

Terms of reference

- *the public health benefits associated with restrictions on the scheduling and content of TV HFSS products ads;*
- *trends in children's exposure to ads for food and soft drink advertising on TV (how many ads and what types of content and messages they're seeing) and their impact on children (in terms of immediate behaviour, dietary preferences, actual consumption and longer-term links to health);*
- *the net cost to broadcasters and advertisers of banning ads for HFSS products in parts of the linear TV schedule not restricted by the current rules; and*
- *the appropriateness of the policy underpinning the present rules: to reduce children's exposure to TV HFSS ads, while avoiding intrusive regulation into adult viewing time.*

Introduction

The Royal College of Paediatrics and Child Health (RCPCH) welcomes the opportunity to provide evidence to the Committee of Advertising Practice (CAP) open call regarding advertising to children on TV.

Despite the continued focus, rates of childhood obesity in the UK are not improving and for deprived groups there is evidence of further escalation. Between 2007/08 and 2016/17, the difference between obesity prevalence in the most and least deprived areas has increased from 4.5 to 6.8 percentage points for children in reception year and from 8.5 to 15 percentage points for children in year 6 in England.¹

The causes of obesity in childhood are multifaceted, and must address the obesogenic environment as well as look at genetic and epigenetic factors. Given this, effective obesity prevention requires a coordinated response across a wide range of stakeholders including parents, children, businesses and civil society actors, in addition to government.

The RCPCH set out several key actions to tackle childhood obesity in our 2017 [State of Child Health Report](#). In our recent follow-up report [The State of Child Health One Year On](#) we have undertaken an audit of actions against these recommendations, and while there has been some progress, significant further action is required. Within our suite of recommendations, we have repeatedly called for there to be a ban on advertising of food high in saturated fat, sugar and salt in all broadcast media before 9pm.^{2,3}

¹ NHS Digital. Statistics on Obesity, Physical Activity and Diet - England, 2018 .

<http://digital.nhs.uk/catalogue/PUB30258>

² RCPCH. 2017. State of Child Health Report. https://www.rcpch.ac.uk/sites/default/files/2018-04/state_of_child_health_2017_-_full_report.pdf

³ RCPCH. 2018. State of Child Health England – One Year On. https://www.rcpch.ac.uk/sites/default/files/2018-04/rcpch_state_of_child_health_england_0.pdf

Public health benefits of restricting HFSS food advertising to children

While the College agrees that there are a range of factors which contribute to a child's risk of being overweight or obese, we strongly refute the statement contained in the CAP consultation document which suggests that advertising is not one of the main influences on increasing rates of childhood obesity in the UK. Tougher restrictions to protect children from marketing of foods high in sugar fat and salt (HFSS) are essential to ensuring that the holistic range of measures designed support children and families to make healthier choices are not undermined.

Research demonstrates that there is a clear link between the food and drink adverts children see and their food choices and how much they eat. A systematic review and meta-analysis undertaken by Boyland et al. (2016) looking at the effects of acute exposure to unhealthy food and non-alcoholic beverage advertising found that acute exposure to food advertising increases food intake in children. Twenty-two studies were included that experimentally manipulated advertising exposure (unhealthy food compared with a control) and measured concurrent or subsequent food intake. The meta-analysis reinforces previous research which demonstrates an effect of food advertising on children's eating, but not adults.⁴ This is particularly important as it emphasises how children have a unique response to advertising and it is therefore imperative that they are adequately protected.

A recent study by Cancer Research UK demonstrated that TV marketing is a consistent risk factor for unhealthy eating and drinking. Using a UK-wide sample of 11-16 year olds the study showed that CYP with high TV exposure were: 1.9 times more likely to consume 2 or more sugary drinks per week; 1.8 times more likely to consume 1 or more takeaways per week; and 1.7 times more likely to consume fried potato products 1 or more times per week. Furthermore people with high advert exposure were around 2.7 times more likely to have high total HFSS consumption. Findings were similar for consumption of TV and on demand services.⁵ Further findings and analysis are contained within the [full report](#) and the consultation response from Cancer Research UK.

While the CAP commitment to ensuring regulatory decisions are based on strong evidence is commendable, given the scale and complexity of childhood obesity in the UK we also need bold and innovative action. We must also acknowledge the lack of robust and up-to-date evidence to demonstrate that any level of advertising is safe for children. This, coupled with there being no discernible benefit to children for HFSS marketing, should be reason enough to implement tougher controls.

Trends in exposure to HFSS advertising in the UK

Current rules to restrict exposure to HFSS adverts do not go far enough in protecting children when they watch TV the most, between 6pm and 9pm, as this viewing period does not typically feature children-specific programming.

A study conducted by the University of Liverpool on behalf of the Obesity health Alliance in 2017 found that the majority (59%) of food and drink adverts shown during family viewing time (6pm-9pm) would be banned from children's TV, however, current restrictions only apply when children are over-represented in the audience, compared to the total viewing population, by 20%. Therefore while 27% of children's viewing takes place during children's TV where HFSS restrictions apply, 49% of children's viewing takes place in

⁴ Boyland EJ, Nolan S, Kelly B, Tudur-Smith C, Jones A, Halford JCG, Robinson E (2016). Advertising as a cue to consume: a systematic review and meta-analysis of the effects of acute exposure to unhealthy food or non-alcoholic beverage advertising on intake in children and adults. *American Journal of Clinical Nutrition*, 103: 519-533.

⁵ Thomas C, Hooper L, Petty R, Thomas F, Rosenberg G, Vohra J (2018). 10 years on: New evidence on TV marketing and junk food consumption amongst 11-19 year olds 10 years after broadcast regulations. Cancer Research UK, available from: http://www.cancerresearchuk.org/sites/default/files/10_years_on_full_report.pdf

adult air time where HFSS restrictions do not apply, peaking between 7pm and 8pm.⁶ Further findings and analysis are contained in the [full report](#) and consultation response from the Obesity Health Alliance.

A 9pm watershed therefore is the most effective way to reduce children's exposure to food and drink marketing which includes live broadcast and on demand services.

About the RCPCH

The College is a UK organisation which comprises over 15,000 members who live in the UK, Ireland and abroad and plays a major role in postgraduate medical education, as well as professional standards.

The College's responsibilities include:

- setting syllabuses for postgraduate training in paediatrics
- overseeing postgraduate training in paediatrics
- running postgraduate examinations in paediatrics
- organising courses and conferences on paediatrics
- issuing guidance on paediatrics
- conducting research on paediatrics
- developing policy messages and recommendations to promote better child health outcomes
- service delivery models to ensure better treatment and care for children and young people

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⁶ Obesity Health Alliance. 2017. A 'Watershed' Moment Report. <http://obesityhealthalliance.org.uk/wp-content/uploads/2017/11/A-Watershed-Moment-report.pdf>