



IRISH MEDICAL
ORGANISATION
Ceadchumann Dochtúirí na hÉireann

**IMO Submission to the Broadcasting Authority of Ireland
Children's Commercial Communications Code**

October 2011

IMO Submission to the Broadcasting Authority of Ireland (BAI) Children's Commercial Communications Code

*“Obesity is one of the greatest public health challenges of the 21st century”.*¹ Prevalence of obesity has tripled in many European countries since the 1980s, and continues to rise at an alarming rate, particularly among children. In Ireland 24% of adults are obese and 37% are overweight² and 7% of children are obese and 19% are overweight.³

Obesity is linked to a range of serious physical and mental health problems.⁴ At least three quarters of type 2 diabetes, a third of ischaemic heart disease, a half of hypertensive disease, a third of ischaemic strokes and about a quarter of osteoarthritis can be attributed to excess weight gain. A fifth of colon cancers, a half of endometrial cancers and one in eight breast cancers in post-menopausal women are also attributable to excess weight. Obesity is also a feature of many adults with mental health conditions particularly depressive and anxiety disorders.

Childhood obesity is associated with a higher chance of obesity, premature death and disability in adulthood.⁵ Obese children also experience breathing difficulties, increased risk of fractures, hypertension, early markers of cardiovascular disease, insulin resistance and psychological effects.

The National Taskforce on Obesity estimated the direct and indirect cost of obesity in Ireland is €0.4billion.⁶

“Tackling overweight and obesity therefore is not only important in public health terms, but will also reduce the long-term costs to the health services and stabilise economies by enabling citizens to lead productive lives into old age”⁷

To a certain extent genetic factors contribute to obesity, but for the majority of overweight and obese people, poor nutrition and lack of exercise are the principal causes.⁸ Evidence shows that energy dense foods - foods that are high in fat, salt and sugar (HFSS) – promote weight gain and obesity.

¹ WHO, Obesity, downloaded from <http://www.euro.who.int/en/what-we-do/health-topics/noncommunicable-diseases/obesity>

² IUNA, National Adult Nutrition Survey - Summary Report March 2011

³ ESRI and TCD, Growing up in Ireland, National Longitudinal Study of Children, The Lives of 9 year olds – Report 1 2009

⁴ WHO, The Challenge Of Obesity In The WHO European Region And The Strategies For Response, 2007

⁵ WHO, Obesity and Overweight Fact Sheet No. 311, Updated March 2011 downloaded from <http://www.who.int/mediacentre/factsheets/fs311/en/>

⁶ Department of Health and Children. Obesity: The Policy Changes. The Report of the National Taskforce on Obesity, 2005.

⁷ Commission of European Communities, Green Paper, Promoting Healthy Diets and Physical Activity: A European Dimension for the Prevention of Overweight, Obesity and Chronic Disease, Brussels, 2005.

⁸ European Commission Directorate-General for Health and Consumer Protection (EC DGSanCo) 2006, Nutrition and Obesity Prevention Factsheet downloaded from http://ec.europa.eu/health/ph_determinants/life_style/nutrition/documents/nut_obe_prevention.pdf

While individuals have responsibility for their own behaviour, the WHO suggests a wide range of environmental factors influence individual energy intake and expenditure and can be considered obesogenic. These include affordability of healthy food and one's level of disposable income, family practices, school policies and procedures, transport and urban planning policies, policies on food supply and agriculture and commercial marketing activities.⁹

The most effective way to reduce excessive weight in the long-term is to consume a healthy, nutritionally balanced diet and increase levels of exercise. The behavioural and environmental factors that contribute to obesity and overweight provide the greatest opportunities for actions and interventions designed for prevention and treatment.¹⁰

Advertising has a significant impact on the preferences, purchasing behaviour and consumption of goods by both adults and children. This is evident in the billions spent each year on advertising by the manufacturers of food and drink. There is substantial evidence suggesting that the advertising of "junk food" impacts on children's diets and contributes to childhood obesity.¹¹

The Irish Medical Organisation welcomes the Broadcasting Authority of Ireland (BAI) review of the Children's Commercial Communications Code and the recommendations of the Expert Working Group on Health and Nutrition of Children Living in Ireland that:

- Advertising of foods and drinks high in energy, saturated fat, sugar and salt to children should be restricted by the Broadcasting Authority of Ireland (BAI).
- The UK's Food Standards Agency's Nutrient Profiling (NP) model should be adopted completely and without amendment for the purposes of deciding on suitability of food products for television advertising to children.
- Consideration should be given to the advertising of food and drinks for children to parents/carers. This is of importance as parents/carers are the gatekeepers of their children's health and this type of advertising influences parental choice of foods for young children (under fives) in particular.
- Consideration should be given to the broadcast times of food and drink advertising as many children watch television outside of the period strictly designated as children's viewing time.
- As it will not be practical to directly control advertising of foods high in trans fats (associated with increased risk of heart disease) to children, surveys should be undertaken to ensure that intakes of trans fats remain low.

⁹ WHO 2007

¹⁰ U.S. Department of Health and Human Services, The Surgeon-General's Call to Action to Prevent and Decrease Overweight and Obesity, 2001.

¹¹ WHO Forum on the Marketing of Food and Non-alcoholic Beverages to Children (2006 : Oslo, Norway) Marketing of food and non-alcoholic beverages to children : report of a WHO forum and technical meeting, Oslo, Norway, 2-5 May 2006.

In response to the questions asked in the consultation document

Section 3 – Expert Working Group Report

- **What are your views, generally, on the five recommendations of the Expert Working Group?**

The IMO support the recommendations of the Expert Working Group. A wide range of measures are needed across different sectors to tackle the growing public health epidemic of childhood obesity. The restriction of advertising of HFSS foods to young people would be a welcome development in the broader strategy to tackle obesity.

Further clarification is needed on what measures are to be taken concerning the advertising of food and drink for children to parents and carers.

Section 4 – Nutrient Profiling Model

- **Do you think the BAI should adopt the Nutrient Profiling Model of the Food Standards Agency in the event that it puts in place specific regulation of HFSS foods?**
- **Do you anticipate any difficulties implementing this model in practice? If yes, how might these be resolved?**
- **Who should have responsibility for certifying that a product is/is not a HFSS food? Should it be advertisers or broadcasters?**
- **The NP model uses the UK National Health Services „5 A DAY“ definition of what constitutes a fruit or vegetable. On what basis should the BAI define food and drink in the event that it applies the model in Ireland?**

The IMO recommend the UK Nutrient Profiling Model of the Food Standards Agency (FSA) should be adopted by the BAI as a model for defining “healthy” and “unhealthy” food and drink. This model has been fully endorsed by the Irish Heart Foundation and the National Heart Alliance as an “appropriate, specific and scientifically rigorous tool”.

In the UK copy clearance – whereby the content of an advertisement is cleared against broadcasting codes and rules - is under taken by Clearcast. Advertisers are required to submit a Nutrition Profile Certificate to Clearcast, however Clearcast do not separately analyse the product for compliance. The process itself is considered sufficient insofar as the advertiser risks damage to their reputation if the product is falsely certified.

The IMO understanding is that if the FSA Nutrient Profiling Model is to be adopted in Ireland, advertisers will be required to submit a Nutrition Profile Certificate to the BAI. If a complaint is received by the BAI, the BAI must investigate for compliance and strict penalties should apply for advertisers who submit a false certificate.

Section 5 – Regulatory Options

- **Regarding the regulatory approaches outlined at 5.1, which of the three approaches do you think would work best:**

- Self-regulation;
- Co-regulation, or;
- Governmental/Independent statutory regulation?

Please provide the reasons for your opinion.

- **Regarding the regulatory approaches outlined at 5.1, which, if any, of the approaches outlined do you think is unsuitable? Please provide reasons for your opinion.**
- **Regarding the regulatory measures outlined at 5.2, which, if any, of these measures do you favour:**

- No additional regulation;
- Restrictions based on time bands;
- Restrictions based on the definition of children’s programmes;
- Content restrictions;
- On-screen measures;
- A combination of measures;

Please provide the reasons for your opinion.

- **Regarding the regulatory measures outlined at 5.2, which, if any of these, do you not favour? Please provide the reasons for your opinion.**
- **Are there other approaches to regulation that you would like the BAI to take? If yes, please detail these alternative approaches and outline the benefits.**

Since 2005 the IMO has been calling in the Government to ban all advertising of fast food before the 9pm watershed on TV and Radio. Research has demonstrated that even a brief exposure to food commercials can influence children’s preferences.¹² The only measure which will protect children sufficiently from exposure to advertising of unhealthy foods is an outright ban between 6am and 9pm. This should be implemented by statutory regulation overseen by the BAI.

IMO members see the impact of these energy dense foods on children, and indeed also on adults. Our members also see the burden placed on the health service by the illnesses caused by these products. As a people we are being encouraged to adopt a preventive approach to our personal health, and by proxy for our children’s health. These are the contexts in which we advocate for regulation.

¹² The Henry J. Kaiser Family Foundation, The Role of the Media in Childhood Obesity Feb 2004