcasters, despite acknowledging FSA estimates that such restrictions could bring social and health benefits of £50 million-£200 million per year, or £250 million-£990 million, with estimates varying according with different analytical methodologies (OFCOM, 2006).

A similar loophole can be found in the now-updated CAP Code. Following consultation, CAP has decided to allow HFSS on sites where children make up less than 25% of the audience. Not only does this allow advertisers to purposefully target large numbers of children through websites catering to both children and adults, it introduces some substantive implementation challenges. As CAP itself acknowledged in its recent consultation, estimating audience numbers is very difficult in non-broadcast media, particularly in digital spaces where the data required for making such estimates are private domain and commercially sensitive. This will likely prevent CAP and its industry stakeholders from conducting 'particular appeal' tests in a transparent manner.

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During CAP's Consultation, a number of submissions – notably the Children's Food Campaign and World Obesity's submissions – proposed a more sophisticated and transparent measure for assessing the particular appeal of a website to children. This would use a matrix approach to assess a digital advertisement's: 1) message - asking how child-focused the product being advertised is; 2) communications method – asking how child-focused the language/style of the advert is; 3); and placement – asking what is the probability that the advert's location (in physical and/or digital space) will expose children to HFSS content. However, this proposal, which was well supported by the health community, was not accepted in CAP's response (CAP, 2016d).

Omission of unlicensed characters

A further loophole in both codes regards the use of unlicensed characters – those created by food manufacturers and their advertising agencies rather than, for example, the film industry. Outside of peak hours and on websites with significant child audiences, readily recognisable characters purposefully designed to appeal to children can still be used to promote HFSS products.

An alternative approach to regulation could see the appointment of independent child- and parent-panels, among other methods, to identify what advertising techniques, including the use of cartoons and other child-friendly characters, particularly appeal to children and young people, and proscribe such methodologies (Children's Food Campaign, 2016).

Omission of brand advertising

Of course, much broadcast and non-broadcast advertising focuses on brands – families of products containing both HFSS and non-HFSS products – and such brand advertising is less restricted under the current codes.

The ASA has offered guidance for advertisers and others to ascertain when brand name advertising should be considered, for the purpose of code compliance, as having the effect of promoting a HFSS product (CAP, 2016c). However, under these current rules, an advertisement promoting a brand would be allowed during restricted media, even if that brand contains mainly HFSS products alongside some non-HFSS products. Likewise, unlicensed characters associated with HFSS products are allowed to advertise a non-HFSS food brand in or during supposedly restricted media channels.

Contested definition of a child

At the Food EPI expert panel event, there was a near unanimous consensus from academics, public health practitioners and the third sector that, at a minimum, children under the age 16 should be protected by both broadcast and non-broadcast restrictions. No one voiced the view that only children under the age of 12 should be protected, while many suggested that all children and young people under the age of 19 should be protected from advertisements for HFSS products (Food Foundation, 2016a).

However, the recent CAP consultation only covered whether HFSS restrictions should focus on under 16s- or under 12s. While the consultation determined that new rules should focus on under 16s, propositions of protections for older young people (e.g. 16-18-year-olds) were not even placed within the scope of the consultation. This is despite the fact that the diets of older teenagers are potentially more susceptible to influence from advertisers as they grow more independent.

Certainly, the notion of restricting aggressive promotion of HFSS products to UK

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Licensed vs. brand equity characters



Licensed character

Created by: third-party creative industry – e.g. Hollywood.
Can be used in: point of sale and packaging.



Unlicensed character.

Created by: food manufacturers/advertising agency.
Can be used in: all broadcast and non-broadcast media not specifically targeting at children, point of sale and packaging.

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The Campaign presented evidence that they believed demonstrated online advertisers were routinely in breach of the general rules on the marketing of foods

adults is currently beyond the political realm of possibility. CAP argued in its recent consultation that “aiming restrictions at media targeted specifically at children protects the right of adult viewers in general media to see ads for products of interest to them” (CAP, 2016b). This is despite the fact that the government’s advisory Public Health England recently supported the right of adult viewers to non-exposure to HFSS advertisements, recommending that there should be “significantly reduce[d] opportunities to market and advertise high sugar food and drink products to children *and adults* across all media, including digital platforms and through sponsorship” (emphasis added) (Public Health England, 2015a).

Conservative monitoring, enforcement and adoption of the codes

A persistent set of complaints are made by health campaigners regarding the ASA’s capacity and willingness to transparently enforce the spirit of the CAP and BCAP Codes, and to initiate timely reviews of the codes based on new evidence and the growth of marketing channels (Children’s Food Campaign, 2013).

Lack of transparency

When processing complaints, the ASA has had a tendency to prioritise direct and informal communications with advertisers, so as to encourage them to remove or adapt the advert to secure compliance. The ASA has stated that in these cases of informal resolution, it is not obliged to provide details of the complaint, nor the identified actions required of advertisers, on its website or through other communication channels. This means that non-compliant advertisers often avoid public sanction for their poor practices – supposedly one of the key soft enforcement strategies of the ASA, which is specifically charged with protecting the public interest through self-regulation (Children’s Food Campaign, 2013).

Reactive regulation requiring considerable input from complainants

The ASA generally offers advice, guidance, and training to advertisers to secure their compliance with the codes. However, the ASA is largely reactive when it comes to monitoring advertisers for compliance. The onus is therefore on the public or campaigners to report suspected breaches (Children’s Food Campaign, 2017).

Conservative and inconsistent interpretation of the codes

In 2012, the Children’s Food Campaign submitted a series of complaints against advertisers’ online practices. The Campaign presented evidence that they believed demonstrated online advertisers were routinely in breach of the general rules on the marketing of foods (HFSS and otherwise) that were in place before the recent review of the CAP Code. However, the ASA declined to investigate any of 54 complaints against bold, bright and highly appealing child-focused websites identified by the campaigners as using marketing communications which ‘condoned or encouraged poor nutritional habits or an unhealthy lifestyle in children’ (Children’s Food Campaign, 2013).

Slow pace of reviewing codes to reflect new evidence and marketing practices

In 2015, CAP formally opened an evidence review of online marketing practices, and it was 2016 by the time it committed to consulting on new HFSS restrictions on advertising (Children’s Food Campaign, 2013). This is despite the fact that, throughout the 2000s and early 2010s, online media grew to point that the internet became the top media pastime for UK children (OFCOM, 2016), and the nation saw a substantial shift in marketers’ attention to digital channels through which to target children, young people and adults. This suggests the ASA and its Committees take an inaction-by-default approach to reviewing and strengthening the codes they are responsible for enforcing.

THE POLITICAL ECONOMY OF ADVERTISING RESTRICTIONS

The ASA maintains that it is fully separate from its Committees. However, it shares offices and staff with the Committees, and all three bodies are drawn exclusively from the marketing and allied industries. Only the ASA Council, which determines whether advertisers have breached the industry-compiled codes, has a more diverse composition, but one third of the members come from the advertising sector. This exposes the ASA to perceived conflicts of interest.

Successive governments have taken a quasi-regulatory approach to marketing and other practices of the food industry. In 2004, OFCOM recommended proportionate and targeted action to limit HFSS advertising due to the strength of evidence showing that broadcast advertising has a modest, direct effect on children and potentially larger indirect effects (OFCOM 2004). The same year, the then Labour government stated that *“if there was not a change in the nature and balance of food promotion by early 2007, the government would take action to implement a clearly defined framework for regulating the promotion of food to children”* (Department of Health, 2004).

This deferral of responsibility to industry has been criticised by a wide range of public health NGOs (Lobstein, Parn & Aikenhead, 2011)(Children's Food Campaign, 2013). A major issue with this approach is that it has been shown to induce only minimal change from industry. This is evidenced by a review of the Public Health Responsibility Deal Food Network, a voluntary group, consisting of government, food retailers, caterers and manufacturers, health groups, professional bodies and other interested stakeholders challenged to 'support and enable people to adopt a healthier diet'. The review found that industry has focused on information provision and awareness-raising nudges of dubious impact rather than more transformative actions such as the changes to marketing approaches (Children's Food Campaign, 2016).

Indeed, the Department of Health displayed, through its own actions on the Public Health Responsibility Deal Food Network between 2013n and 2014, a commitment to self-regulation (Children's Food Campaign, 2013), and in 2014 pledged its support to the ASA but presuming only “co- and self-regulatory arrangements” would be developed to “offer the best protection to consumers, especially children” from digital and online marketing (Department of Health, 2014).

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An alternative model: an international case study from Quebec

In 1980, the Canadian province of Quebec proscribed all commercial advertising – including both HFSS and non-HFSS food and drink – targeting children aged 12 and under. While this appears

considerably further reaching than the UK restrictions, similar exemptions are found, in that young people can still be exposed to advertisements not considered to 'appeal to children' in media

where children make up less than 15% of the audience – including, for example, prime time television (Raine et al., 2013).

Despite this, research conducted in 2011 suggests

that the ban has had a significant impact on children and young people's propensity to purchase 'fast food', compared with those not affected by the ban (Dhar & Baylis, 2011).

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This continued preference for self-regulation has been an ideologically driven preference of successive governments. This has hindered the evolution of HFSS marketing restrictions. Reflecting on the lack of progress made on restricting price and multipack promotions (in-store marketing strategies covered by neither the BCAP or CAP Code – the Chair of the Responsibility Deal reflected that “we have given voluntary agreement... the best possible opportunity to fly. Now we need to look to harder policy options to secure progress” (Children’s Food Campaign, 2016). The same year, Public Health England advised that the weight of evidence shows that “price, promotions and marketing” were all strategies influencing the purchasing of HFSS restrictions, and that tighter, mandatory regulations should be used to:

- limit price and multipack promotions and other in-store and on-pack practices;
- bring sports, cultural events, and in- and near-school marketing into the scope of regulation;
- tighten restrictions on brand advertising and unlicensed characters;
- extend programming and digital restrictions;
- lower the threshold on DH’s nutrient profiling model (Public Health England, 2015a).

Similar recommendations were also made by the influential, cross-party House of Commons’ Health Select Committee that same year. However, recommendations to increase regulations to prime-time, and limit price promotions and other in-store activities were removed from the government’s 2016 Childhood Obesity Plan (Davies, 2016).

In this charged political environment, the role of civil society and the health professionals is crucial. Through the Obesity Health Alliance – a coalition of 40 organisations that have joined together under a common platform of preventing obesity-related ill health – campaigners have been able to align and bolster one another’s research and campaigning activities, making enhanced marketing restrictions one of their key policy points that have been repeatedly put to the attention of all UK parties (Obesity Health Alliance, 2017).

These coordinated interventions have produced some recent successes. The major opposition parties committed to introduce pre-watershed HFSS restrictions in their 2015 general election manifestos (Obesity Health Alliance, 2017). Enhanced restrictions on junk food marketing was absent from all the major parties’ 2015 manifestos, so their inclusion by the major opposition parties is welcomed, and demonstrates how long-term and coordinated actions from professional bodies and civil society is needed to elicit political change.

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Tighter, mandatory regulations should be used to limit price and multipack promotions and other in-store and on-pack practices

KEY ISSUES TO CONSIDER

Policy makers considering regulation or other actions in this area should consider the following:

- What products should be subject to restriction?
 - How do you differentiate within and between product categories?
- How do you define and differentiate a target population requiring protection?
 - In the UK, age has been used.
- What media channels are subject to restrictions?
 - What is the basis for this selection? (e.g. audience size, marketing share)
 - Is it possible to be consistent across media types?
- Do restrictions vary within restricted media channels?
 - In the UK, children's programmes and websites are subject to enhanced restrictions
- What marketing techniques and strategies are subject to restriction?
- How are restrictions designed, monitored, enforced and adapted?
 - What are the formal and informal roles of government, industry, public health workers and campaigners, and others?
 - How are these roles subject to democratic scrutiny?
- How will exposure be monitored?

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CONTACT

Office@foodfoundation.org.uk
www.foodfoundation.org.uk
020 3086 9953