

11 April 2016

Hilary Souter  
Chief Executive Officer  
ASA Secretariat  
Codes Review Panel  
PO Box 10675  
WELLINGTON NZ 2820

By email to: [asa@asa.co.nz](mailto:asa@asa.co.nz)

Dear Ms Souter

**Re: 'The Review of the Code for Advertising to Children' and 'The Children's Code for Advertising Food'**

**Introduction**

Thank you for the opportunity to comment on '*The Review of the Code for Advertising to Children*' and '*The Children's Code for Advertising Food*.'

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises government on mental health care. The RANZCP has more than 5,000 members, including around 3,700 fully qualified psychiatrists and almost 1,200 members who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support people in recovery, including pharmacotherapy and psychotherapy. Within psychiatry there are six faculties including the Faculty of Child and Adolescent Psychiatry.

The Faculty of Child and Adolescent Psychiatry advocates on the behalf of children and adolescents supporting them to live healthy lives. Society is rapidly changing with the media having a profound and far-reaching impact on children's lives including their psychological development.

The RANZCP acknowledges that advertising is a form of media that has a powerful impact upon young people's behaviours and perspectives (American Academy of Pediatrics, 2006: Monaghan 2008). The RANZCP notes that advertising in some instances may have a detrimental impact upon young people's health e.g. there is evidence linking the media's unrealistic body imagery to increasing presentations by young people with eating disorders (Morris, 2003). Psychiatrists assess and treat people with eating disorders. The RANZCP has an interest in understanding those factors that are contributing to increasing presentations relating to eating disorders including both young boys and girls (RANZCP, 2014).

While the RANZCP accepts that children can experience both positive and negative effects from interacting with the media, we are particularly concerned about the media's impact on children and young people with identified mental health difficulties. This particular group is not identified or

acknowledged in your consultation document and we suggest some comment is made to remind advertisers and marketers of this at risk group. In addition, the RANZCP contend that all children are potentially vulnerable to the influences of the media (RANZCP, 2011).

The RANZCP has developed two position statements outlining our concerns regarding contemporary media and its potential impact on children's cognitive developmental and mental health wellbeing. We attach these two statements - *Sexualisation of children in contemporary media - Position Statement 58* and *The impact of media on vulnerable children and adolescents - Position Statement 72* - for your information.

## **Comments in Response to Your Consultation Questions**

In your consultation document, you have raised several questions and we have provided feedback where appropriate.

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

#### **Principle 1(b)**

We strongly support Principle 1(b) stating that advertising portraying violence, aggression and menacing elements is not acceptable. We are cognisant that violent and threatening images can impact adversely on children's mental health. We also contend that children and young people identified as having mental illness are more adversely affected by negative influences.

#### **Principle 1(h)**

We are concerned about the increasing occurrence of sexualised images of children and we note that Principle 1 (h) addresses the issue of using sexual imagery in advertisements. Evidence indicates that sexualised themes can undermine young girls' self-esteem resulting in a negative self-image that is associated with depression and impaired sexual development in the adolescent years (RANZCP, 2008.) Often the sexualisation of girls is associated with depictions of aggressive acts perpetrated by males (RANZCP, 2008). We recommend that the wording in Principle 1(h) is strengthened as follows:

*1(h) Advertisements should prohibit the use of sexual imagery including any material that encourages sexual aggression. Advertisements should not state or imply [...]*

#### **Principle 1(j)**

Principle 1(j) states that "*advertisements to children should not promote gambling or gaming.*"

Gambling is becoming normalised in our society and is often viewed as a harmless form of entertainment (Mongahan 2008). Increasingly young children and adolescents are being exposed to gambling advertising in a range of settings including print media, television and in public places such as billboards and public transport (Mongahan, 2008). In addition the RANZCP is concerned that while an advertisement may not result in a child winning money there may be elements of the advertising that allow children to learn the principles of gambling e.g. accumulating points, winning products and "scratch and win". Addiction psychiatrists work with individuals who have developed serious problems with gambling, therefore the RANZCP encourages the Advertising Standards Authority to revise principle 1(j) to ensure all advertisements making reference to gambling or gaming are not shown during primetime TV and that any advertisements appealing to children prohibit gambling or gaming of any kind.

## **Principle 2(a)**

Principle 2(a) states that “*advertisements should be clearly recognisable as such by children and separated from editorial, programmes or other non-advertising content.*”

Evidence suggests that children are finding it increasingly difficult to recognise advertisements from other non-advertising content. Marketing techniques such as interactive advertising and gaming, product placements in movies and TV shows, tie-ins between movies and fast food restaurants are continually blurring the lines between commercial messages and the non-commercial environment (American Academy of Pediatrics, 2006). It may be necessary to revisit Principle 2 (a) and provide further guidance along with examples of advertisements that would not comply with this standard.

### ***Additional Comments on the Codes/Principles***

We have two additional concerns that require consideration by the Advertising Standards Authority for possible inclusion in the codes.

The RANZCP recommends that the Codes also include a principle relating to promotional products such as hats, posters and clothing that feature brand names and how this may impact on children's buying behaviour and self-image. We recommend that the branding on promotional products are appropriate for children and that the products themselves do not seek to sexualise or demean children.

Point-of-sale advertising should also be included in the Codes as this marketing method is used at check-out counters to entice young buyers into making an impulse purchases. Often the products associated with impulse buying are of low nutritional value such as soft drinks, confectionery and chewing gum and specially aimed at children (TV One News, 2014).

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

We would argue that the Children's Code should be extended to include children and adolescents. Psychiatrists within the Faculty of Child and Adolescent Psychiatry work with people up to 18 years old (RANZCP, 2010). The chronological age of 14 does not necessarily equate to the child's level of intellectual and psychological maturity. Therefore an older age group cut off might take into consideration the variable difference in development maturity within this age group cohort.

For these reasons we would view anyone under 18 years old as potentially vulnerable to advertising and contend that teenage children are often subjected to a range of sophisticated marketing techniques including interactive advertising and gaming.

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

We support the introduction of independent monitoring to ensure that the advertising codes are adhered to and that advertising has minimal negative impacts on children's mental health and wellbeing. We would suggest that the monitoring role is undertaken by the Office of the Children's Commissioner.

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

Obesity is increasingly prevalent among New Zealand children with 11% obese and a further 22% overweight (CMC, 2015). Childhood obesity is a challenging public health issue in New Zealand and it is suggested that environmental factors, such as the advertising of nutritionally deficient foods are contributing to children's poor eating behaviours. Because children, particularly those under 12 years old, do not possess the ability to critically assess advertising messages and understand the intent of the messaging, we would strongly support the premise for a separate code focusing on food advertising (Dietitians of Canada, 2010).

## Conclusion

The RANZCP contends that children are particularly vulnerable to messaging inherent in advertising and we support the Advertising Standards Authority in reviewing the current codes regarding advertising to children and food advertising.

We have reviewed the Codes and we would encourage the Advertising Standards Authority to strengthen the advertising principles relating to sexual imagery and gambling. These elements have the potential to be harmful to young children. We also suggest that promotional products and point of sales purchases are included in the Codes

The RANZCP supports the introduction of an independent monitoring regime to ensure the advertising codes are adhered to and that advertising has minimal negative impacts on children's mental health and wellbeing. We would suggest that monitoring role is undertaken by the Office of the Children's Commissioner.

We favour two separate codes as we contend that obesity is a serious health issue in New Zealand and that the continual advertising of "fast foods" to children and young people is one of the contributing factors to the current obesity epidemic.

Thank you for the opportunity to provide feedback on the advertising codes.

If you require further information regarding this submission, please contact the RANZCP's New Zealand Manager, Rosemary Matthews who supports the New Zealand National Committee. Rosemary can be contacted on 04 472 7265 or by email [Rosemary.Matthews@ranzcp.org](mailto:Rosemary.Matthews@ranzcp.org).

Yours sincerely



Dr Mark Lawrence, FRANZCP  
**Chair, New Zealand National Committee *Tu Te Akaaka Roa***



Dr Allister Bush, FRANZCP  
**Chair, New Zealand Faculty of Child and Adolescent Psychiatry**

## References

American Academy of Paediatrics (2006) Children, adolescents and advertising. Pediatrics Volume 118, (6) December 2006

Commonwealth of Australia (2007) Australian Communications and Media Authority, Television advertising to children: a review of contemporary research on the influence of television advertising directed at children. Australian Government.

Council of Medical Colleges (2015) Statement on obesity in New Zealand

Dietitians of Canada (2010) Advertising of food and beverages to children

Monaghan S et al (2008) Impact of gambling advertisements and marketing on children and adolescents: policy recommendations to minimise harm. Journal of Gambling Issues 22 December 2008.

Morris A and Katzman D (2003) The impact of the media on eating disorders in children and adolescents. Paediatric Child Health, May-June, Volume 8(5): 287–289.

The Royal Australian and New Zealand College of Psychiatrists (2014) The Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of eating disorders. Australian and New Zealand College of Psychiatry Volume 48(11): 1-62

The Royal Australian and New Zealand College of Psychiatrists (2008) Sexualisation of children in contemporary media - Position Statement 58.

The Royal Australian and New Zealand College of Psychiatrists (2011) The impact of media on vulnerable children and adolescents - Position Statement 72.

The Royal Australian and New Zealand College of Psychiatrists (2010) Prevention and early intervention of mental illness in infants, children and adolescents.

TV One News (2014) Sugary treats may be taken from supermarket checkouts, 14 July 2014

## **Attachments**

1. *Sexualisation of children in contemporary media - Position Statement 58*
2. *The impact of media on vulnerable children and adolescents - Position Statement 72.*