CMA Submission to the Health Canada

Online Public Consultation: ‘Towards Restricting Unhealthy Food and Beverage Marketing to Children’

August 2017
About the CMA

The Canadian Marketing Association (CMA) embraces Canada’s major business sectors and all marketing disciplines, channels and technologies. The Association’s members make a significant contribution to the economy through the sale of goods and services, investments in media and new marketing technologies and employment for Canadians. All CMA members must adhere to our Code of Ethics & Standards of Practice which include restrictions on the marketing and data collection of organizations in relation to children. Against this backdrop, the Canadian Marketing Association is the national voice for the Canadian marketing community, with CMA’s advocacy efforts designed to create an environment in which responsible marketing can succeed.

Discussion Questions

Q1. **Based on your knowledge of nutrients, should Health Canada’s marketing restrictions focus on sodium (salt), sugars, and saturated fat?**

No.

While Canadian marketers fully support the goal of combatting childhood obesity and fostering public health, CMA questions whether the answers lies in limiting advertising. CMA believes that the proposals put forth in the consultation document are excessive and costly, and given the experience from advertising bans in other jurisdictions that they are unlikely to have much effect in addressing obesity rates.

We respectfully disagree with the discussion paper’s lack of balanced perspective on whether changes to product packaging, displays or other forms of advertising will make children healthier. This question has been presented for public comment on the presupposition that there is overall consensus that marketing restrictions, in excess of ones already in place, are required. There is no such consensus, as Health Canada has shut out the food and beverage industry from any consultation and/or meaningful dialogue in preparing this document.

Q2. **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?**

CMA has no position on this question.

Q3. **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?**

CMA has no position on this question.
Q4. **Would the definitions proposed adequately protect children from unhealthy food and beverage marketing?**

No.

Given the absence of empirical evidence that advertising bans are effective in tackling the challenge of obesity we do not agree with the premise that the approach will necessarily “protect” children. Moreover, the proposed definition of “child-directed” marketing on television is too broad and would have an unfair direct impact on teenagers and adults as well.

Q5. **Based on your experience, are there any other marketing techniques that influence children and should be considered as part of the marketing restrictions?**

No.

CMA is troubled that Health Canada appears to have already decided on the techniques it intends to restrict. There will be many consequences to the broad range of restrictions identified in the discussion paper, some of which will directly impact the very population (children) this legislation seeks to protect. For instance, restrictions on sponsorship of events or sports teams would see funding dry up for iconic programs such as Timbits minor hockey and soccer programs, which are designed to get children (over 200,000 annually) exercising.

Similarly, constraints on brand marketing will necessarily impact programs such as McHappy Day for Ronald McDonald House Charities and Tim Hortons Camp Day. Beyond such national programs there are literally thousands of local businesses that support youth-related activities in small and large communities right across Canada. The consequences for these community activities must be considered.

Q6. **Based on your experience, are there any other channels used for marketing to children that should be considered as part of the marketing restrictions?**

No.

It is our position that if a message is deemed appropriate to market to children, then it is appropriate in any medium.

Q7. **Are there certain situations where some marketing techniques should be exempted from broad marketing restrictions?**

CMA has no position on this question.

Q8. **Do you have any other feedback?**

CMA believes that Canada already has a robust framework for regulating children’s advertising, including both government regulation and industry self-regulatory components. While certain
improvements could be made, this framework works well. What Health Canada is proposing is effectively an outright ban on all food and beverage advertising in Canada, which significantly overshoots Health Canada’s purported objective.

Most importantly, there is no obvious cause and effect relationship between marketing to children and childhood obesity. We would expect that if food advertising were causing the child obesity crisis, then successful outcomes in jurisdictions that have banned child food advertising would exist. However, the empirical evidence shows otherwise – bans have been in place in Quebec and elsewhere for decades, and yet obesity has risen in these jurisdictions at the same pace as elsewhere. For this reason, we oppose restrictions on marketing.

We also feel strongly that applying the ban to teenagers up through age 16 is unjustifiable. CMA is concerned that Health Canada is not requesting feedback on the proposed definition of “children” as being “under the age of 17.” The proposals as currently presented would go beyond any other statutory regulation that exists globally and against the CMA Code of Ethics which differentiates between marketing to children and teenagers and presents different rules for each age group.

In addition, CMA believes there is no scientific basis for applying the proposed advertising ban to teens. Moreover, the idea that teens need “protection” from, say, a cereal ad seems extreme, both because teens are far more mature than much younger children and because such “protection” is well out of step with other rights and responsibilities accorded to Canadian teens.

CMA is also concerned that the restrictions considered by Health Canada fundamentally inhibit brands’ ability to connect with adult as well as younger audiences. This would have a significant impact of the advertising and marketing industry, and the Canadian economy overall.

Concerning is also the fact that U.S. broadcasters, publications and websites would not be covered by the restrictions, thereby disadvantaging Canadian businesses in favour of U.S. ones. This would render the government’s policy objective not only impractical, but ineffectual.

The industry recognizes that obesity is a serious challenge that needs to be addressed. Industry has taken responsibility and steps to tackle the issue and wants to work with the government to develop further solutions - solutions that do not cripple Canadian industry in the process.

For questions regarding this submission, please contact Wally Hill at whill@theCMA.ca or Cristina Onosé at conose@theCMA.ca

** END **