

Response ID ANON-ME6A-9ZVG-S

Submitted to **Introducing further advertising restrictions of products high in fat, sugar and salt (HFSS) on TV and online**
Submitted on 2019-06-07 08:58:39

Disclosure of responses

About you

What is your name?

First name:

Kristin

Last name:

Bash

What is your email address?

Email:

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Is it okay for the Department of Health and Social Care of the Department for Media Culture and Sport to contact you in relation to your consultation response?

Yes

In what capacity are you responding to this consultation?

On the behalf of an organisation

About your organisation

What is the name of your organisation?

What is the name of your organisation?:

Faculty of Public Health

How would you describe the work of your organisation?

Other - please state

Other, please state:

Professional public health organisation

Media in scope

The Government proposes that any further advertising restrictions on HFSS advertising apply to broadcast TV and online. Do you think that any further advertising restrictions should be applied to other types of media in addition to broadcast TV and online?

Yes

Media in scope continued

Which other media should be subjected to further HFSS advertising restrictions?

Cinema, Radio, Print, Outdoor, Direct marketing, Other - please specify

Other, please specify :

Please explain why you think that we should extend additional HFSS advertising restrictions to these types of media.

Will reduce children's exposure to HFSS advertising and in turn reduce their calorie intake, Will drive further reformulation of products, Reduces risk of displacing advertising spend, Easy for advertisers and regulators to understand, Easy for parents and guardians to understand

Other, please explain :

Food and drink in scope (HFSS definition)

The Government proposes that any additional HFSS advertising restrictions apply to food and drink products included in Public Health England's sugar and calorie reduction programmes and the Soft Drinks Industry Levy, using the 2004/05 Nutrient Profiling Model to define what products are HFSS. Do you agree or disagree with this proposal?

Disagree

If you do not agree with the proposed HFSS definition, what alternative approach would you propose and why? Please provide evidence to support your answer.

Please explain your alternative approach:

In principle the Faculty of Public Health agrees with the proposed changes. We would also recommend a further approach. This approach is related to calorie reduction but more importantly to increased cancer risk. Processed meat should be included on this list, as high consumption is associated with negative health outcomes, most strongly with an increased risk of colorectal cancer (Bouvard et al 2015; Chan et al 2011; Domingo and Nadal 2017). Based on strong evidence from 400 studies, the International Agency of Research on Cancer (IARC) determined there was sufficient evidence to conclude that exposure to processed meat causes colorectal cancer and in 2015 processed meat was reclassified as a Group 1 (carcinogenic)(IARC, 2015).

High intake of processed meat is also associated with other negative health outcomes, including CVD mortality (Sinha et al., 2009), breast cancer (Farvid et al., 2018), diabetes (Aune, Ursin and Veierød, 2009), and all-cause mortality (Schwingshackl et al, 2017). There is no identified minimum level of processed meat consumption for which there is no associated risk (WCRF-UK.org, 2019; BDA, 2018).

Aune, D., Ursin, G. and Veierød, M. (2009). Meat consumption and the risk of type 2 diabetes: a systematic review and meta-analysis of cohort studies. *Diabetologia*, 52(11), pp.2277-2287.

BDA (2018). Eating patterns for health and sustainability: A reference guide for dietitians. One Blue Dot. [online] British Dietetic Association. Available at: https://www.bda.uk.com/professional/resources/obd_ref_guide.pdf [Accessed 5 Dec. 2018].

Bouvard, V., Loomis, D., Guyton, K., Grosse, Y., Ghissassi, F., Benbrahim-Tallaa, L., Guha, N., Mattock, H. and Straif, K. (2015). Carcinogenicity of consumption of red and processed meat. *The Lancet Oncology*, 16(16), pp.1599-1600.

Chan, D., Lau, R., Aune, D., Vieira, R., Greenwood, D., Kampman, E. and Norat, T. (2011). Red and Processed Meat and Colorectal Cancer Incidence: Meta-Analysis of Prospective Studies. *PLoS ONE*, 6(6), p.e20456.

Domingo, J. and Nadal, M. (2017). Carcinogenicity of consumption of red meat and processed meat: A review of scientific news since the IARC decision. *Food and Chemical Toxicology*, 105, pp.256-261.

Farvid, M., Stern, M., Norat, T., Sasazuki, S., Vineis, P., Weijenberg, M., Wolk, A., Wu, K., Stewart, B. and Cho, E. (2018). Consumption of red and processed meat and breast cancer incidence: A systematic review and meta-analysis of prospective studies. *International Journal of Cancer*, 143(11), pp.2787-2799.

IARC (2018). Red Meat and Processed Meat, Volume 114. IARC Monographs On The Evaluation of Carcinogenic Risks to Humans. [online] Lyon, France: International Agency for Research on Cancer. Available at: https://www.ncbi.nlm.nih.gov/books/NBK507971/pdf/Bookshelf_NBK507971.pdf [Accessed 9 Mar. 2019].

Sinha, R., Cross, A., Graubard, B., Leitzmann, M. and Schatzkin, A. (2009). Meat Intake and Mortality. *Archives of Internal Medicine*, 169(6), p.562.

Schwingshackl, L., Schwedhelm, C., Hoffmann, G., Lampousi, A., Knüppel, S., Iqbal, K., Bechthold, A., Schlesinger, S. and Boeing, H. (2017). Food groups and risk of all-cause mortality: a systematic review and meta-analysis of prospective studies. *The American Journal of Clinical Nutrition*, p.ajcn153148.

Wcrf-uk.org. (2019). Red Meat and Cancer | How to Prevent Cancer | WCRF UK. [online] Available at: <https://www.wcrf-uk.org/uk/preventing-cancer/cancer-prevention-recommendations/limit-red-meat-and-avoid-processed-meat> [Accessed 23 May 2019].

Broadcast consultation options

For more detail on the Broadcast consultation options please refer to guidance below or see section 5 of the consultation document.

Option 1

Please select the reason/s for your choice, providing supporting evidence for your answer. (Tick all that apply)

Will reduce children's exposure to HFSS advertising and in turn reduce their calorie intake, Will drive further reformulation of products, Easy to implement, Easy for advertisers and regulators to understand, Easy for parents and guardians to understand

Other - please specify :

We require strong action on this issue and therefore we advocate strict restrictions

Supporting evidence for answer :

Broadcast Option 1

The Government proposes an exemption for when there are low child audiences. Should this exemption apply to channels or to programmes? Please explain your answer.

Not Answered

Please explain your answer :

The Faculty disagrees with the idea of an exemption. Children who watch programmes not intended for children are often those who are unsupervised and therefore the most vulnerable. (Stamatakis et al., 2009)

Stamatakis, E., Hillsdon, M., Mishra, G., Hamer, M. and Marmot, M. (2009). Television viewing and other screen-based entertainment in relation to multiple socioeconomic status indicators and area deprivation: the Scottish Health Survey 2003. *Journal of Epidemiology & Community Health*, 63(9), pp.734-740.

Do you agree that 1% of the total child audience (around 90,000 children) is the appropriate level at which programmes or channels should be exempted? Please explain your answer.

Not Answered

Please explain your answer :

The Faculty disagrees with the idea of an exemption.

If you do not agree that 1% of the total child audience is the correct threshold to grant an exemption please propose an alternative threshold, providing evidence to support your answer.

Not Answered

Other, please specify :

The Faculty disagrees with the idea of an exemption.

Please explain your answer:

The Faculty disagrees with the idea of an exemption. Children who watch programmes not intended for children may be those with higher amounts of television viewing overall; these children are often those from lower socioeconomic status, are more likely to be unsupervised, and are therefore more likely to be vulnerable (Hoyos Cillero and Jago, 2010; Stamatakis et al., 2009).

Hoyos Cillero, I. and Jago, R. (2010). Systematic review of correlates of screen-viewing among young children. *Preventive Medicine*, 51(1), pp.3-10.

Stamatakis, E., Hillsdon, M., Mishra, G., Hamer, M. and Marmot, M. (2009). Television viewing and other screen-based entertainment in relation to multiple socioeconomic status indicators and area deprivation: the Scottish Health Survey 2003. *Journal of Epidemiology & Community Health*, 63(9), pp.734-740.

If you would like to comment on the options that you have not chosen to support please comment here, providing evidence to support your answer. Please make it clear what option you are referring to.

Option 1 :

Option 2:

Option 3:

Online consultation options

For more detail on the online consultation options please refer to guidance below or see section 5 of the consultation document.

Option 1

Please select the reason/s for your choice, please explain your answer.

Will reduce children's exposure to HFSS advertising and in turn reduce their calorie intake, Will drive further reformulation of products, Easy to implement, Easy for advertisers and regulators to understand, Easy for parents and guardians to understand

Other, please specify :

Please explain your answer:

It is likely that those children in the 1% viewing online media not usually favoured by children are those most in need of the intervention. It is possible that these children receive the lowest parental controls. We, therefore, support a blanket ban as proposed in option 1.

Online - Option 1

Should exemptions be applied to advertisers that can demonstrate exceptionally high standards of evidence that children will not be exposed to HFSS advertising?

No

What evidence should be required to meet the definition of "exceptionally high standards" for the purposes of securing an exemption?

Please explain your answer:

Preventing children from accessing particular websites is not in the control of the advertisers, therefore even the highest of standards held by advertisers would not influence whether children who are unsupervised at home would be exposed to advertising of HFSS foods.

What exemptions might the Government apply to advertisers who can demonstrate exceptionally high standards of evidence?

Please describe how they would work and provide supporting evidence.:

As above. The Faculty disagrees with the offering of exemptions and supports a full ban as outlined in previous questions.

Should exemptions apply to certain kinds of advertising, recognising the practical challenges of applying a time-based restriction for some kinds of advertising?

No

If yes, please explain what types of advertising should be exempted.:

If you would like to comment on the options that you have not chosen to support please comment here, providing evidence to support your answer. Please make it clear what option you are referring to.

Option 1 :

Option 2 :

Option 3:

Option 4 :

Implementation and next steps

The Government proposes to introduce any advertising restrictions arising from this consultation at the same time on TV and online. Do you think restrictions should be applied at the same time for TV and online?

Yes

Public Sector Equality Duty

Do you think that introducing further HFSS advertising restrictions on TV and online is likely to have an impact on people on the basis of their age, sex, race, religion, sexual orientation, pregnancy and maternity, disability, gender reassignment and marriage/civil partnership?

Yes

If yes, please explain your answer and provide relevant evidence.:

Positive impacts would be anticipated, due to reduction in obesity based on age, pregnancy, race and disability as outlined in the Equality Assessment (chapter 2)

Do you think that any of the proposals in this consultation would help achieve any of the following aims

PSED - Eliminating discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010:

I do not know

PSED - Advancing equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it:

Yes

PSED - Fostering good relations between persons who share a relevant protected characteristic and persons who do not share it:

Yes

If Yes, please explain which aims it would help achieve and how.:

Evidence suggests that children who are disabled, are more likely to spend more time watching television than able-bodied children (Chonchaiya et al, 2011; Howard 1996; Jobling et al., 2006).

Children in minority groups or with stigmatised conditions are also more likely to engage with television and online media than people who do not share protected characteristics (Burdette and Whitaker, 2005; Rideout et al., 2011; Taveras et al, 2009).

Therefore, this intervention reduces inequalities by reducing exposure to advertising in protected groups.

Burdette, H.L. and Whitaker, R.C., 2005. A national study of neighborhood safety, outdoor play, television viewing, and obesity in preschool children. *Pediatrics*, 116(3), pp.657-662.

Chonchaiya, W., Nuntnarumit, P. and Pruksananonda, C., 2011. Comparison of television viewing between children with autism spectrum disorder and controls.

Acta Paediatrica, 100(7), pp.1033-1037.

Howard, L., 1996. A comparison of leisure-time activities between able-bodied children and children with physical disabilities. British journal of Occupational therapy, 59(12), pp.570-574.

Jobling, A., Cuskelly, M. and Rutherford, J., 2006. Physical activity, food intake and television habits of young adults with Down syndrome and their siblings. ACHPER Healthy Lifestyles Journal, 53(3/4), pp.24-30.

Rideout, V., Lauricella, A. and Wartella, E., 2011. Children, media, and race: Media use among White, Black, Hispanic, and Asian American children. Evanston, IL, USA: Center on Media and Human Development School of Communication Northwestern University.

Sprafkin, J. and Gadow, K.D., 1986. Television viewing habits of emotionally disturbed, learning disabled, and mentally retarded children. Journal of Applied Developmental Psychology, 7(1), pp.45-59.

Taveras, E.M., Hohman, K.H., Price, S., Gortmaker, S.L. and Sonnevile, K., 2009. Televisions in the bedrooms of racial/ethnic minority children: how did they get there and how do we get them out? Clinical pediatrics, 48(7), pp.715-719.

If No, could the proposals be changed so that they are more effective? :

If you think that proposals could be changed to be more effective please explain what changes would be needed.:

It is proposed that option 1 under broadcast (section 3) should exclude the exemption for channels and programmes that have extremely low levels of children viewing. It is possible that the 1% of children viewing are those under the least level of parental control, who are potentially those most at risk. The proposed exemption has the potential to widen inequalities further.

Do you think that the proposed policy to introduce further HFSS advertising restrictions on TV and online would be likely to have a differential impact on people from lower socio-economic backgrounds?

Yes

If yes, please explain your answer and provide relevant evidence.:

Evidence suggests that people from low SES backgrounds are more likely to consume HFSS (Mackenbach, et al., 2018; Stamatakis et al., 2009). Children from low SES backgrounds are more likely to watch more television, unsupervised and it is therefore possible that their late-night viewing may be higher (Ogunleye et al., 2014).

Macken Bach, J., de Groot, R., Lakerveld, J., De Cocker, K., Cardon, G., De Bourdeaudhuij, I. and Compernelle, S. (2018). What factors explain socioeconomic inequalities in adults' television-related sitting time?. European Journal of Public Health, 29(2), pp.248-254.

Ogunleye, A., Voss, C. and Sandercock, G. (2014). Delayed bedtime due to screen time in schoolchildren: Importance of area deprivation. Pediatrics International, 57(1), pp.137-142.

Stamatakis, E., Hillsdon, M., Mishra, G., Hamer, M. and Marmot, M. (2009). Television viewing and other screen-based entertainment in relation to multiple socioeconomic status indicators and area deprivation: the Scottish Health Survey 2003. Journal of Epidemiology & Community Health, 63(9), pp.734-740.

Impact Assessment

Do you want to answer the impact assessment questions?

No

Before you submit your response

How did you hear about this consultation?

GOV.UK or other government website

If you answered other, please specify:

How satisfied were you with using the digital online consultation form?

Disappointed

How could we improve this service?:

With the fully on-line format (where some questions only arise after answers are given to previous questions), it is very difficult to provide a response on behalf of an organisation where views must be checked and approved before submission. The ability to print off a blank version of the entire response form would be one way to allow for easy collaboration on responses, such as is required for organisations such as the Faculty of Public Health.