

Restricting Marketing to Children Consultation

Diabetes Canada

Submission to Health Canada

August 8, 2017

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The health and habits of Canadian children are being powerfully influenced by food and beverage marketing. Children are systematically targeted in sophisticated, interactive marketing campaigns, with the degree and extent of their exposure being much greater now than they were 15 years ago. The vast majority of products being advertised are high in salt, fat, sugar and/or calories. In places where they live, learn and play, children are bombarded daily – even hourly – with ads promoting sugary drinks, fast food and snack items of poor nutrient quality. Children are a captive audience to unhealthy food and beverage messaging delivered through television commercials, video games, mobile apps, billboards, sales promotions, sponsorships, and other ever-changing means.

Research has shown that kids' 'pester power' has a significant impact on household purchasing decisions and that adolescents' annual spending totals in the billions.¹ Corporations target children where they are most vulnerable – on their developing brains – to build brand loyalty from an early age. There is no doubt that it is working and unhealthy consumption patterns among children have emerged. Equally troubling health trends are also appearing; for instance, childhood obesity rates are on the rise, as is risk for chronic diseases like type 2 diabetes.²

Diabetes Canada applauds Health Canada for its proposal to place some legislative parameters around marketing to children in order to help change the food environment and consumption behaviours. The organization is encouraged that Minister of Health Dr. Jane Philpott's mandate letter explicitly mentions the Government of Canada's intention to promote public health by introducing new restrictions on the commercial marketing of unhealthy food and beverages to children, similar to those now in place in Quebec.³ Diabetes Canada is also pleased that Bill S-228, An Act to Amend the Food and Drugs Act (prohibiting food and beverage marketing directed at children), championed by Senator Nancy Greene Raine, unanimously passed with amendments recently at the Senate Committee level and will next go to the House of Commons for debate and voting. These efforts will go a long way toward addressing the obesity epidemic and increased prevalence of disease among children in Canada.

Diabetes Canada appreciates the opportunity to provide feedback on restricting marketing to children as part of the Healthy Eating Strategy. The organization is a proud member of the Stop Marketing to Kids Coalition (the Coalition), whose mission is to support Canadians to make nutritious choices in an environment free from the influence of food and beverage marketing to children.⁴ The viewpoints contained in this

submission reflect the organization's membership in the Coalition as well as Diabetes Canada's mandate to prevent diabetes and improve conditions for those living with, and at risk of developing, the disease.

The Ottawa Principles outline the Coalition and Diabetes Canada's recommended approaches and framework for restricting marketing to children.⁵ It is important to note that the Ottawa Principles are based on the concept that all food and beverage marketing to children in Canada should be prohibited. Such is the case in Quebec, and many other jurisdictions around the world have similar legislation in place.⁶ However, Diabetes Canada can support a proposed process to ban the marketing of unhealthy (rather than 'all') food and beverages to children. This will be a strong base to protect children in Canada from food and beverage marketing.

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

Diabetes Canada agrees that these are nutrients of concern in items being heavily marketed to children and can pose a health risk when consumed in excess. Ideally, Diabetes Canada would like Health Canada to adopt either the World Health Organization (WHO) Regional Office for Europe Nutrient Profile Model or the Pan American Health Organization (PAHO) Nutrient Profile Model as the model that would help inform marketing restrictions in Canada. The WHO Regional Office for Europe Nutrient Profile Model was specifically created for the purpose of guiding restrictions on marketing unhealthy food and non-alcoholic beverages to children and was completed in consultation with several of its Member States.⁷ The PAHO Nutrient Profile Model was also intended to be applied to marketing restrictions, among other uses.⁸ Its content was informed by an Expert Consultation Group composed of recognized nutrition experts.⁸ Both models are scientifically rigorous, comprehensive in nature and propose thresholds for such nutrients as sodium, sugar, saturated fat and total fat.^{7,8}

If it is not possible to use either the WHO Regional Office for Europe Nutrient Profile Model or the PAHO Nutrient Profile Model, Diabetes Canada can support the nutrient profile model Health Canada has developed. There is value to using a profile model that highlights nutrients of concern that have also been identified in Health Canada’s proposed front-of-package nutrition labeling system and new Food Guide. Consistency in messaging across the Healthy Eating Strategy is crucial. As Health Canada further develops and implements the Healthy Eating Strategy, it should prioritize integrating policies and initiatives contained within it and maximizing cohesion between them.

The WHO Regional Office for Europe Nutrient Profile Model restricts the marketing of items that exceed the defined nutrient thresholds, but also prohibits the marketing of certain food categories outright that are deemed unhealthy regardless of their nutrient profile. Examples of these include “chocolate and sugar confectionery, energy bars, and sweet toppings and desserts”, “cakes, sweet biscuits and pastries; other sweet bakery wares, and dry mixes for making such” and “juices”.⁷ Diabetes Canada recommends Health Canada also include in its proposal restricting marketing of categories of foods considered unhealthy, as per the WHO model. Such an action would send a strong message that these foods are not recommended to children because typically they are high in nutrients of public health concern.

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

Diabetes Canada supports Health Canada's use of Option 1 (~5% DV) as the threshold of choice for sodium, sugar and saturated fats. There is evidence to suggest that these nutrients can be harmful to health when high volumes are consumed. Option 1 is consistent with existing messaging that 5% DV represents a low amount, or 'a little', of a nutrient in food and beverages. Adopting Option 1 will promote restricting the marketing of a broader set of nutrient-poor foods to children than Option 2 (15% DV).

Restrictions in marketing to children should also complement the content of the revised Food Guide. Option 1 is more consistent with new proposed Food Guide messaging related to the healthfulness of foods and beverages. Creating a marketing environment that is supportive of Food Guide principles will encourage healthy behaviours. In the interest of aligning the various components of the Healthy Eating Strategy, Diabetes Canada recommends that the proposed front-of-package labeling system also have similar clear, consistent messaging regarding sodium, sugar and saturated fats.

The 5% DV concept is based on adult needs (i.e. intake of 2,000 calories/day) and may not be applicable to children with lower daily energy requirements. This may be mitigated and children protected if Health Canada restricts certain food and beverage categories regardless of their %DV for sodium, sugar and saturated fat. Diabetes Canada recommends Health Canada work with stakeholders to consider unintended consequences that the use of Option 1, despite it being the preferred threshold of the two proposed, may have on marketing to children and work to minimize any negative impacts associated with its use.

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?

Diabetes Canada recommends Health Canada restrict the marketing of all foods and beverages containing non-sugar sweeteners. Some models, such as the WHO Regional Office for Europe Nutrient Profile Model, include a threshold for non-sugar sweeteners. However, given the fact that artificially sweetened food and beverages may replace more nutrient-rich choices in children's diets, their intake should be minimized, as should children's exposure to them through advertising. Childhood is a formative time for the establishment of eating habits and food/taste preferences. Discouraging a 'sugary palate' in young children can go a long way toward supporting healthy habits that have the potential to extend into adulthood.

It can be difficult for children to distinguish between items of the same brand with different nutrient profiles. Prohibiting the marketing of products with non-sugar sweeteners may help to avoid the problem of 'brand extension' advertising aimed at children. Restricted marketing of both commercially and artificially-sweetened foods and beverages provides more comprehensive protection from unhealthy products and brands. Furthermore, a prohibition would be consistent with a recommendation in the Provincial and Territorial Guidance Document for the Development of Nutrient Criteria with Foods and Beverages in Schools 2013 (available upon request) that products with artificial sweeteners be banned in schools across Canada.

Health Canada proposes the following definitions for “child-directed” marketing:
“Child-directed” marketing on television includes all unhealthy food and beverage marketing aired on weekdays from 6:00 a.m. to 9:00 a.m. and from 3:00 p.m. to 9:00 p.m., and on weekends between 6:00 a.m. and 9:00 p.m.
“Child-directed” marketing on the internet includes all unhealthy food and beverage marketing on websites, platforms and apps that are popular with children, even when these digital channels are intended for adults as well.

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

The proposed definitions represent a good starting point. However, they do not sufficiently cover children’s possible exposure to marketing of various types of unhealthy products via television and the internet. Diabetes Canada proposes extending the restricted marketing period on both weekdays and weekends from 6:00 a.m. to 10:00 p.m. The organization supports Health Canada’s proposal to ban marketing on any kids’ channel, website, platform or app, or for any program aimed at, or frequently viewed/visited by, children, regardless of the time of day. Diabetes Canada also suggests using the broader term ‘digital communication platforms’, rather than ‘internet’, to capture a wider range of media through which children could be vulnerable to marketing.

Marketing techniques that influence children include traditional and digital tactics.

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?

Diabetes Canada commends Health Canada for producing a very complete list of traditional and digital tactics. The WHO defines marketing as “any form of commercial communication or message that is designed to, or has the effect of, increasing the recognition, appeal and/or consumption of particular products and services. It comprises anything that acts to advertise or otherwise promote a product or service.”⁹ Diabetes Canada recommends Health Canada refer to this definition to ensure comprehensive coverage of any and all techniques that could be used to influence children’s consumption and behaviours. The WHO has developed its own list of marketing techniques that Health Canada is advised to match.⁹

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?

The channels Health Canada has identified for marketing to children are relevant. Diabetes Canada recommends Health Canada also consider product placement in movies screened in a theatre setting as a form of marketing to children and impose appropriate restrictions. Unhealthy food and beverages marketed to children before/after movie screenings should be prohibited as well.

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

A popular and effective method of marketing to children is through team sponsorship. Diabetes Canada proposes team sponsorship be included as part of marketing to children restrictions. While criteria for exemption for sponsorship currently exist in other jurisdictions, Diabetes Canada recommends a total restriction of team sponsorship by companies that market unhealthy food and beverages to children. Product giveaways for teams should also not be permitted as an extension to this restriction.

QUESTION 8: Do you have any other feedback?

As it finalizes its policy position on restricting marketing to children, Diabetes Canada urges Health Canada to consider the following:

- children under the age of 17 are vulnerable to all forms of marketing; it is unethical for companies to advertise unhealthy food and beverages to this impressionable cohort
- immediate action is needed to address the seriousness of the health issues facing children in this country that are secondary, in part, to unhealthy food and beverage marketing
- governments at all levels are encouraged to work together to support efforts to restrict marketing of unhealthy food and beverages to children; achieving consistency between federal regulations, provincial/territorial legislation and municipal bylaws is critical to avoid confusing the public and to prevent unhealthy marketing from continuing as a result of loopholes
- restrictions on marketing to children must be statutory rather than voluntary, and appropriately enforced
- additional policies will be required to protect Canadian children, to the greatest extent possible, from cross-border marketing through various media channels
- scheduled evaluation of the marketing regulations with benchmarks will be necessary to ensure the expected results are achieved
- proposed legislation will have to be responsive to industry changes, new technologies and marketing innovations in future and the government should have the authority to make amendments as needed

Diabetes Canada is a national health charity representing 11 million Canadians living with diabetes or prediabetes. The organization leads the fight to end diabetes by helping those affected live healthy lives, preventing the onset and consequences of the disease, and working to discover a cure. It has a heritage of excellence, innovation and leadership. It is supported in its efforts by a community-based network of volunteers, employees, health care professionals, researchers and partners. By providing education and services, advocating on behalf of people with diabetes, supporting research and translating it into practical applications, the organization is delivering on its mission.

Diabetes Canada is pleased to participate in this consultation process. Through its advocacy, education and policy work, the organization is promoting healthy choices and healthy living by helping to change the environments in which Canadians live. It has high hopes that the collective effort of concerned individuals and organizations will go a long way to developing meaningful regulations. Children and their caregivers deserve the chance to make informed food and beverage decisions that are free from

excessive corporate influence. If the federal government adopts robust, enforceable, evidence-based guidelines to restrict the marketing of unhealthy food and beverages to children, there is great potential for Canada to become a leader and an example to other countries worldwide.

Thank you for the opportunity to provide feedback.

References

- ¹ Stop Marketing to Kids Coalition. Marketing in 2017 [Internet]. Ottawa, ON: Heart and Stroke Foundation of Canada and Childhood Obesity Foundation; 2016 [cited 2017 Jul 13]. Available from <http://stopmarketingtokids.ca/what-is-marketing-2/>.
- ² Stop Marketing to Kids Coalition. Marketing and Health [Internet]. Ottawa, ON: Heart and Stroke Foundation of Canada and Childhood Obesity Foundation; 2016 [cited 2017 Jul 13]. Available from <http://stopmarketingtokids.ca/the-health-context/>.
- ³ Justin Trudeau, Prime Minister of Canada. Minister of Health Mandate Letter [Internet]. Ottawa, ON: Government of Canada; Date unknown [cited 2017 Jul 14]. Available from <http://pm.gc.ca/eng/minister-health-mandate-letter>.
- ⁴ Stop Marketing to Kids Coalition. Our Vision [Internet]. Ottawa, ON: Heart and Stroke Foundation of Canada and Childhood Obesity Foundation; 2016 [cited 2017 Jul 13]. Available from <http://stopmarketingtokids.ca/our-vision-2/>.
- ⁵ Stop Marketing to Kids Coalition. The Ottawa Principles [Internet]. Ottawa, ON: Heart and Stroke Foundation of Canada and Childhood Obesity Foundation; 2016 [cited 2017 Jul 22]. Available from <http://stopmarketingtokids.ca/the-ottawa-principles-2>.
- ⁶ World Cancer Research Fund International. Nourishing framework: Restricting food advertising and other forms of commercial promotion [Internet]. Location unknown: World Cancer Research Fund International; 2017 [cited 2017 Jul 26]. Available from https://www.wcrf-uk.org/sites/default/files/4_Restrict%20advertising_June%202017.pdf
- ⁷ World Health Organization, Regional Office for Europe. WHO Regional Office for Europe Nutrient Profile Model [Internet]. Copenhagen, Denmark: World Health Organization, Regional Office for Europe; 2015 [cited 2017 Jul 12]. Available from http://www.euro.who.int/data/assets/pdf_file/0005/270716/Europe-nutrient-profile-model-2015-en.pdf?ua=1.
- ⁸ Pan American Health Organization. Pan American Health Organization Nutrient Profile Model [Internet]. Washington, DC: Pan American Health Organization and World Health Organization Regional Office for the Americas; 2016 [cited 2017 Jul 11]. Available from http://iris.paho.org/xmlui/bitstream/handle/123456789/18621/9789275118733_%20eng.pdf?sequence=9&isAllowed=y.
- ⁹ World Health Organization. A Framework for Implementing the Set of Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children [Internet]. Geneva, Switzerland: World Health Organization; 2012 [cited 2017 Jul 14]. Available from <http://www.who.int/dietphysicalactivity/MarketingFramework2012.pdf>.