

Attention: Marketing to Kids Consultation
Health Canada - Health Products and Food Branch
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Appendix A to Report No. 070-18

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MIDDLESEX-LONDON HEALTH UNIT'S SUBMISSION FOR THE 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.

As an agency that endorses the Ottawa Principles, the Middlesex-London Health Unit (MLHU) supports restrictions on marketing of **all food and beverages** to children and adolescents.

The food and beverage industry utilizes **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, 2007). Young children can recognize name brands and logos before they can read. In addition, the food industry uses "health washing" to make products and/or the food company seem healthy, building brand loyalty while misleading the consumer. A complete ban on the marketing of all food and beverages to children and adolescents would reduce any unintended health consequences from marketing.

MLHU is concerned that if marketing restrictions focus on specific nutrients and criteria, the food and beverage industry will seek out loopholes within the legal definitions, and continue to market items to children that are not nutritionally beneficial.

Although MLHU 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 recommend 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-sugar sweeteners

Reference:

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.

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 improper categorization of foods and beverages by industry would be avoided. A complete ban on marketing of food and beverages to children and adolescents acknowledges that children and youth lack adequate cognition to understand and interpret the effects of advertising, and recognizes that any advertisement for the sake of profit is predatory.

However, 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'. It is also most consistent with Canada's Food Guide, especially whole foods, fruits, and vegetables. However, for %DV to be effective, serving sizes must be standardized to prevent the food and beverage industry from manipulating serving sizes to meet the criteria based on %DV (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, 2010) and the Ontario Student Nutrition Programs (MCYS, 2016).

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?=&=&>.

Ministry of Education of Ontario (2010). 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>.

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. Allowing brands to market their artificially-sweetened and/or healthier brand extensions to children and youth is problematic as children may not be able to distinguish between and choose the healthier options within a brand as a whole. These products may influence a child's preference for other sugar-sweetened beverages in the same brand.

Furthermore, the benefits and risks of artificial sweeteners in the child population remains unclear. Evidence from randomized control trials does not necessarily support the use of artificial sweeteners for weight control and observational studies suggest that regular use of artificial sweeteners may be associated with increased BMI and cardiometabolic risk (Azad, et al., 2017). 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; Azad, et al., 2017).

References:

Azad, MB., Abou-Setta, AM., Chauhan, BF., et al. Nonnutritive sweeteners and cardiometabolic health: a systematic review and meta-analysis of randomized controlled trials and prospective cohort studies. Canadian Medical Association Journal. 2017 Jul; 189(28). doi: 10.1503/cmaj.161390.

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.

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

No.

MLHU supports 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. TV programming restricted time zones should be revised to run from 6 AM to 10 PM. Current proposed times do not take into account, exposure for pre-school age children or the non-school season. In addition, since youth under the age of 17 need to be protected as well, it is critical that the TV viewing hours extend to 10 PM.

In addition to restricting marketing of unhealthy foods and beverages at the specified times on television, restrictions should be made at all hours to channels offering children and youth targeted programming 24 hours per day, 7 days per week, including but not limited to Teletoon, MuchMusic, YTV and Disney Channel.

As part of the definition, MLHU would suggest referring to “child/youth-directed” instead of only “child-directed”. Also, using the term “digital” instead of “internet”. This definition would apply to a wider range of mediums including direct marketing through texting services, video games, websites, and future online media.

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.

The World Health Organization provides a comprehensive list of marketing techniques in the publication [*“A Framework for Implementing the Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children”*](#) on pages 10 and 53. MLHU would recommend this list be considered as part of the marketing restrictions.

The legislation should include a statement of principle and intent that enables the regulations to be adaptive to address newer forms of marketing, such as digital and social media marketing and product placements. Health Canada’s legislation should be sufficiently flexible to allow for the inclusion of new marketing methods as they evolve.

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

See response in Question 5. MLHU would recommend the channels listed in the [World Health Organization’s publication](#) *“A Framework for Implementing the Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children”* to be taken under consideration and that the restrictions be sufficiently flexible for the inclusion of new marketing methods as they evolve.

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

Yes.

As stated previously, MLHU supports a ban on marketing of all food and beverages to children and adolescents; however, restrictions should not apply to non-commercial marketing for valid public health education or public awareness campaigns. Exemptions for commercial or for profit marketing provides the opportunity for the food and beverage industry to continue to influence children and adolescents' food choices and purchases, as well as build brand awareness and loyalty.

Question 8. Do you have any other feedback?

MLHU commends Health Canada for taking the lead in protecting our most vulnerable populations through restrictions on marketing of unhealthy food and beverages to children.

As an endorser of the Ottawa Principles, MLHU is in agreement with the recommended age for children as 16 and under. Teens are particularly susceptible to digital marketing since it blurs the lines between marketing and entertainment. Moreover, teens are more susceptible to marketing because they generally have more disposable income than children, and thus are able to act upon marketing to which they have been exposed.

MLHU strongly suggests the restriction on marketing of **all food and beverages** to children and adolescents. 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 page 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 the food and beverage industry to exploit healthier products or products that are not restricted by definition under the marketing ban to build brand loyalty with children and youth. For example, we know that fast food restaurants have been offering healthier side dishes (e.g., apple slices) in children’s meals while continuing to market meals that are high in fat, salt, and calories through this (proposed) loophole. Furthermore, popular sugar sweetened beverage brands have openly stated that they are now focusing on advertising their overall brand as opposed to their specific products, which may also be a loophole in the proposed restrictions on unhealthy food and beverages.

Finally, it is essential that the marketing restrictions adopted by the federal government be sufficiently resourced for ongoing compliance monitoring, evaluation, and enforcement. The legislative framework must be sufficiently flexible and adaptive to allow for future marketing techniques that will evolve over time.

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