



13 April 2016

Submission to Advertising Standards Authority

**Consultation on the review of the code for advertising to children and the children's code for advertising food**

The New Zealand College of Public Health Medicine (NZCPHM) would like to make a submission to Advertising Standards Authority on the review of the Code for Advertising to Children and the Children's Code for Advertising Food. The NZCPHM acknowledges that this consultation is in regard to two codes however the primary focus of this submission will be on the Children's Code for Advertising Food.

**About the NZCPHM**

The NZCPHM is the professional body representing the medical specialty of public health medicine in New Zealand. We have 227 members, all of whom are medical doctors, including 190 fully qualified Public Health Medicine Specialists with the majority of the remainder being registrars training in the specialty of public health medicine.

Public Health Medicine is the branch of medicine concerned with the assessment of population health and health care needs, the development of policy and strategy, health promotion, the control and prevention of disease, and the organisation of services. The NZCPHM strives to achieve health gain and equity for our population, reducing inequalities across socioeconomic and cultural groups, and promoting environments in which everyone can be healthy.

**Introduction**

The NZCPHM acknowledges the current Code for Advertising to Children and the Children's Code for Advertising Food as they provide self-regulation that would otherwise not exist. However there is call for a revision of these Codes as they are central to protecting children's health and should align with the Ministry of Health's childhood obesity plan<sup>1</sup>. The NZCPHM calls for the review to produce a Code or Codes that are fit for purpose and take into consideration the 21<sup>st</sup> century environment children are exposed to and live in today which includes increasingly large amounts of online advertising.

**Strengths and weaknesses of the two current Children's Codes**

The current Codes do provide some level of guidance, however there are two aspects that the NZCPHM would like to see addressed:

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<sup>1</sup> See <http://www.health.govt.nz/our-work/diseases-and-conditions/obesity/childhood-obesity-plan>

Firstly, the current Codes do not cover the reality that children do not commonly make food purchasing decisions themselves as they have limited purchasing power. Additionally, there is evidence<sup>2</sup> that parents/ caregivers are increasingly the target of marketing for foods and beverages high in fats and/or sugar. The NZCPHM recommends that this situation is considered in the revised code/codes.

Secondly, the Children's Code for Advertising Food 2010 states "All advertisements for food and beverages ("food") that **influence** children.....shall adhere to the Principles and Guidelines set out in this Code". This statement is broad and it could be argued all advertising has the potential to influence children; consequently all advertising should adhere to the Principles and Guidelines in the Code.

In comparison to the Children's Code, the World Health Organization (WHO) Framework for Implementing the Set of Recommendations on the marketing of foods and non-alcoholic beverages to children (the WHO Framework)<sup>3</sup> has a more detailed definition of what constitutes marketing to children. In regards to a product, the WHO Framework notes that "Member States (of which New Zealand is one) should note that these could include products that are both **exclusively intended** for children and those which have a **marked appeal** to children." Other factors to consider in the definition include; product, time, viewing audience, placement and content. The NZCPHM calls for the revised code/s to replace its current definition of marketing with the WHO Framework's definition and include consideration of the related factors noted here.

### Nutrient Profiling in the Children's Codes

The College believes that a nutrient profiling system should have a role in the Children's Codes. A nutrient profiling system can provide clarity as to which products can be advertised without restriction<sup>5</sup>, as evidenced by the situation in the United Kingdom where there is a ban on television advertising of high fat, sugar, salt foods to children under 16 years foods based on a nutrient profile model. This policy was evaluated after two years of use and was found to be fit for purpose<sup>6</sup>.

The NZCPHM recommends a nutrient profiling system should be used in conjunction with a pre-vetting system (such as those used for liquor (Liquor Advertising, Promotion and Pre-vetting System (LAPPS)) and therapeutic products (Therapeutic Advertising Pre-vetting System (TAPS)<sup>7</sup>) to define which foods and beverages can be advertised to children.

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<sup>2</sup> WHO. Marketing of foods high in fat, salt and sugar to children: update 2012–2013. Copenhagen: World Health Organization Regional office for Europe; 2013.

<sup>3</sup> A framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children. Geneva: World Health Organization, 2012.

<sup>5</sup> A framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children. Geneva: World Health Organization, 2012.

<sup>6</sup> Information collected in the PolMark and StanMark studies of regulatory systems undertaken by the International Association for the Study of Obesity and made available as an interactive database:

[http://www.worldobesity.org/site\\_media/uploads/The\\_PolMark\\_Project\\_Executive\\_Report\\_FINALJuly\\_2010.p](http://www.worldobesity.org/site_media/uploads/The_PolMark_Project_Executive_Report_FINALJuly_2010.pdf)  
[df](http://www.worldobesity.org/site_media/uploads/The_PolMark_Project_Executive_Report_FINALJuly_2010.pdf)

<sup>7</sup> See [https://www.anza.co.nz/Category?Action=View&Category\\_id=369](https://www.anza.co.nz/Category?Action=View&Category_id=369)

## Sponsorship

The NZCPHM supports the proposal to introduce a specific guideline on sponsorship. In New Zealand, sports sponsorship by food and beverage companies is widespread<sup>8</sup>. Evidence shows sports sponsorship in New Zealand associated with sponsors' products classified as 'unhealthy' is over twice as common as sponsorship associated with sponsors' products classified as 'healthy'<sup>9</sup>. Specific examples of such sponsorships include Speights' support of rugby, netball, and multi-sport; while the fast food company McDonalds supports junior netball, touch rugby, and cricket<sup>10</sup>.

Sponsorship can be used as a vehicle for health promotion messages<sup>11</sup> therefore clarity around the definition of an appropriate sponsor needs to be clearly defined in the Code/s. In Australia, successful links have been made with health promotion agencies and sporting organisations to improve the health of the sporting environments<sup>12</sup>.

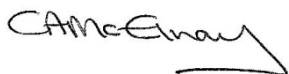
The NZCPHM supports a specific guideline for sponsorship as it is evident that sponsorship associated with food and beverages that are defined as 'unhealthy' is prevalent in New Zealand.

## Environments where it may be inappropriate to advertise to children

The WHO Framework states settings where children gather should be free from all forms of marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt. It is recommended "settings where children gather" is defined to include places of education and environments where child welfare is of concern<sup>13</sup>. The NZCPHM supports the WHO Framework's recommendation as above and therefore calls for a guideline to be included on this in the revised code/s.

Thank you for consideration of this submission. Please do not hesitate to contact the NZCPHM if we can be of further assistance.

Yours faithfully,



Caroline McElnay  
President, NZCPHM

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<sup>8</sup> Maher, A., Wilson, N., Signal, L., & Thomson, G. (2006). Patterns of sports sponsorship by gambling, alcohol and food companies: An Internet survey. BMC Public Health, 6, 95–104

<sup>9</sup> Ibid

<sup>10</sup> Ibid

<sup>11</sup> Crisp B, Swerissen H: Critical processes for creating health-promoting sporting environments in Australia. Health Promot Int. 2003, 18: 145-52. 10.1093/heapro/18.2.145

<sup>12</sup> Ibid

<sup>13</sup> A framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children. Geneva: World Health Organization, 2012.