



Irish Medical Organisation
Submission to the Advertising Standards Authority for Ireland on
The Review of the Code of Standards for Advertising

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INTRODUCTION

The Irish Medical Organisation is pleased to make a submission on a review of the Code of Standards for Advertising, Promotional and Direct Marketing in Ireland as part of ASAI's consultation activities for the preparation of improving the Code. The IMO welcomes ASAI's intention to modernise the Code in order to align it with more up to date public attitudes and policy.

The following are a list of recommendations that the IMO feels are more in line with current public policy. Given that the ASAI aims to promote the highest standards of advertising in all areas of the media the IMO has put forward suggestions that we feel are more in keeping with current public attitudes and public policy.

SECTION 5: CHILDREN

Section 5.9 of the *Code of Standards for Advertising, Promotional and Direct Marketing in Ireland*, in relation to Children and Food, states that marketing communications in relation to children should not "encourage an unhealthy lifestyle or unhealthy eating or drinking habits".¹ The IMO believes that this should be taken a step further and that there should be a ban on advertising of unhealthy foods to children including TV advertising of processed foods before 9pm.

The IMO seeks this ban in order to progress the Code from a mere ban on High Fat Salt and Sugar [HFSS] foods during children's programming to one that encompasses other programmes that children watch. Given that the majority of children watch TV outside of children's airtime with and without parental supervision, the IMO believes that the only measure which will protect children sufficiently from exposure to advertising of unhealthy foods is an outright ban from 6am to 9pm.²

The restriction of the advertisement of HFSS products has the potential to influence children's food preferences, food requests and ultimately support families to purchase more healthy options.³ As such, it is eminently advisable that the ASAI standards reflect this in order to protect children from exposure to advertising of unhealthy foods.

There is substantial evidence suggesting that the advertising of "junk food" impacts on children's diets and contributes to childhood obesity.⁴ Research has demonstrated that even a brief exposure to food commercials can influence children's preferences.⁵ The only measure which will protect

¹ s. 5.9, ASAI, *Manual of Advertising Self-Regulation*, 2007

² Landon, Jane, "Regulations and voluntary codes controlling food and drink marketing to children in the UK: an analysis of gaps and weaknesses", *Appetite*, Vol. 62, March 2013, pp. 187-189 - "TV advertising scheduling rules do not catch programmes watched by the largest numbers of children because of the way that child audiences are calculated."

³ The WHO, *Europe Region*, Marketing of foods high in fat, salt and sugar to children, 2013, - "The marketing of food and beverage products high in fat, sugar and salt to children is recognized in Europe as an important element in the aetiology of child obesity and in the development of diet-related non-communicable diseases"

⁴ WHO, Forum on the Marketing of Food and Non-alcoholic Beverages to Children, "Marketing of food and non-alcoholic beverages to children", Oslo, May, 2006

⁵ The Henry J. Kaiser Family Foundation, *The Role of the Media in Childhood Obesity* Feb 2004

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. The ASAI should facilitate this ban by making the Code more exacting on advertisers.

The IMO is calling on the ASAI to provide an update to the Code on protecting children from the harms of HFSS marketing. To achieve this we are requesting that ASAI establish a process for the independent development of marketing regulations. This update must provide a clear and transparent means of determining whether a product or promotion influences children, and distinguish between healthy and unhealthy foods.

SECTION 7: ALCOHOLIC DRINKS

The IMO is calling for the introduction of a total ban on all advertising and promotion of alcohol in view of the devastation it causes amongst our population. The IMO advocates for the introduction of government health warnings on alcoholic beverages. Research illustrates that explicit health warnings on alcohol containers and promotional materials are a low-cost counter advertising strategy that can raise awareness of health issues and can discourage some from drinking while pregnant or from drink-driving.⁶

ASAI can support this process by making their alcohol regulations more rigorous and demanding on alcohol companies. It is also advisable that ASAI work in conjunction with authorities in Northern Ireland to ensure effective cross-border protection from alcoholic advertising harms on the island. The alcohol industry spends millions on advertising and promotion because it works. Essentially alcohol marketing increases brand awareness and it increases sales. Young people are particularly susceptible to alcohol promotion. Mass media advertising, sports and events sponsorship, merchandising, internet presence, electronic communications and point-of-sale marketing constantly bombard younger generations with messages promoting drinking as a social norm.

In Ireland in 2010 the drinks industry spent over €44m on advertising and are the major sponsors of festivals and sporting events, investing a further €25m in sponsorship. Voluntary advertising standards and the commercial communications code include restrictions on the content and time of alcohol advertisements on television and radio, however they have failed to protect young people from commercial influence.⁷

Longitudinal studies show that the volume of alcohol advertising and media exposure increases the likelihood that young people will start drinking, increases the amount of alcohol young people consume and increases the amount of alcohol young people consume on any one occasion.⁸ Studies have also shown that an increase in expenditure on alcohol advertising is associated with an increase in alcohol related harm among young people and likewise a total ban on alcohol advertising reduces alcohol related harm.

⁶ Stockwell, T, "A Review of Research into the Impacts of Alcohol Warning Labels on Attitudes and Behaviour", *Centre for Addictions Research of BC University of Victoria British Columbia*, Canada, 2006, pp. 7-8

⁷ Ireland found that among 16-21 year olds, alcohol ads represented 5 out of 10 of their favourite ads, almost all had owned some form of alcohol branded merchandise and among 16-17 year olds a third had seen an ad or a pop-up ad on their social networking page.

⁸ Anderson, P., *The impact of Alcohol Advertising: ELSA project report on the evidence to strengthen regulation to protect young people*. Utrecht: National Foundation for Alcohol Prevention, 2006, p.10

As such, the IMO believe that the only way to ensure that young people are not exposed to alcohol marketing is to introduce a complete ban on alcohol advertising and promotion including:

- All forms of mass media advertising including print, broadcast and digital media, billboard advertising and cinema commercials;
- alcohol sponsorship of sporting activities and sporting organisations
- the promotion or sponsorship of concerts by alcohol companies;
- product placements in movies, TV programmes and music videos;
- merchandising;
- All point of sale promotions including price promotions.

SECTION 8: HEALTH & BEAUTY

The IMO acknowledges s.8.1 of the Code and requests advertising accuracy when an advertisement contains scientific and health related issues, to prevent biased or inaccurate information that may be detrimental to the consumer. This is necessary in order to ensure that consumers get accurate information so that they can make informed decisions about health products.⁹

SECTION 9: SLIMMING

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 As stressed in the Code's regulations, any claims made by a company about slimming must be accurate and backed up with clear scientific evidence.

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 diets and contributes to obesity.¹¹

MARKETING DEVELOPMENTS

The IMO requests that the Irish Medicines Board reviews pharmaceutical advertising protocols to ensure that appropriate statistical terms are used (ARRs, NNTs, NNHs) and that all adverts highlight study lengths, trial population and to accurately display drug cost, instead of reference to relative risk.

The IMO also calls on the ASAI, through its Code of Standards, to reflect the potential harms that screening of asymptomatic individuals may receive and the limited evidence for screening interventions on such individuals in advertisements.

⁹ Dietary Supplements, An Advertising Guide for Industry, Federal Trade Commission, Bureau of Consumer Protection, 2001, p.1

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 relation to the advertising of alternative medicine the IMO hope that ASAI tackle the issue of commercial entities who use "health claims" to promote their businesses without evidence to support such claims. All alternative/complementary medicine practices must be appropriately regulated to ensure the safety of patients.

Any marketing communication relating to any product or treatment for serious or prolonged ailments or conditions requiring the attention of a registered medical practitioner must strictly adhere to section 54 of the *Medical Council Guide to Ethics*.¹²

SELF-REGULATION VIEWPOINT

The IMO is of the opinion that independent statutory regulation with penalties for non-compliance is a much preferred method of control, as industry self-regulation or co-regulation are demonstrably unlikely to assure compliance.

Furthermore, expectations that companies will respect the advertising code, where there are no real effective sanctions in place, are misplaced. What is needed is an effective compliance mechanism that is regulated by an independent body who can deliver stringent sanctions to those who fail to comply. Unless the ASAI Code provides an incentive toward compliance, the time, energy and other resources devoted to the creation and maintenance of the Code will be squandered.

The failure of the self-regulation system is all the more evidenced by the fact that of the 53 complaints to the ASAI relating to alcohol in 2012, only four cases were referred to the complaints committee for a decision and no complaints were upheld under the specific alcohol provisions of the Code. Given that ASAI's primary objective is to ensure the promotion of goods and services that is in the best interest of consumers, the IMO feels that an independent regulatory body would be better placed to assess this need.

ASAI has the opportunity to modernise the way in which advertising is viewed in Ireland. The IMO hopes that ASAI will appreciate some of our proposals in relation to the way advertising is viewed and, in particular, the way in which it is regulated.

¹² S.54, Medical Council, *Guide to Professional Conduct and Ethics for Registered Medical Practitioners*, 7th Ed., 2009