MIDDLESEX-LONDON HEALTH UNIT



REPORT NO. 35-23

- TO: Chair and Members of the Board of Health
- FROM: Dr. Alexander Summers, Medical Officer of Health Emily Williams, Chief Executive Officer
- DATE: 2023 May 18

SUPPORT FOR HEALTH CANADA'S POLICY UPDATE ON RESTRICTING ADVERTISING OF FOOD AND BEVERAGES TO CHILDREN

Recommendation

It is recommended that the Board of Health:

- 1) Receive Report No. 35-23 re: "Support for Health Canada's policy update on restricting advertising of food and beverages to children";
- 2) Submit a letter on behalf of the MLHU Board of Health in support of Health Canada's recent policy update on restricting the commercial advertising of food and beverages to children along with these additional measures:
 - Increasing the age to under 18 for restricting commercial advertising
 - Expanding restrictions to all advertising types such as celebrity and character endorsements as indicated in Bill C-252.

Key Points

- Children and youth are vulnerable to the advertising of the food and beverage industry. Constant exposure influences children and youths' food preferences, purchase requests, and consumption patterns which negatively impacts their health and wellbeing.
- Health Canada released a policy update in April 2023 to protect children by restricting food and beverage advertising. However, the policy update solely focuses on television and digital media and limits restrictions to children under 13. This leaves various advertising techniques unrestricted and youth vulnerable to harmful advertising.

Background

Food and Beverage Advertising

Food and beverage advertising substantially influences food and beverage choices and preferences, and has been identified as an environmental determinant of health (Potvin Kent et al., 2022). Children and youth are exposed to food and beverage advertising on a constant basis. In 2019, approximately \$628,600,000 was spent on food advertising, with more than 90% of the advertising being for foods that do not meet Canada's Food Guide (Potvin Kent et al., 2022). Over 50 million food and beverage advertisements were found on popular children's websites in 2015-2016, and over 90% of those ads were for foods high in sodium, sugar, and/or saturated fat (Heart & Stroke, 2021). Digital advertising via social media, the internet, and mobile devices is less costly, and has been shown to be more effective and persuasive compared to traditional media (Potvin Kent et al., 2022). Social media advertising provides companies with the ability to directly interact with consumers, which provides valuable information to companies (Potvin Kent et al., 2022). In addition, the use of digital media by children and youth has been increasing, resulting in increased exposure to digital marketing (Potvin Kent et al., 2022).

Negative Health Impacts of Food and Beverage Marketing to Children and Youth

The food industry appeals to children and youth using cartoons, celebrities, popular music, slang, and sports to market their products (Heart & Stroke, 2021, Truman & Elliott, 2019; Harris et al., 2020). Children are targeted because they are unable to critically assess advertisement messages, can influence family spending, and provide an opportunity to establish brand loyalty at a young age (Ontario Dietitians in Public Health [ODPH], 2019). Youth are also vulnerable to marketing due to their cognitive and emotional development, peer pressure, high levels of exposure to advertising, and increased independent purchasing power (Harris et al. 2020; Truman & Elliot, 2019). These factors can influence children and youths' food preferences, purchase requests, and consumption patterns, which negatively impacts their health and wellbeing (Hastings et al., 2006; & Cairns, Angus, & Hastings, 2009; Wilcox et. Al., 2004; Carter et al., 2011; Dietitians of Canada 2010).

History of Legislation

The Canadian Children's Food and Beverage Advertising Initiative set voluntary standards for the food industry to follow. However, this voluntary approach has not been effective at reducing food and beverage advertising to children (ODPH, 2019). Policies to protect this vulnerable population from food and beverage advertising have been established in many countries including Mexico, Spain, Sweden, Norway, Brazil, and the province of Quebec in 1980 (ODPH, 2019). Legislation in Quebec has resulted in children seeing fewer food and beverage ads, and fewer characters being used for food and beverage marketing in comparison to other Canadian provinces (Potvin Kent et al., 2011).

In September 2015, *Bill S-228, An Act to amend the Food and Drugs Act (prohibiting food and beverage marketing directed at children)*, was introduced, and passed by the Senate and the House of Commons, however, was not called to final vote in 2019. In 2016, Health Canada committed to protecting vulnerable populations as part of the Healthy Eating Strategy through restricting commercial advertising of food and beverages that do not support the health of children and youth. *Bill C-252, An Act to amend the Food and Drugs Act (prohibition of food and beverage marketing directed at children)* was introduced in November 2021, and has been adopted by the Standing Committee on Health on April 18th, 2023, and presented to the House of Commons on April 26, 2023.

Current Legislative Action

Health Canada has committed to implementing restrictions on food and beverage advertising to children by the fall of 2023 in their *Forward Regulatory Plan* for 2022-2024. Health Canada recently released a policy update in April 2023, indicating intention to amend the *Food and Drug Regulations* to "*restrict advertising to children under the age of 13 of foods that contribute to excess intakes of sodium, sugars and saturated fat… focusing on television and digital media first*" and is accepting comments until June 12, 2023.

Conclusion

Legislation that regulates food and beverage advertising to children and youth helps to protect this population from negative health impacts. The current policy proposal from Health Canada limits restrictions to children under 13, leaving some youth vulnerable. It also limits legislation to television and digital media, allowing other persuasive advertising methods such as celebrity endorsements to continue. References for sources within this report are noted in <u>Appendix A</u>.

This report was prepared by the Community Health Promotion Team, Healthy Living Division.

Alexander T. Somers

Dr. Alexander Summers, MD, MPH, CCFP, FRCPC Medical Officer of Health

EWilliams

Emily Williams, BScN, RN, MBA, CHE Chief Executive Officer