

OSNPPH Response - Health Canada's Marketing to Children Consultation

Question 1: Based on your knowledge of nutrients, should Health Canada's marketing restrictions focus on sodium (salt), sugars, and saturated fat?

No,

OSNPPH supports a full ban on marketing of **all food and beverages** to children and adolescents.

Industry can, and do, utilize **food or beverage** as a marketing opportunity to increase brand awareness and loyalty among children and adolescents. Children will show preferences for both healthy and unhealthy foods branded by a company with which they are familiar (Robinson, *et al*). Young children can recognize name brands before they can read (Valkenburg & Buijzen 2005). In addition, the food industry uses "health washing" to make products and/or the company seem healthy, building brand loyalty and misleading the consumer. A complete ban on the marketing of food and beverages to children and adolescents would reduce any unintended health outcomes.

OSNPPH is concerned that if marketing restrictions focuses on specific nutrients and criteria, the food industry will have the opportunity to find loopholes in the definition and continue to market items to children that would not be nutritionally beneficial.

Although OSNPPH supports a full ban on marketing to children and adolescents, if Health Canada decides to move forward with its focus on marketing restrictions of "unhealthy food and beverages", then we believe that the restrictions should be broadened to include additional items, such as:

- Caffeinated products

- Food and beverages with added nutrients that create a health halo effect (e.g. Water with added vitamins, soda pop with added fibre, orange juice with added calcium and/or vitamin D)

- Products containing non-nutritive sweeteners

References:

Cairns G, Angus K, Hastings G, Caraher M. Systematic review of the evidence on the nature, extent and effects of food marketing to children. A retrospective summary. *Appetite* 2013;62:209- 215.

Robinson, T. N., Borzekowski, D. L. G., Matheson, D. M., & Kraemer, H. C. (2007). Effects of fast food branding on young children's taste preferences. *Archives of Pediatrics and Adolescent Medicine*, 161(8), 792-797.

Valkenburg, Patti M. and Moniek Buijzen. (2005) Identifying determinants of young children's brand awareness:Television, parents, and peers. *Applied Developmental Psychology*, 26 (2005) 456 – 468.

Question 2: In your estimation, which is more appropriate as the basis for restricting marketing to children: Option 1 (~5% DV) or Option 2 (15% DV) thresholds for sodium, sugar and saturated fats?

Neither

The challenge of setting a threshold definition for 'unhealthy' foods could be avoided by restricting all

marketing of food and beverages to children and adolescents. Such a ban removes any debate on the definition of 'healthy' versus 'unhealthy' foods. It also ensures that the exploitation of "loopholes" through the miscategorization of foods and beverages by industry would be avoided. It also acknowledges that children lack adequate cognition to understand the effects of advertising, and recognizes that any advertisement for the sake of profit is therefore predatory.

If a threshold is to be selected, the more restrictive threshold (~5% of the DV of saturated fat, sugars or sodium) for defining unhealthy foods would be most appropriate. This reinforces existing federal policies for nutrient content claims, and aligns with nutrition labelling policies where 5% DV represents 'a little' and 15% DV represents 'a lot'. For %DV to be effective, serving size reference amounts must be standardized across the industry in order for product size to not be manipulated to fit in the restriction (Health Canada 2014).

In addition, a 5% DV threshold would allow better consistency with nutrition standards for foods sold in schools across the nation. In Ontario, this would support the School Food and Beverage Policy (MEDU, 2011), the Ontario Student Nutrition Programs (MCYS, 2016) and the Before and After School Programs in Ontario (CCEYA, 2014).

Sugar – The World Health Organization recommends that sugar intake should not exceed 10% of total energy intake (WHO, 2015). The 5% DV option aligns best with this recommendation.

Sodium – Evidence shows that between 76% to 97% of children ages 1-18yrs consume sodium in excess of the UL; and that virtually all children exceed the AI on a daily basis (Statistics Canada, 2007). The use of a 15% DV will perpetuate the risk of overconsumption of sodium, especially for younger children where the AI is lower, yet the serving size of a packaged food product remains the same, therefore 5% is more appropriate.

References:

Health Canada (2014). Proposed Revisions to Reference Amounts <https://www.canada.ca/en/health-canada/services/food-nutrition/public-involvement-partnerships/proposed-revisions-reference-amounts-schedule-food-drug-regulations-proposed-new-serving-size-guidelines/consultation.html?ua=1>.

Ministry of Education of Ontario (2011). School Food and Beverage Policy <http://www.edu.gov.on.ca/extra/eng/ppm/150.html>

Ministry of Children and Youth Services (2016). Student Nutrition Program Nutrition Guidelines <http://www.children.gov.on.ca/htdocs/English/documents/studentnutrition/SNP-nutrition-guidelines-2016.pdf>.

Child Care and Early Years Act (2014). <https://www.ontario.ca/laws/statute/14c11>.

WHO (2015). Sugar Intakes for Adults and Children (2015). http://apps.who.int/iris/bitstream/10665/149782/1/9789241549028_eng.pdf?ua=1

Statistics Canada (2007). Sodium consumption at all ages. <http://www.statcan.gc.ca/pub/82-003-x/2006004/article/sodium/4148995-eng.htm>.

Question 3: Based on your understanding of non-sugar sweeteners (such as Aspartame and Sucralose), should Health Canada prohibit the marketing to children of all foods and beverages containing non-sugar sweeteners?

Yes, Health Canada should restrict the marketing to children of all foods and beverages containing non-sugar sweeteners. Artificial sweetener consumption is increasing in all age groups, particularly in children (Sylvetsky et al, 2011). Current evidence suggests that the marketing of these products may

influence a child's preference for other sugar-sweetened beverages in the same brand (Cairns et al, 2013).

The benefits and risks of artificial sweeteners in the child population remains unclear. More research is required regarding the benefits and/or long term risks regarding use of artificial sweeteners, especially as it relates to energy compensation, satiety, sweet craving, food intake, and weight control (Swithers, 2015).

References:

Sylvetsky, A, Rother K, Brown, R. (2011). Artificial Sweetener use among children: epidemiology, recommendations, metabolic outcomes, and future directions. *Pediatr Clin North Am.* 2011 Dec; 58(6): 1467–1480. Accessible at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3220878/>

Cairns G, Angus K, Hastings G, Caraher M. Systematic review of the evidence on the nature, extent and effects of food marketing to children. A retrospective summary. *Appetite* 2013;62:209-215.

Health Canada (2010). Sugar Substitutes. <https://www.canada.ca/en/health-canada/services/food-nutrition/food-safety/food-additives/sugar-substitutes.html>.

Swithers, SE. Artificial sweeteners are not the answer to childhood obesity. *Appetite.* 2015 Oct;93:85-90. doi: 10.1016/j.appet.2015.03.027. Epub 2015 Mar 28.

Dietitians of Canada – PEN Knowledge pathway on Sweeteners (2013). Sweeteners Evidence Summary. Accessible by members only at this site: <http://www.pennutrition.com/KnowledgePathway.aspx?kpid=1323&trid=17794&trcatid=42>.

Question 4: Would the definitions proposed adequately protect children from unhealthy food and beverage marketing?

No.

As previously stated, while OSNPPH advocates for restrictions on the marketing of **all food and beverages** to children and adolescents, we support the choice of using time of day rather than audience thresholds. Restrictions on marketing of food and beverages based on time of the day rather than a threshold of the audience is going to provide more comprehensive protection. In addition to restricting marketing of unhealthy foods and beverages at the specified times on television, we also support a full ban on marketing of all food and beverages to children and youth made at all hours to specialty channels with the target audience of children and youth, such as Teletoon, MuchMusic, YTV, Disney Channel.

In regards to “child-directed” marketing on the internet, the approach suggested aligns with the recommendations from the World Health Organization regional office for Europe in their report on digital marketing (WHO Europe 2016). We support this approach, and as suggested by the WHO, to ensure proper protection, the restrictions should be for mixed audiences. This report suggests using the US FTC approach in COPPA as a model, as it specifies that “if (a) service targets children as one of its audiences – even if children are not the primary audience – then (the) service is ‘directed to children’”. Provision should also be made for a mechanism by which media can be assessed externally as directed to children (Arnold et al, 2015). Furthermore, we encourage Health Canada use the term “digital” instead of “internet”. Digital encompasses a wider range of mediums and would enable best protecting in an ever-evolving online landscape.

Reference

Tackling food marketing to children in a digital world: trans-disciplinary perspectives. Children's rights, evidence of impact,

methodological challenges, regulatory options and policy implications for the WHO European Region (2016)

Arnold R, Hillebrand A, Waldburger M. Personal data and privacy. London: Ofcom; 2015 (http://stakeholders.ofcom.org.uk/binaries/internet/personal-data-and-privacy/Personal_Data_and_Privacy.pdf, accessed 16 April 2016)

Question 5: Based on your experience, are there any other marketing techniques that influence children and should be considered as part of the marketing restrictions?

Yes,

We suggest that Health Canada reviews and matches the comprehensive list of marketing techniques of the World Health Organization on pages 10 and 53 of the WHO publication “A Framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to Children”.

The legislation should include a statement in prevision of newer forms of marketing, such as digital and social media marketing and product placements. These can be more difficult to recognize than traditional methods, and even adults cannot always identify them, however the influence on brand loyalty and product selection is the same.

While sponsorship is covered in the traditional techniques, there is no mention of philanthropy from the food industry, which should also be included.

Question 6: Based on your experience, are there any other channels used for marketing to children that should be considered as part of the marketing restrictions?

Yes, other channels to be considered:

- Future mobile device and/or digital platforms and apps, could possibly include virtual reality apps, holograms;
- Signage other than billboards such as delivery trucks wrapped in advertisements depicting unhealthy foods and/or beverages;
- Marketing of toys and games that normalize unhealthy food environments and food choices such as Candy Land, Lego (e.g., Lego Friends HotDog Van, Cupcake Café), Barbie Food Truck, Play Mobile Food Truck, Play-Doh (e.g., cupcake celebration play set), colouring and activity books.

Question 7: Are there certain situations where some marketing techniques should be exempted from broad marketing restrictions?

No,

If exemptions are allowed, marketing dollars would be shifted to the exempted techniques and continue to influence children and adolescents food choices and purchases as well as build brand awareness and loyalty. As stated previously, OSNPPH supports a ban on marketing of all food and beverages, however, restrictions should not apply to non-commercial marketing for valid public health education and public awareness campaigns.

Question 8. Do you have any other feedback? (Group feedback)

OSNPPH commends Health Canada for taking the lead in protecting our most vulnerable through

restrictions on marketing of unhealthy food and beverages to children and youth (under 17 years of age). We appreciate being able to consult on the development of this legislation.

If Health Canada only restricts marketing of unhealthy food and beverage it still enables companies to build brand loyalty and brand awareness. Throughout the Health Canada document, there is mention of how marketing drives brand loyalty. On pg 15 of the Health Canada discussion paper for public consultation document, under Branding: *“Brand marketing connects and motivates consumers on an emotional level, affecting children’s food preferences and choices. Children are particularly brand sensitive and show preferences for brands at a young age. Companies can use brand marketing to promote a company or they may brand just one “healthier” food or beverage within a product line. Thus, while avoiding direct promotion of unhealthy products, they promote them by association...”*

By restricting only “unhealthy food” this may push food industry to exploit healthier products or products that are not restricted under the marketing ban to build brand loyalty with children and youth. For example, we know that fast food restaurants have been offering healthier sides (e.g. apple slices) in children’s meals and marketing overall meals high in fat, salt and calories through this (proposed) loophole. Furthermore, large sugar sweetened beverage brands have openly stated that they are now focusing on advertising their brand as opposed to specific products, which may also be a loophole in the proposed restrictions on unhealthy food and beverages.

Finally, we ask that once the marketing restrictions are established, that they be evaluated, monitored, sufficiently resourced and enforced. This will ensure the expected impact is achieved.

Reference

<http://www.coca-colacompany.com/stories/taste-the-feeling-launch>