

Submission to the Consultation on the review of the Code for Advertising to Children and the Children's Code for Advertising Food

From a group of 73 health professors

We are professors of health disciplines who are committed to acting on the unacceptably high prevalence of obesity and dental caries among New Zealand children, including adolescents. Addressing these debilitating conditions requires multiple strategies, including significant restrictions on unhealthy food and beverage (hereafter food) marketing to children. Our submission outlines the review outcomes required to improve the health and well-being of New Zealand children by reducing the unhealthy food marketing to which they are exposed. Some members of this group have contributed to other detailed submissions and we refer the Panel to submissions from other health groups for specific responses to the consultation document questions.

Expected outcomes from the review of ASA Codes

- **The UN Convention on the Rights of the Child (UNCROC) is expressed throughout the Code (or codes).** This expression is evident in the Code's objectives, definition of children, protection of privacy, and ensuring that the interests of children are paramount.
- **The express objectives of the Code are to reduce the overall exposure and power of unhealthy food marketing to children.** This is the main outcome to which the Code needs to be monitored and held accountable. This outcome will require an explicit change to the current Codes, which deal primarily with the nature of individual advertisements.
- **Recommendations are made to government to significantly invest in achieving the objectives.** Self-regulatory codes have not been shown to reduce the volume of unhealthy food marketing to children in New Zealand or internationally and the government will need be engaged to strengthen the Code, for example, through co-regulation, setting the policy objectives, funding outcome monitoring, and applying sanctions where necessary.
- **A realignment of the Code's definition of 'children' with the UNCROC definition (under 18 years).** The UNCROC definition is required because adolescents are the target of substantial marketing of unhealthy foods, they are influenced by such marketing, and they have a high prevalence of obesity.
- **The Code covers all forms of marketing.** This is stated in the introduction of the current Codes but certain forms of marketing with high reach to children, including adolescents, are not covered in the current provisions (e.g. sponsorship, websites, and social media).
- **The Code defines 'unhealthy foods' using a robust nutrient profile system.** Several nutrient profiling systems are available. WHO, whose role is to set standards, has a nutrient profiling system specifically for food marketing to children and this is recommended for the Code.
- **The Code clearly defines 'marketing to children'.** Quebec has the longest standing, robust definition and it uses three criteria: the appeal of the product to children; the appeal of the communication to children, and; the size of the child audience the medium reaches.
- **The Code covers marketing in child and youth settings.** Schools, early childhood education centres, children's sports clubs and other children's settings should be free from marketing.

New Zealand children suffer from very high and increasing rates of obesity and caries and these contribute to enormous child health inequalities. The outcomes from this review could significantly help to reduce this suffering. We urge the Panel to use this opportunity to make a difference.

Signed by the following health professors

NAME	DISCIPLINE, DEPARTMENT, INSTITUTION
Alistair Woodward	Epidemiology, School of Population Health, University of Auckland
Andrew Hornblow	Emeritus / public health, School of Medicine, University of Otago, Christchurch
Ann Richardson	Epidemiology, Wayne Francis Cancer Epidemiology Research Group, University of Canterbury
Barbara Burlingame	Nutrition and food systems, School of Public Health, Massey University, Wellington
Barry Borman	Epidemiology, Centre for Public Health Research, Massey University, Wellington
Barry Taylor	Paediatrics, School of Medicine, University of Otago, Dunedin
Bernhard Breier	Nutrition, School of Food and Nutrition, Massey University, Albany
Boyd Swinburn	Population nutrition, School of Population Health, University of Auckland
Bruce Arroll	General practice, School Population Health, University of Auckland
Bernadette Drummond	Paediatric dentistry, Department of Oral Sciences, University of Otago, Dunedin
Cameron Grant	Paediatrics, Department of Paediatrics, University of Auckland
Chris Bullen	Public health medicine, National Institute for Health Innovation, University of Auckland
Clare Wall	Nutrition, School of Medical Sciences, University of Auckland
Cliona Ni Mhurchu	Population nutrition, National Institute for Health Innovation, University of Auckland
David Cameron-Smith	Nutrition, Liggins Institute, The University of Auckland
David Menke	Psychiatry, Waikato Clinical Campus, University of Auckland
Dee Mangin	General practice, Department of General Practice, University of Otago, Christchurch
Diana Lennon	Paediatrics, School of Medicine, University of Auckland
Diana Sarfati	Cancer epidemiology, Department of Public Health, University of Otago, Wellington
Doug Sellman	Psychiatry and addiction medicine, Department of Psychological Medicine, University of Otago, Christchurch
Elaine Rush	Nutrition, School of Sport and Recreation, Auckland University of Technology
Faafetai Sopoaga	Pacific health, Department of Preventive and Social Medicine, University of Otago, Dunedin
George Thomson	Tobacco control, Department of Public Health, University of Otago, Wellington
Gerry Devlin	Cardiology, Department of Medicine, University of Auckland, Waikato
Gillian Abel	Public health, Department of Population Health, University of Otago, Christchurch
Harvey White	Cardiology, School of Medicine, University of Auckland
Jane Coad	Nutrition, Massey Institute of Food Science and Technology, Massey University, Palmerston North
Janet Hoek	Marketing, Department of Marketing, University of Otago, Dunedin
Jennie Connor	Public health medicine, Department of Preventive and Social Medicine, University of Otago, Dunedin
Jeremy Krebs	Diabetes and endocrinology, Edgar Diabetes and Obesity Research Centre, University of Otago, Wellington

Jeroen Douwes	Public health epidemiology, Centre for Public Health Research, Massey University, Wellington
Jim Mann	Nutrition and diabetes, Edgar Diabetes and Obesity Research Centre, University of Otago, Dunedin
John McCall	Surgery, Department of Surgical Sciences, University of Otago, Dunedin
John Broughton	Dentistry, Department of Oral Diagnostic and Surgical Sciences, University of Otago, Dunedin
John Potter	Nutrition epidemiology, Centre for Public Health Research, Massey University, Wellington
Les Toop	General practice, Department of General Practice, University of Otago, Dunedin
Louise Signal	Public health, Department of Public Health, University of Otago, Wellington
Lutz Beckert	Medicine, Department of Medicine, University of Otago, Christchurch
Mark Elwood	Epidemiology, School of Population Health, University of Auckland
Marlena Kruger	Nutrition, School of Food and Nutrition, Massey University, Palmerston North
Mauro Farella	Orthodontics, Department of Oral Sciences, University of Otago, Dunedin
Michael Baker	Public health medicine, Department of Public Health, University of Otago, Wellington
Michael Keall	Public health, Department of Public health, University of Otago, Wellington
Murray Skeaff	Nutrition, Department of Human Nutrition, University of Otago, Dunedin
Murray Thomson	Public health dentistry, Sir John Walsh Research Institute, University of Otago, Dunedin
Nick Wilson	Public health medicine, Department of Public Health, University of Otago, Wellington
Nicholas Chandler	Endodontics, Department of Oral Rehabilitation, University of Otago, Dunedin
Papaarangi Reid	Maori health, Department of Maori Health, University of Auckland
Patricia Priest	Epidemiology and public health, School of Medicine, University of Otago, Dunedin
Paul Brunton	Restorative dentistry, Department of Oral Rehabilitation University of Otago, Dunedin
Peter Crampton	Public health medicine, Division of Health Sciences, University of Otago, Dunedin
Peter Davis	Health sociology, COMPASS Research Centre, University of Auckland
Philip Gendall	Emeritus / marketing, Department of Marketing, University of Otago, Dunedin
Philippa Howden-Chapman	Public health, Department of Public Health, University of Otago, Wellington
Rachael Taylor	Medicine, Edgar Diabetes and Obesity Research Centre, University of Otago, Dunedin
Robert Beaglehole	Emeritus / epidemiology, School of Population Health, University of Auckland
Robert Doughty	Preventive Cardiology, School of Medicine, University of Auckland
Robert Scragg	Epidemiology, School of Population Health, University of Auckland
Robin Gauld	Health policy and systems, Department of Preventive and Social Medicine, University of Otago, Dunedin
Robert McGee	Health promotion, Department of Preventive and Social Medicine, University of Otago, Dunedin

Rod Jackson	Epidemiology, School of Population Health, University of Auckland
Roger Hughes	Public health nutrition, School of Public Health, Massey University, Wellington
Roger Mulder	Psychiatry, Department of Psychological Medicine, University of Otago, Christchurch
Ruth Bonita	Emeritus / epidemiology, School of Population Health, University of Auckland
Rozanne Kruger	Dietetics and nutrition, School of Food and Nutrition, Massey University, Albany
Sally Casswell	Public health, SHORE and Whariki Research Centre, Massey University, Auckland
Shanthi Ameratunga	Public health medicine, School of Population Health, University of Auckland
Simon Denny	Paediatrics, School of Population Health, University of Auckland
Simon Hales	Environmental epidemiology, Department of public health, University of Otago, Wellington
Sue Pullon	General practice, Department of Primary Health Care & General Practice, University of Otago, Wellington
Susan Wells	Public health medicine, School of Population Health, University of Auckland
Tim Cundy	Diabetes, School of Medicine, University of Auckland
Tony Blakely	Epidemiology, Department of Public Health, University of Otago, Wellington

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For further information, please contact:

Professor Boyd Swinburn, School of Population Health, University of Auckland

Boyd.swinburn@auckland.ac.nz ph 022 167 9636