



**Submission to the review of the Code of Advertising to Children and the Children's Code for Advertising Food.**

**Submission on behalf of:**

Cancer Society of New Zealand.

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**Submission addressed to:**

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**Submission to the review of the Code of Advertising to Children and the Children's Code for Advertising Food 2016.**

## Purpose of submission:

*The purpose of this submission, from the Cancer Society, is to address the Children's Code for Advertising Food, to ensure children are protected from increased risk of obesity and obesity related cancers.*

## Cancer Society Recommendations:

- Children's environments should be free from advertising, marketing and sponsorship of unhealthy foods and beverages<sup>1 2 3 4</sup>
- Introduction of completely independent monitoring, evaluation and compliance with, and complaints against these Codes<sup>5</sup>
- Within these Codes the age of a child should be raised to under 18 years, to also protect youth of 14-17 years old from advertising, marketing and promotion of unhealthy foods and beverages<sup>6</sup>
- The Food and Beverage Classification System is used to rate foods and beverages that are to be advertised<sup>7</sup>
- Introduction of advertising, marketing and sponsorship free viewing time until 9.00pm to ensure all children, under 18 years of age, are protected from advertising, marketing and promotion of unhealthy foods and beverages
- Food and Beverage advertising to be viewed before 9.00pm requires vetting by an independent panel before it is used.

The Cancer Society is committed to helping reduce the incidence and impact of cancer. Therefore we support any actions that protect children from exposure to, or promotion of unhealthy foods and beverages. This would work towards reducing the risk of obesity in the future, that in turn reduces the risk of obesity related cancers, (such as oesophageal, bowel, pancreatic, gallbladder, breast, kidney and womb cancers (Cancer Research UK, 2014).

Findings within the Report of the Commission on Ending Childhood Obesity (WHO, 2015) show there is a worldwide childhood obesity epidemic. Ministry of Health data show that the epidemic is happening in New Zealand (MoH, 2014/15). Evidence indicates that exposure to advertising/marketing and sponsorship of unhealthy foods and beverages are linked to the increase in obesity rates for children (APA, 2016).

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<sup>1</sup> (Cairns, Angus, & Hastings, 2009)

<sup>2</sup> (Carter, Signal, & Edwards, 2013)

<sup>3</sup> (Maher, Patterns of sports sponsorship by gambling, alcohol and food companies: an internet survey., 2006)

<sup>4</sup> (Maher, Wilson, & Signal, 2005)

<sup>5</sup> (Bowers, 2012)

<sup>6</sup> (United Nations, 1990)

<sup>7</sup> (Heart Foundation, 2016)



## Response to questions provided by ASA

### Questions

#### **1. What are the strengths and weaknesses of the two current Children's Codes?**

The weakness of the current codes is that they do not adequately protect children from advertising and marketing of unhealthy foods and beverages:

- The code does not include 'free from marketing' viewing times, when children are likely to be engaging with various media types.
- The Codes apply to children aged 14 years or younger, with only a 'duty of care' for food advertisements directed at those older than 14 years, and do not protect impressionable youth aged 14-17 years old.
- Sponsorship from food and beverage industry for activities and events children are involved in is not considered in these Codes.
- Codes need to consider different and newly emerging electronic and online media, such as Facebook and on line games.
- Codes also need to consider the environments where children frequent and not just the advertising medium.

#### **2. What are the strengths and weaknesses of the current complaints process?**

Evidence shows that the current complaints process does not protect children from advertising and marketing of unhealthy foods and beverages. The complaints process has demonstrated inconsistent decision making and a lack of Code application (Bowers, 2012). The process is time consuming and confusing for the public and has no penalty for advertising abusers. By the time a complaint is processed the particular advert has completed its advertising cycle so there is no real consequence for advertisers.

A new complaints system will be required for the new 'free from marketing' children's Food Advertising Code.



**3. What changes, if any, are necessary to protect the rights of children and their health / wellbeing?**

- Settings where children frequent are free from marketing of unhealthy foods and beverages.<sup>8</sup>
- No marketing of unhealthy foods and beverages before 9.00pm at night.
- The NZ Food and Beverage Classification System is used to determine what are unhealthy foods and beverages.<sup>9</sup>
- Advertising and marketing of healthy, everyday foods and drinks, (as determined by the NZ Food and Beverage Classification System) is increased.<sup>10</sup>
- Proposed advertising and marketing for foods and beverages are prior screened and classified by an independent panel to determine compliance with the Code.<sup>11</sup>
- Complaints process should be completely independent, and user friendly, with penalties for those found in breach of the Code.<sup>12</sup>
- Instant removal of advert while the complaint against it is processed.

**4. Please comment on any concerns you have with different media formats in relation to advertising to children (for example: magazines, television, social media, websites).**

Both marketing and advertising of unhealthy food and beverages should be regulated at any setting or location that is frequented or seen by children and young adults e.g. events they may enter, around schools, on the front of packaging, sports grounds etc. (Carter, 2013) (Carter, Signal, & Edwards, 2013)

Sponsorship of events and activities targeted to children should also be included and regulated in the same way as marketing and advertising of unhealthy foods and beverages. This would also include promotional activities such as children's sports giveaways.

**7. The Children's Codes currently define a child as under the age of 14. Do you support or oppose this definition? Why?**

No we do not support the current definition of a child. The United Nation Convention of Rights of the Child state that a child is anyone below the age of eighteen years (United Nations, 1990). Raising the age of a child to under 18 would align with New Zealand's current advertising standards for alcohol which state "*Minors*" are people who are under the age at which they are legally entitled to purchase liquor'. In New Zealand it is illegal to sell alcohol to under 18s. It would also align with current sale and purchase of tobacco legislation where it is illegal to sell to under 18s. Youth between 14-18 years are still impressionable, look to role models, and targeting of unhealthy foods and

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<sup>8</sup> (Cairns, Angus, & Hastings, 2009)

<sup>9</sup> (Heart Foundation, 2016)

<sup>10</sup> (Heart Foundation, 2016)

<sup>11</sup> (Bowers, 2012)

<sup>12</sup> (Bowers, 2012)



beverages to teenagers is well documented (Wilson, Signal, & Nicholls, 2006) (Hammond, Wylie, & Casswell, 1999). Eighteen would align New Zealand with international efforts.

**8. Is there a role for a nutrient profiling system such as the health star rating system in the Children's Codes? If yes, in what way and which system would you suggest?**

Yes. We suggest the NZ Food and Beverage Classification System which is based on the New Zealand Ministry of Health Food and Nutrition Guidelines (Heart Foundation, 2016) and provides a clear distinction between healthy and unhealthy foods.

These guidelines are specifically designed for the age range of this review, children and young people. This system also supports links within the Childhood Obesity Plan.

However, the Codes should state that only the 'everyday foods' range should be advertised/marketed/sponsor, to protect the health and wellbeing of children.

**9. Do you support or oppose a specific guideline on sponsorship? Why?**

Yes we support specific guidelines on sponsorship. Children are often exposed to unhealthy foods and beverages through sports and events sponsorships, using well known/famous role models/brands that children look up to.

Evidence shows that this exposure is substantial (Maher, 2006) (Carter, 2013).



**10. Do you support or oppose the introduction of independent monitoring and evaluation of the codes? How would this work?**



The Cancer Society supports the introduction of completely independent, evidence based monitoring, evaluation and compliance of the codes.

Evidence shows that the current system of self-monitoring is not protecting children from exposure to advertising/marketing and sponsorship of unhealthy foods and beverages (Bowers, 2012).

**11. What is your view of the sanctions imposed by the ASA when a complaint is upheld?**

To be effective complaints need to be actioned quickly, and deter future breaches.

Under the current system by the time a complaint has been laid, investigated and a decision made the advertising cycle has been or is nearing completion (Bowers, 2012). The current system is not user friendly, and is time consuming. The new system needs to be quick and easy to use, with a short turnaround time of decisions.

As noted by Bowers (2012) there are no real consequences or penalties for advertising that breaches the Code. This needs to be rectified in the new Code with adequate penalties which will deter future breaches of the Code.

**12. Are there environments where you consider it to be inappropriate to advertise to children?**

Yes, advertising, marketing or sponsorship involving unhealthy foods or beverages is inappropriate in any environment children visit often, or that they have easy access to, (Carter, 2013) (Maher, 2006) (Carter, Signal, & Edwards, 2013) (Vandevijvere & Swinburn, 2015) for instance:

- Sports venues/settings
- In and around schools
- Magazines, where children and young people are the focus or intended audience
- On front of product packs (shops)
- Internet
- TV
- Internet games

**13. Do you support or oppose combining the two current codes? Why?**

Cancer Society's interest lies with the quality of any Codes for advertising to children. The number of Codes is of little importance compared with providing protection to children from advertising, marketing or sponsorship, only the quality of the Code can do this.



## Conclusion:

Cancer Society recommends an evidence based code with:

- Children’s environments should be free from advertising, marketing and sponsorship of unhealthy foods and beverages.<sup>13</sup>
- Introduction of completely independent monitoring, evaluation and compliance with, and complaints against these Codes.<sup>14</sup>
- Within these Codes the age of a child should be raised to under 18 years, to protect youth of 14-17 years old from advertising, marketing and promotion of unhealthy foods and beverages.<sup>15</sup>
- The NZ Food and Beverage Classification System is used to rate foods and beverages that are to be advertised.<sup>16</sup>
- Settings where children go often are free from advertising, marketing and sponsorship of unhealthy foods and beverages.<sup>17 18 19</sup>
- Advertising, marketing and sponsorship free viewing time to 9.00pm to ensure all children, under 18 years of age, are protected from advertising, marketing and promotion of unhealthy foods and beverages.

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<sup>13</sup> (Cairns, Angus, & Hastings, 2009)

<sup>14</sup> (Bowers, 2012)

<sup>15</sup> (United Nations, 1990)

<sup>16</sup> (Heart Foundation, 2016)

<sup>17</sup> (Carter, Signal, & Edwards, 2013)

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## Organisation information

*The Cancer Society of New Zealand is a Federation of six Divisions and a National Office. We are committed to helping reduce the incidence and impact of cancer on the community. Cancer affects many of us and is a major cause of disease, disability and death in New Zealand, with 21,050 new registrations and 8,891 deaths in 2011 (Ministry of Health 2015). To lessen this impact, we need an organised approach to reduce the number of people who die from cancer and improve the quality of life of those who are diagnosed.*

*As part of our approach, the Cancer Society has a set of objectives, including:*

- a) Providing supportive care and information to people affected by cancer, their families/whanau and carers.*
- b) Encouraging, organising, supporting and funding research within New Zealand into the prevention, treatment and cure of cancer.*
- c) Delivering health promotion programmes focusing on cancer prevention.*
- d) Leading advocacy across the cancer continuum.*





- e) *Promoting education about cancer for health professionals and publicising progress made in research and treatment.*
- f) *Working collaboratively with other organisations who share similar goals to the Cancer Society.*

*Cancer Society staff also participate in Regional Cancer Networks, which were set up by the Ministry of Health in 2008. These networks have District Health Boards (DHB's), Primary Care, Non-Government Organisations (NGO's) and Consumer representatives.*

