

## Evaluation of responses to Question 1a) – Restrictions on HFSS product advertising

Should the CAP Code be updated to introduce tougher restrictions on the advertising of products high in fat, salt or sugar (HFSS)?

CAP proposed to update the CAP Code to include rules dedicated to the advertising of HFSS products.

	Respondent making points <u>in favour of</u> CAP's proposal:	Summary of significant points	CAP's evaluation:
1.a.1.1	PHE	Respondent believed the present approach to regulating non-broadcast HFSS advertising played an important part in maintaining an obesogenic food environment. It encouraged over-consumption of HFSS foods and soft drinks. The respondent believed tougher restrictions would support action to reduce exposure and protect children from unhealthy food and soft drink advertising.	In line with the assessment of the evidence base set out in the consultation document (see section 40) and having assessed information provided by respondents (see Regulatory Statement section 4.1.6), CAP does not agree that advertising is a key driver of children's food choices. Nevertheless, CAP acknowledges that evidence suggests non-broadcast advertising does have some effect and thereby presents a case for introducing new restrictions. CAP's <i>Regulatory and economic impact assessment</i> (see consultation document Annex 7) concluded that new restrictions would almost certainly reduce exposure to HFSS product advertising. Although it is not possible to quantify exactly, the restriction will, at the very least, reduce considerably the opportunities for advertisers to target or engage with children. CAP considers that, as part of a wider effort, advertising restrictions have the potential to be more impactful, for instance, by changing the wider environment that influences children's food preferences; what the respondent termed the "obesogenic environment".

<b>1.a.1.2</b>	ABGPHT, AoS/CASH CFC, HoM, SW, WCRF	Respondents considered that CAP’s rules failed to protect children from HFSS product marketing online and across other forms of media.	See Regulatory Statement section 4.1.5.
<b>1.a.1.3</b>	ABGPHT, AoS/CASH, BC, CFC, PHD, SW, WCRF	Respondents considered the rules were vague and inconsistently applied. The rules also failed to distinguish between healthy and unhealthy products.	See Regulatory Statement section 4.1.5.
<b>1.a.1.4</b>	ABGPHT, AoS/CASH BC, CFC, HoM, JOFF, SW, WCRF	Respondents considered that there were “loopholes” that allowed HFSS advertisements to be targeted at children online that would not be allowed on children's TV.	See Regulatory Statement section 4.1.5.
<b>1.a.1.5</b>	DUK	Respondent said the CAP Code was not fit for purpose because it was vague in defining unhealthy products and inconsistent in its application of age categories when prohibiting certain marketing techniques.	See Regulatory Statement section 4.1.5. Additionally, the age categories of the existing content restrictions are based on the evidence of the vulnerabilities of different groups of children. The content rules amended by this consultation restrict techniques in advertising directed at under-12s, such as the use of licensed characters that are likely to be unduly influential to younger children. There are other existing content restrictions that ensure food and soft drink advertising directed through its content at under-16s is responsible. They prohibit irresponsible approaches or messages in all such advertising; for instance, the encouragement of “pester power” (rule 15.16) or promotions that encourage excessive consumption (rule 15.14.2).
<b>1.a.1.6</b>	CFC, JOFF	Respondents cited evidence and research that the CFC had gathered. They considered that it showed how prevalent HFSS marketing was and how the present rules were not tough enough or enforceable.	Notwithstanding its acknowledgement that there is now a case for change, CAP does not agree that the present rules were unenforceable. CAP has assessed the reports produced by the CFC in developing its consultation proposals; summaries were included in the consultation document (see section 28). The reports

			<p>were based mainly on content analyses of various online media, which included HFSS advertising. As noted in section 8 of CAP's <i>Regulatory and economic impact assessment</i>, the findings of such studies are difficult to generalise or extrapolate from. They provide only a snapshot of a highly dynamic media environment. Although they suggest strongly that exposure is occurring at a reasonable level of significance, such studies do not provide insights on advertising's effect on children's preferences or behaviour.</p> <p>The existing rules were based on the evidence of non-broadcast advertising's impact on children. As noted in Regulatory Statement section 4.1.5, this was not of a level that justified placement restrictions on HFSS product advertising. CAP notes stakeholders such as the CFC have continued to harbour fundamental concerns over HFSS product advertising being directed at children. However, the ASA has successfully enforced the rules in line with their evidence-based regulatory purpose; restricting the creative content of all food and soft drink advertising. That there is now a case for introducing stronger rules is not based on the failure of the existing rules in pursuing their regulatory objective.</p>
1.a.1.7	HoM	Respondent maintained that the CFC had shown that brand characters, brand marketing and product packaging featuring games and competitions were not covered by the rules.	<p>The issue of brand equity characters is addressed in the evaluation of point 3.3.2 (Question 3). CAP's new restrictions will apply to brand and other advertising that, although it does not include a specific HFSS product, has the effect of promoting one (see Regulatory Statement section 4.2). The scope of the new rules is outlined in Regulatory Statement section 4.8. The revised content rules will apply to HFSS advertising in other media that, although not directed at children by the selection of media, has particular appeal through its content. The amended rule 15.14 states: "HFSS product advertisements that are targeted through their content directly at pre-school or primary school children must not include a promotional offer".</p>

1.a.1.8	ABGPHT, BGCBC, TCBC	Respondents said the Gwent Childhood Obesity Strategy, <i>Fit for Future Generations</i> , called for disruption to obesogenic social norms recommending tougher restrictions on HFSS advertising on TV and online. They believed research, briefings and monitoring reports consistently showed how prevalent that form of marketing was, and how the current rules were neither adequate nor robustly enforced.	See Regulatory Statement 4.1.5 and the evaluation of point 1.a.1.6 (above). For CAP's view on the impact of restrictions on the "obesogenic environment" see the evaluation of 1.a.1.1. CAP also notes respondents specifically cited Kraak et al (2016), <i>Progress achieved in restricting the marketing of high-fat, sugary and salty food and beverage products to children</i> (World Health Organisation (WHO) Bulletin, 2016; 94:540-548). This report is a review of progress on the implementation of WHO recommendations. CAP noted international policy responses to the obesity in section 29 of the consultation document and placed particular emphasis on these recommendations in establishing its legitimate policy aim (see section 39). However, the study does not comment on the UK regulatory environment directly.
1.a.1.9	WG	Respondent said findings from the PHE review and previous systematic reviews suggested that food marketing was effective in influencing the purchase and consumption of unhealthy foods. Although they acknowledged that it could be stronger, they believed it was sufficient to justify new restrictions.	See Regulatory Statement section 4.1.2.
1.a.1.10	SPHSU	Respondent considered the CAP Code lax compared to the BCAP rules. They believed evidence suggested that the two needed to be more closely aligned to protect children. They added that evidence showed the TV restrictions should also be strengthened.	CAP agrees that there is now a case for the CAP Code to be more closely harmonised with BCAP's approach; the new restrictions largely achieve that. See also Regulatory Statement section 4.1.6 for CAP's view on the evidence base and its role in the rationale for change. The BCAP Code is not within scope of this consultation.
1.a.1.11	ABGPHT, AoS/CASH, BDA (Dietetic), BGCBC, BC, CFC, DUK, FSS, HoM, LHHS, PHD,	Respondents maintained that the rules failed to cover a number of common marketing techniques. They cited examples of brand characters, such as Chewie the Chewits dinosaur, Honey Monster and the Nesquik rabbit. Similarly, they pointed out that brand marketing and product packaging featuring games and competitions were also not covered. Several respondents maintained that far greater numbers of HFSS products than healthier options were promoted with	CAP responds in general to criticisms of the existing rules in Regulatory Statement section 4.1.5. CAP also notes respondents' points about brand equity characters; this issue is addressed in point 3.3.2 of the evaluation of responses to Question 3. CAP's new restrictions will apply to brand and other advertising that, although it does not include a specific HFSS product, has the effect of promoting one (see Regulatory Statement section 4.2). Finally, see Regulatory Statement section 4.8 for details of the scope of

	SW, TCBC, WCRF	licensed characters. They also maintained that online branding directed at children and websites and apps containing child-friendly games and activities were particularly prevalent amongst confectionery brands. Furthermore, HFSS brands were making use of influencers (e.g. vloggers and musicians) to produce and distribute marketing content, not all of which was clearly labelled as advertising.	application of the new rules in non-broadcast media.
<b>1.a.1.12</b>	BDA (Dietetic)	Respondent said the present rules failed to control the use of popular celebrities, brand characters and well-known cartoon characters used to promote HFSS products.	Since 2007, rule 15.15 has prohibited the inclusion of licensed characters or celebrities popular with children in all food and soft drink advertising directed through its content at under-12s. This rule will now be applied to HFSS products (see Regulatory Statement section 4.4). The issue of brand equity characters is addressed in point 3.3.2 (Question 3).
<b>1.a.1.13</b>	PHD	Respondent said CAP should give particular consideration to alternative marketing of HFSS products, through techniques like branded apps, gaming and vlogging.	The new restrictions will apply to advertising in online spaces that is within the remit of the CAP Code (see Regulatory Statement section 4.8 and the CAP website for further details).
<b>1.a.1.14</b>	HoM	Respondent was concerned that the existing rules did not apply to in-school marketing, sponsorship deals and in-store placement of products.	These commercial practices are not within the remit of the CAP Code (see Regulatory Statement section 4.8).
<b>1.a.1.15</b>	LHHS	Respondent said new rules should apply to non-broadcast media including online, in-store, indoor, outdoor and street visible advertising.	The scope of application of the new rules is addressed in Regulatory Statement section 4.8.
<b>1.a.1.16</b>	FSS	Respondent said CAP should adopt a consistent approach across all media, including in-store and point of sale.	The scope of application of the new rules is addressed in Regulatory Statement section 4.8.
<b>1.a.1.17</b>	RSPH	Respondent pointed out that the current rules stated, "Advertisements must not condone or encourage practices that are detrimental to children's health." They believed that the evidence was clear that when HFSS food was consumed	CAP's policy aim is to place appropriate restrictions on advertising to protect the health and well-being of children, including by not undermining progress towards national dietary improvement. The rules CAP has introduced are intended to achieve this in a

		too often by children it was detrimental to their physical and mental development. The respondent said exposure should therefore be limited and as much as possible done to de-normalise unhealthy food.	proportionate manner having regard to the limited evidence for advertising's impact on children's preferences and behaviour. As such, CAP considers that there is no substantive case to introduce measures to absolutely restrict children's exposure to food advertising or "de-normalise" unhealthy food. As CAP has made clear in the consultation document (section 42) and Regulatory Statement section 4.7.3, restricting advertising that is not directed at children through the selection of media would yield rapidly diminishing returns in terms of regulatory impact (i.e. the protection of children). It will, however, result in rapidly rising economic detriment to advertisers and media owners.
<b>1.a.1.18</b>	ABGPHT, AoS/CASH, BGCBC, CFC, HoM, SW, TCBC	Respondents considered that misleading health or nutrition claims online or on packaging, alongside images of children consuming the products, skewed the information parents relied on in making purchase decisions.	As outlined in section 16 of the consultation document, Regulation (EC) No 1924/2006 <i>on nutrition and health claims made on foods</i> (the NHCR) harmonises legislation across the EU placing controls on the use of nutrition and health claims. The NHCR permits the use of health claims provided they meet certain criteria laid out in the Regulation. This is a maximum harmonisation measure mirrored by rules in the CAP Code. CAP cannot impose restrictions that exceed the standard it sets.
<b>1.a.1.19</b>	CFT, ACAD2, LNCDU	Respondents pointed to WHO recommendations on the reduction of obesity as a basis for CAP to make changes to the Code.	CAP noted in section 32 of the consultation document that the WHO had recommended measures to limit exposure to and the power of food and soft drink advertising. CAP placed emphasis (see section 39) on these recommendations in establishing that it is a legitimate policy aim of placing appropriate restrictions on advertising to protect the health and well-being of children.
<b>1.a.1.20</b>	ACAD2	Respondent said rates of childhood obesity were alarming and breached children's rights to the enjoyment of the highest attainable standards of health as articulated in the UN Convention on the Rights of the Child 1990 (UNCRC).	As outlined in section 11 of the consultation document, CAP's approach has had primary regard to the protection of consumers, in general, and children in particular. The test CAP must satisfy is set out in section 15 of the consultation document. CAP must ensure, in accordance with Article 10(2) of the European Convention on Human Rights (ECHR), that restrictions on advertisers' freedom of expression are necessary and proportionate in a democratic

			society; the protection of children's health is a legitimate aim. This consultation has been carried out to achieve such an aim.
1.a.1.22	DPPW	Respondent considered that tougher restrictions on the marketing of less healthy foods would help to disrupt the obesogenic environment.	See the evaluation of points 1.a.1.1 and 1.a.1.8 (above).
1.a.1.23	SW	Respondent considered that the CAP Code should be updated to introduce tougher restrictions on products high in free sugars.	See Regulatory Statement section 4.3.
1.a.1.24	AA, ASDA, CAA/UKCA, IPA, IPM, ISBA, PPA	Respondents noted the limited evidence for advertising's impact on children's diet and maintained that it was a small part of a complex set of factors contributing to obesity. However, they acknowledged the public policy imperative for action on obesity. Some cited the significant public health detriments and economic costs or media change as particularly important factors.	See Regulatory Statement sections 4.1.2 and 4.1.4.
1.a.1.25	C4	Respondent believed the scale of the obesity problem made it appropriate for CAP to harmonise its rules with those of BCAP. They considered that doing so would limit the burden on businesses like broadcasters with online media presences who had had to implement two sets of rules.	See Regulatory Statement section 4.1.2. Additionally, in its <i>Regulatory and economic impact assessment</i> , CAP noted that having a common approach across media has the potential to mitigate compliance costs and create greater certainty for advertisers.
1.a.1.26	CRUK	Respondent said economic analysis had found the total economic burden of obesity was £47 billion in 2012; more than armed violence, war and terrorism and second only to smoking. They pointed to the significant economic costs including reduced productivity and increased absence due to illness as a key factor in the case for action.	See Regulatory Statement section 4.1.4.
1.a.1.27	FEC	Respondent said obesity was putting great strain on the NHS. Estimates suggested that £16 billion a year was spent on the direct medical costs of diabetes and conditions related	See Regulatory Statement section 4.1.4.

		to obesity. They said, according to a recent Cancer Research UK study, almost three in four adults would be overweight or obese by 2035. The respondent believed the UK was facing an unprecedented public health crisis. They welcomed CAP's recognition of the role of HFSS products.	
<b>1.a.1.28</b>	FSS	Respondent pointed to the impact of diet-related ill-health and called for a review across all age groups as they believed the scope of the CAP consultation was insufficient. However, they acknowledged that new restrictions in non-broadcast media might go some way to preventing the marketing of inappropriate foods to children.	See the evaluation of point 1.a.1.47 (below).
<b>1.a.1.29</b>	IPH	Respondent said children and young people across the UK and Ireland were exposed to the same broadcast and non-broadcast media. They had a remit for public health across the island of Ireland and therefore welcomed new restrictions on exposure to unhealthy products being marketed across borders. The respondent said there were other health impacts of HFSS product consumption, in particular dental health.	See Regulatory Statement section 4.1.4.
<b>1.a.1.30</b>	CRUK	Respondent cited recent evidence from the WHO, which found increases in the food energy supply (through caloric intake) alone were sufficient to explain increases in weight gain over recent decades. They pointed out that the World Health Assembly accepted findings of the Commission on England Childhood Obesity that underlined the need to reduce "the exposure of children and adolescents to, and the power of, the marketing of unhealthy foods".	CAP notes the respondent's point on the wider nutritional science. It also notes the work by the WHO (see the evaluation of point 1.a.1.19 above).
<b>1.a.1.31</b>	FEC	Respondent maintained that many children did not have access to healthy food at school or at home. They pointed out that today's children would grow up to be parents themselves. It was therefore important to take the opportunity	CAP notes concerns around health inequalities; in particular, between different regions and nations of the UK. The evidence of non-broadcast advertising's general effect on children's preferences and behaviour is relatively small and CAP has seen no robust case

		to restrict advertising of HFSS products.	to suggest that it plays a significant, specific role in health inequalities. However, irrespective of this, the new rules will reduce all children's exposure to HFSS product advertising thereby contributing to wider efforts to address poor diet as a means of tackling health inequalities.
<b>1.a.1.32</b>	NEDPH	Respondent said children in the most deprived areas were twice as likely to be obese than those in least deprived areas.	See the evaluation of point 1.a.1.31 (above).
<b>1.a.1.33</b>	PHE	Respondent said results from dietary surveys showed consumption of sugar and sugar sweetened drinks was particularly high in school age children. High sugar intake increased the risk of tooth decay and of consuming too many calories, which, if sustained, caused weight gain and obesity.	See Regulatory Statement section 4.1.4.
<b>1.a.1.34</b>	HF, OGDBA, OHA	Respondent said data showed children were eating too much sugar, salt and saturated fat, which could lead to weight gain and obesity. OGDBA said snacking and soft drink consumption, in particular, were also high.	See Regulatory Statement section 4.1.4.
<b>1.a.1.35</b>	NEDPH	Respondent cited National Child Measurement Programme (2014/15) figures, showing 22% of children in reception year were overweight or obese rising to 33% by year 6.	See Regulatory Statement section 4.1.4.
<b>1.a.1.36</b>	BDA (Dietetic)	Respondent said eating habits that developed during childhood tended to continue into adulthood. They pointed out that obesity, and its associated illnesses such as diabetes and some cancers, were not the only consequences of over-consumption of HFSS products. Excess salt and fat intake could result in high blood pressure and cholesterol levels, which increased the risk of heart disease and strokes.	See Regulatory Statement section 4.1.4.
<b>1.a.1.37</b>	CRUK	Respondent believed the impacts of marketing on the UK's obesogenic environment contributed to dire consequences for child health. They pointed out that one in three children in	CAP acknowledges the wider impact of poor childhood diet and obesity. The consultation document and, subsequently, responses to the consultation provide significant detail on the scale and costs

		England left primary school overweight or obese, with similar rates across the devolved nations, whilst children in England from the most deprived communities were twice as likely to be overweight or obese as those from the least. An obese child was five times more likely to be obese as an adult, placing them at risk of preventable cancers and other health conditions throughout their life.	to individuals, the economy and society (see Regulatory Statement section 4.1.4). However, as outlined in Regulatory Statement section 4.1.6, the evidence of the effect of non-broadcast advertising on children is limited. Although CAP accepts there is a case for new restrictions, CAP does not agree with the respondent's characterisation of the role of advertising in the policy issue.
<b>1.a.1.38</b>	AA, BGPHT, BDA (Dietetic), BGCBC, CoBA, PPW, PepsiCo, TCBC	Respondents pointed to changes in children's media habits as an important basis for introducing new rules. Several respondents cited specifically the growth of online platforms such as social media.	See Regulatory Statement section 4.1.4.
<b>1.a.1.39</b>	ABGPHT, BGCBC, TCBC	Respondents cited Ofcom data on the shift in children's media usage from TV to the online. The data also showed how the huge growth in children with mobile phone access allowing them independent access to online environments.	See Regulatory Statement section 4.1.4.
<b>1.a.1.40</b>	LBH	Respondent cited reports by the CFC and AoS showing evidence of gamification of advertising, false messaging and sponsoring of vloggers/musicians and events.	See Regulatory Statement section 4.1.4. See also the evaluation of point 1.a.1.6 (above).
<b>1.a.1.41</b>	Danone, Nestle, PM, PHDW, NS	Respondents considered consistency with BCAP's rules important to ensure an equal level of protection for children across media.	CAP notes the benefits of regulatory consistency between media. This has been an important consideration in developing the consultation proposals and coming to a final decision on the various areas covered by the subsequent consultation questions.
<b>1.a.1.42</b>	DUK	Respondent believed there was a discrepancy compared to the level of controls on HFSS advertisements in broadcast media. They considered that the CAP rules were weak and vague controls. They urged CAP to provide equal protections and cited data that showed children aged 5-15 years now	See Regulatory Statement section 4.1.5. See also the evaluation of point 1.a.1.41 (above).

		spent 13.7 hours a week online.	
1.a.1.43	LNCDU	Respondent said evidence suggested that advertising spend had shifted or could shift from regulated to unregulated TV programmes and from regulated to unregulated media; in particular, from TV to online media.	The new restrictions will apply across all non-broadcast media. They will create a common standard of protection to that for TV advertising. This will inherently limit the capacity for such an effect to occur.
1.a.1.44	PHDW	Respondent said new rules should be introduced as children's media habits had changed. They cited data from Ofcom, which showed 96% of 12-15 year-olds spent more time online than watching TV. The respondent pointed out that new restrictions would bring the UK into line with other countries, such as Norway, Sweden and Canada.	See Regulatory Statement section 4.1.4. CAP also notes the respondent's point on international comparisons.
1.a.1.45	PHDW	Respondent believed CAP was not carrying out its role in protecting vulnerable groups because there were only restrictions in place for TV advertising. They said similar restrictions should cover non-broadcast media and noted the growth of children's online media use.	CAP does not accept the respondent's point. As outlined at various points in this evaluation table and Regulatory Statement section 4.1.5, all non-broadcast food and soft drink advertising has been subject to dedicated, evidence-based restrictions since 2007. CAP has long recognised the need to place appropriate restrictions on such advertising to protect children.
1.a.1.46	PHE	Respondent strongly supported the introduction of tougher restrictions on HFSS product advertising. They said evidence demonstrated that promotions and advertising had a direct impact on children's choices. They believed they also contributed significantly to normalising and driving unhealthy food choices. The respondent said poor dietary choices could persist into adulthood with significant negative health effects.	See the evaluations of point 1.a.1.1 (above) and point 1.a.1.47 (below).
1.a.1.47	PHE	Respondent said their review, <i>Sugar Reduction: the Evidence for Action</i> , supported previous evidence, which showed that all forms of marketing consistently influenced food preference, choice and purchasing in both children and adults. They also cited recent systematic review, Boyland et al (2016), <i>Advertising as a cue to consume: a systematic</i>	CAP assessed both reviews in developing its consultation proposals (see consultation document sections 36.7, 36.10 and 40). Although CAP disagrees with the emphasis PHE and other respondents have placed on the evidence covered in the reviews, both provide evidence that advertising has an effect on children's preferences and behaviour (see section 40 of the consultation for

		<p><i>review and meta-analysis of the effects of acute exposure to unhealthy food and non-alcoholic beverage advertising on intake in children and adults, which found that acute exposure to food advertising increased food intake in children.</i></p>	<p>CAP's assessment of the evidence and an outline of limitations in terms of scope and methodology). CAP considers that they are in line with the view of the evidence outlined in Regulatory Statement section 4.1.2 and 4.1.6.</p> <p>CAP also disagrees with PHE's view on the influence of advertising on adults. The PHE evidence review, Ells et al (2015), identified a range of evidence for the impact of "promotion" on children and adults. It should be noted, however, that this definition encompasses studies into commercial practices that are not covered by the CAP Code; principally, the impact of portion/pack size, supermarket product positioning, discounting and promotional pricing. These practices are distinct from advertising as their impact on consumer behaviour is more immediate and direct; the size of a product directly affects the amount of a product consumed and price is a fundamental economic influence on consumer behaviour. Such findings cannot be extrapolated to refer to advertising as covered by the CAP Code. Additionally, CAP notes Boyland et al (2016) did not find an effect in relation to adults, although acute exposure was found to influence children's consumption.</p>
<b>1.a.1.48</b>	DUK	<p>Respondent said the PHE review supported the findings of previous systematic reviews that both broadcast and non-broadcast marketing was an effective influencing tool, driving the purchase and consumption of HFSS (particularly high sugar) foods in children. They said that confirmed the need to restrict HFSS marketing to children.</p>	<p>See the evaluation of point 1.a.1.47 (above).</p>
<b>1.a.1.49</b>	LBL	<p>Respondent supported the introduction of tougher restrictions on HFSS advertising citing the PHE review in support.</p>	<p>See the evaluation of point 1.a.1.47 (above).</p>
<b>1.a.1.50</b>	LBH	<p>Respondent said the evidence base was strong and growing. They pointed to recent PHE and WHO reports showing that acute exposure to food advertising increased unhealthy food intake in children and was a risk factor in obesity.</p>	<p>See the evaluation of point 1.a.1.47 (above).</p>

<b>1.a.1.51</b>	ACAD2	Respondent said their research had shown that internet food marketing exposure, like TV, promoted significantly increased caloric intake in children.	CAP summarised Boyland et al (2016) in section 36.10 of the consultation document. See also the evaluation of point 1.a.1.47 (above).
<b>1.a.1.52</b>	ACAD2	Respondent said evidence showed that advertising provoked food intake. They acknowledged that there was a less developed evidence base around online and digital marketing but pointed out that foreword to the literature review CAP commissioned had stated “in such a rapidly changing environment, we clearly cannot wait until we have all the evidence”.	CAP has decided to introduce new restrictions to protect children from potential harm associated with HFSS product advertising. As outlined in Regulatory Statement section 4.1.6, in the consultation document and more broadly within these evaluation tables, CAP understands the limitations to the evidence base but it considers that advertising regulation can play a part in wider efforts to address policy challenges related to poor diet and obesity.
<b>1.a.1.53</b>	BDA (Dietetic)	Respondent said HFSS advertising had been shown, by a Cancer Research UK report, to influence children’s food preferences, purchase power, food consumption and pestering of their parents. As such, they believed advertising contributed to the “obesogenic environment”.	See the evaluation of point 1.a.1.1. CAP considers that, as part of a wider effort, advertising restrictions have the potential to be more impactful, for instance, by changing the environment of information and influences that currently contribute to children's food preferences; what the respondent termed the “obesogenic environment”. The Cancer Research study cited is addressed in the evaluation of point 1.a.1.55 (below).
<b>1.a.1.54</b>	CRUK	Respondent said HFSS marketing to adults and children was a critical influencer in the “obesogenic environment”. They said the evidence base clearly showed commercial cues and exposure to HFSS marketing had a substantial impact on children’s consumption, as well as brand and category preferences.	See Regulatory Statement section 4.1.6, along with the evaluation of point 1.a.1.1.
<b>1.a.1.55</b>	CRUK	Respondent cited findings from their qualitative research with 8-12 year olds in England and Scotland. They said advertising resulted in children pestering their parents to purchase HFSS products and prompted HFSS consumption despite individuals having good nutritional knowledge. They said HFSS marketing had the immediate impact of making children hungry and encouraged them to pester their parents along with long-term effects on recall and desire for the	CAP notes the views reported by the respondent and that they are in line with other attitudinal research submitted in response to the consultation. Although such insights have their limitations – in particular, in attempting to quantify advertising’s impact – they do provide useful background (see Regulatory Statement section 4.1.6 for further information on CAP’s view of the evidence base).

		specific products. The respondent cited several example quotes of children's responses.	
<b>1.a.1.56</b>	LBH	Respondent said they had a range of programmes to prevent and treat obesity working with young people from 0-19 years old. They were concerned that healthy eating messages could be undermined by often contradictory and confusing advertising messages. The respondent believed exposure to advertising made it harder for families to make healthier choices and develop healthy habits.	CAP's policy aim was to place appropriate restrictions on advertising to protect the health and well-being of children, including by not undermining progress towards national dietary improvement. The envisaged reduction in children's exposure and the opportunities for advertisers to target and engage with children will deliver a change in the nature and balance of food advertising they see.
<b>1.a.1.57</b>	SPHSU	Respondent said many participants in their focus group study were concerned about the level of advertising and considered that it had an impact on children. Participants said they were attracted to branding and considered they were the target of considerable marketing particularly online where they spoke about spending much of their free time.	CAP notes the views reported by the respondent and that they are in line with other attitudinal research submitted in response to the consultation. Although such insights have their limitations – in particular, in attempting to quantify advertising's impact – they do provide useful background. In particular, the recall of exposure is in line with the conclusion of CAP's <i>Regulatory and economic impact assessment</i> (consultation document Annex 7; see section 10 in particular). Additionally, Regulatory Statement section 4.2 outlines CAP's approach to introducing guidance in order to extend the new restrictions to brand advertising that has the effect of promoting a specific HFSS product.
<b>1.a.1.58</b>	CEDAR	Respondent maintained that there was considerable evidence that food marketing, in all its forms, influenced children's food knowledge, preferences, purchasing and consumption. They considered that it was inconsistent that advertisements for HFSS products were restricted on TV, but not in other media. The respondent said extending the restrictions would help parents provide a consistent message to their children, help to reduce exposure significantly and help reduce the amount of less healthy food marketing.	CAP's view of the evidence base for advertising's effect on children is set out in consultation document section 40. As outlined in Regulatory Statement section 4.1.6 – and in evaluations of specific point in this table – responses to the consultation have not dissuaded CAP from this view. Nevertheless, CAP notes the respondents point about the question of consistency with restriction already in place for TV advertising and agrees that further restrictions in non-broadcast advertising will have positive impacts in several respects.

<b>1.a.1.59</b>	FDS	Respondent supported CAP's proposal for new restrictions. They cited a recent systematic review that found unhealthy food advertising was associated with greater food intake in children, but not adults. They said a review by the Food Standards Agency found that advertising had an effect at brand and category level. The respondent considered that new restrictions had the potential to reduce the amount of sugar children consumed, thereby improving both their general and oral health.	CAP's view of the evidence base for advertising's effect on children is set out in consultation document section 40. As outlined in Regulatory Statement section 4.1.6 – and in evaluations of specific point in this table – responses to the consultation have not dissuaded CAP from this view. Additionally, see Regulatory Statement section 4.1.4 and CAP's further acknowledgement of the potential for the new restrictions to contribute to improvements in oral health as well as the issue of excess weight and obesity.
<b>1.a.1.60</b>	HF, OAS, OHA	Respondents maintained that research showed that marketing greatly influenced food choices and also increased children's consumption. They said it was a pivotal factor in the obesogenic environment. They considered the present rules ineffective and called for tougher restrictions.	CAP's view of the evidence base for advertising's effect on children is set out in consultation document section 40. As outlined in Regulatory Statement section 4.1.6 – and in evaluations of specific point in this table – responses to the consultation have not dissuaded CAP from this view. See also the evaluation of point 1.a.1.1 for CAP's view of how advertising restrictions are likely to contribute to wider efforts to address poor childhood diet.
<b>1.a.1.61</b>	LBH	Respondent said their regular soft drinks education workshops for young people identified consistent themes. The majority of young people felt that sports drinks, energy drinks and milk drinks were advertised in misleading ways. The respondent said sports tie-ins created a "health halo" around products and young people thought that products were healthy when attached to a sports personality. The respondent added that young people had good awareness of brands and where they had seen advertising.	CAP notes the views reported by the respondent and that they are in line with other attitudinal research submitted in response to the consultation. Although such insights have their limitations – in particular, in attempting to quantify advertising's impact – they do provide useful background. In relation to the points concerning misleading food and soft drink advertising, see the evaluation of point 1.a.1.18 (above).
<b>1.a.1.62</b>	MoL	Respondent said CAP should introduce tougher restrictions on HFSS advertising as the evidence showed that acute exposure to food advertising increased food intake in children.	See the evaluation of point 1.a.1.47 (above) and Regulatory Statement section 4.1.6.
<b>1.a.1.63</b>	LHHS	Respondent said there was strong evidence that HFSS advertising influenced consumption. They called for	The issue of the age category of the new restrictions is addressed in Regulatory Statement section 4.6 and the evaluation of

		restrictions on HFSS advertising to under 18s. .	responses to Question 4b.
<b>1.a.1.64</b>	PHE	Respondent said the evidence did not support the advertising industry view that advertising encouraged brand switching and competition for market share with no overall impact on diet. They said the review demonstrated that HFSS advertising affected the balance of the diet making it more unhealthy overall.	CAP notes the respondent's point. See the evaluation of point 1.a.1.47 (above) and Regulatory Statement section 4.1.6.
<b>1.a.1.65</b>	PHDW	Respondent noted the evidence base relied heavily on the impact of TV advertising. They believed there was a risk that insufficient evidence of the impact of non-broadcast food advertising might lessen the case for further restrictions. The respondent asserted, however, that online media were relatively recent developments, explaining the limited evidence. They pointed out that audio-visual content often had very strong similarities to TV. They considered that that was a significant link between advertising and poor diet.	CAP notes the limitations of the evidence base; in particular the disparity when compared with studies into TV. For reasons outlined in responses above (see point 1.a.1.1 in particular), CAP nevertheless considers that advertising regulation can play a part in wider efforts to address policy challenges related to poor diet and obesity. Media change is an important consideration. CAP noted the significant developments in this regard in section 35 of the consultation document; responses to the consultation have added to that. There is increasing convergence of audio-visual content; some online experiences are "TV-like". CAP notes the evidence base in relation to TV, but it has not been demonstrated that non-broadcast media in general have the same level or potential level of impact. TV is inherently a more impactful advertising. In 2007, HFSS advertising restrictions were introduced in recognition of TV's predominant role in food and soft drink advertising. CAP has assessed the evidence base with these distinctions in mind.
<b>1.a.1.66</b>	ACAD2	Respondent said the need to restrict advertising had been acknowledged by the imposition of rules for TV. They believed that it was unreasonable to require a new evidence base had every time a new advertising channel developed.	See the evaluation of point 1.a.1.65 (above).
<b>1.a.1.67</b>	ACAD2, IPH	Respondents called on CAP to adopt a precautionary approach to implementing new restrictions.	CAP considers that there is an evidence-based case for change. As noted in section 42 of the consultation document, the nature of the risks and potential harms associated with HFSS products do not provide a basis for a precautionary approach. Food is not an age

			restricted product and it is clear that consumption of an HFSS product is not, of itself, harmful. This can be contrasted in particular with tobacco where the toxicity and highly addictive nature of the product mean any level of consumption, and therefore advertising, present a real potential for harm.
<b>1.a.1.68</b>	PHDW	Respondent believed CAP's acceptance of a small positive impact from new restrictions was sufficient to justify regulatory change. They also argued that not hindering or undermining public health work in promotion of healthy eating was a positive outcome, even if the evidence base was limited.	CAP considers that there is sufficient evidence of advertising's impact to present a case for regulatory change. CAP has also acknowledged the importance of not undermining progress towards national dietary improvement as part of its policy aim.
<b>1.a.1.69</b>	PHE	Respondent maintained that children were regularly exposed to persuasive HFSS product advertising and promotion of unhealthy foods and soft drinks across a range of broadcast and non-broadcast platforms.	Notwithstanding limitations to audience measurement data and the evidence based for advertising's effect on children, this is in line with CAP's conclusion on children's likely exposure (see consultation document Annex 7, section 10 in particular).
<b>1.a.1.70</b>	IPH	Respondent said evidence demonstrated that food preferences were influenced by marketing and advertising. They maintained that, if it were not, it was unlikely that industry would spend significant amounts on advertising. The respondent cited several figures demonstrating the size of advertising expenditure, of food products, to children in general and online.	Section 34 of the consultation document noted the significant levels of advertising expenditure in relation to food and soft drink products.
<b>1.a.1.71</b>	FSS	Respondent considered that the evidence set out in section 36 of the consultation document was sufficient to warrant new restrictions.	See Regulatory Statement section 4.1.2.
<b>1.a.1.72</b>	ACAD2, BDA (Dietetic)	Respondents were concerned that children could not properly identify and understand the commercial intent behind HFSS advertising, particularly online. One respondent said studies had shown that even 10-12 year olds could not recognise simple static web advertisements as advertising. Identifying	The literature review commissioned by CAP, Clarke and Svaenes (2014), identified a body of evidence relating to how children critically understand advertising. The issue is broader than food advertising but evidence suggests that, although children have the ability to recognise advertising and understand the persuasive and

		marketing in social media, where boundaries between marketing and other content were further blurred, was likely to be even more difficult.	commercial intent behind it from an early age, they have difficulties in certain online environments. Several studies noted the absence of traditional cuing mechanisms, such as spatial or thematic separation, from advertising content that is integrated into the surrounding editorial. There are a significant number of studies, several cited by respondents to the consultation, on the impact of advergames; CAP noted a systematic review that assessed several of these in relation to food advertising in section 36 of the consultation document. Concerns around critical understanding are one of the reasons CAP recommended a minimum age category of under 12 for the media placement restriction (see consultation document section 47).
<b>1.a.1.73</b>	Mars	Respondent supported the proposal for change. They believed under-12s should be protected from HFSS advertising as the evidence suggested that they could not identify and understand advertising's persuasive intent before that age.	
<b>1.a.1.74</b>	CRUK	Respondent welcomed CAP's conclusion that there was a case for regulatory change to protect public health and acknowledgement that self-regulation had not been effective to achieve public health outcomes.	See Regulatory Statement section 4.1.5.
<b>1.a.1.75</b>	HF, HA	Respondents believed that a child's right to a healthy start in life should not be traded off against commercial freedoms to promote unhealthy food and drinks.	See the evaluation of point 1.a.1.20 (above).
<b>1.a.1.76</b>	LBH	Respondent said they agreed with research by the British Heart Foundation and Sustain that suggested an improved regulatory system could reduce the harms to children from unhealthy diets.	See the evaluations of point 1.a.1.1 and point 1.a.1.6 (above).
<b>1.a.1.77</b>	CRUK	Respondent said by YouGov found 69% of the public support reducing HFSS advertising online, with just 18% in opposition.	CAP notes the respondent's point and societal concerns around the issue of childhood diet.
<b>1.a.1.78</b>	FDF	Respondent said their members supported further restrictions. They pointed out that many food companies already had responsibility initiatives that went beyond the CAP Code.	CAP noted industry responses to the wider policy challenge in section 30 of the consultation document.

<b>1.a.1.79</b>	NEDPH	Respondent believed that responsible advertising could play a part in restricting children's exposure to products that have the potential to harm their health.	CAP's underlying objective is to contribute to altering the nature and balance of food advertising seen by children. One aspect of this is the creation of greater opportunities for advertising healthier products (see Regulatory Statement section 4.4).
<b>1.a.1.80</b>	IPH	Respondent considered that a range of interventions was required to fully address dietary issues. They cited a study by Cancer Research UK and the view of the University of Liverpool that a comprehensive strategy was needed including new rules on food advertising and promotion, sugary drink taxation, and product reformulation.	CAP considers that, as part of a wider effort, advertising restrictions have the potential to be more impactful, for instance, by changing the media environment that influences children's food preferences
<b>1.a.1.81</b>	Which?	Respondent supported new restrictions to ensure that food marketing to children was in line with government advice about healthier choices. They considered that advertising did influence children's choices, so it should help rather than hinder efforts to improve children's health.	See Regulatory Statement 4.1.2 and the evaluation of point 1.a.1.1 above.
<b>1.a.1.82</b>	NHS (Sco)	Respondent supported the proposal and said the need for action in Scotland was more acute as levels of excess weight and obesity were amongst the worst in the OECD and there had been very little progress in achieving dietary goals over the previous 15 years. They believed action should be taken on a variety of levels including advertising and considered it important that it be targeted to address inequalities.	See the evaluation of point 1.a.1.31 (above).
<b>1.a.1.83</b>	PHDW	Respondent said obesity in children had many causes so it was important that action was taken on all contributory factors, including HFSS product advertising.	See the evaluation of point 1.a.1.1 above.
<b>1.a.1.84</b>	ASDA	Respondent called of any new restrictions on advertising to be part of wider measures to address the underlying factors influencing children's health, including education, physical activity and socioeconomic inequality. They noted government planned to publish its childhood obesity strategy.	CAP's process is separate to the of the Government's obesity plan. However, CAP considers that advertising regulation can play a part in wider efforts to address policy challenges related to poor childhood diet and obesity.

	<b>Respondent making points <u>against</u> CAP's proposal:</b>	<b>Summary of significant points</b>	<b>CAP's evaluation:</b>
<b>1.a.2.1</b>	PTF	Respondent considered that the evidence of advertising's effect was not sufficient to justify new restrictions.	See Regulatory Statement section 4.1.3.
<b>1.a.2.2</b>	PAST	Respondent said the evidence that suggested consumers were forced to buy HFSS products because they had seen them in an advertisement was very weak.	See Regulatory Statement section 4.1.3.
<b>1.a.2.3</b>	ACS	Respondent pointed out that the consultation document stated that the proposed changes were not based on any new evidence for the impact of HFSS advertising on children. They questioned whether it was necessary to change the rules without significant new evidence showing that changes to non-broadcast media would make a fundamental difference to young people's health choices.	See Regulatory Statement sections 4.1.2 and 4.1.3.
<b>1.a.2.4</b>	PAST	Respondent disagreed strongly with the consultation document's statement: "HFSS products can contribute to weight gain and adverse health outcomes, especially when consumed excessively". They believed HFSS foods eaten in sensible amounts posed little risk to most consumers. It was only when eaten in excessive amounts that weight gain and adverse health outcomes can result.	CAP notes it is widely accepted that inappropriate consumption of HFSS products has the potential – various sources of dietary data and other studies confirm this in practice – to contribute to poor dietary outcomes.
<b>1.a.2.5</b>	PAST	Respondent believed businesses should be free to advertise food and soft drinks and that introducing restrictions was an unjustified attack on business.	See Regulatory Statement section 4.1.3.

1.a.2.6	PAST	Respondent believed that any new restrictions would penalise consumers.	CAP has adopted new restrictions to protect children from potential harms associated with HFSS product advertising. In making this decision, CAP has had regard to commercial freedoms and consumers' general right to receive information that might be of interest to them. CAP considers that the new restrictions will not have a disproportionate effect (see consultation document section, 11, 14 and 15).
1.a.2.7	PACT	Respondent expressed concerns over the potential impact of new restrictions on the children's programme making sector. They considered that the evidence base for advertising's impact on children was not significant enough to justify regulatory change.	As outlined in Regulatory Statement section 4.1.2, CAP considers that there is sufficient evidence of advertising's impact on children. CAP's <i>Regulatory and Economic Impact Assessment</i> (consultation document <a href="#">Annex 7</a> ) suggests that negative impacts will be mitigated through the potential for advertisers and media owners to adapt; for instance, in replacing HFSS advertising with non-HFSS advertising. To this end, CAP has decided to reduce the restrictions on non-HFSS advertising (see Regulatory Statement section 4.4 for more information). CAP has not seen evidence to suggest a disproportionate impact of the kind suggested by the respondent.
1.a.2.8	PTF	Respondent supported efforts to reduce obesity but was concerned about the likely disproportionate effect on lightly processed dairy and meat products, such as cheese and ham. They cited various pieces of data on the value of such products to diet and health. They believed the proposals denied companies the option of educating children about the value of meat and dairy products in their diets.	CAP acknowledges respondents' concerns over the impact on particular sectors because of the way the DH nutrient profiling model treats their products. However, it considers that questions over the technical aspects of the nutrient profiling model should be dealt with through PHE's ongoing review of the model (see Regulatory Statement section 4.3).

	<b>Respondent making other relevant points</b>	<b>Summary of significant points</b>	<b>CAP's evaluation:</b>
<b>1.a.3.1</b>	PHE	<p>Respondent called for new restrictions to apply across the full range of programmes that children were likely to watch, not just children's media. They wanted restrictions on advertising across all other forms of broadcast media, social media and advertising, including in cinemas, on posters, in print, online and advergames. The respondent called on CAP to address what they considered to be an important loophole in the present rules; allowing the use of familiar unlicensed characters in advertising. They also called for tightening of the current nutrient profiling model used to identify HFSS products for the purposes of the restrictions</p> <p>The respondent urged CAP to consider limiting brand advertising including through restrictions on sponsorship on e.g. sporting events.</p>	<p>As outlined in Regulatory Statement section 4.7, the new restrictions will apply to children's media and other media where children make up more than 25% of the audience. See also the evaluation of point 1.a.1.17 (above) for CAP's response to calls for absolute restrictions on exposure. The new framework of rules will cover advertising in all non-broadcast media (see Regulatory Statement 4.8 for further information). The issue of brand equity characters is addressed in the evaluation point 3.3.2 (Question 3). The DH nutrient profiling model, which CAP has chosen to adopt, is presently under review by PHE to update it in light of new dietary recommendations and evidence (see Regulatory Statement section 4.3). CAP's new restrictions will apply to brand and other advertising that, although it does not include a specific HFSS product, has the effect of promoting one (see Regulatory Statement section 4.2). Sponsorship of events, however, is outside the Code's remit (see again Regulatory Statement section 4.8).</p>
<b>1.a.3.2</b>	PHDW	<p>Respondent said they were disappointed that in section 15 of the CAP consultation document reference was only made to industry's rights under Article 10 of the ECHR. They pointed out that Article 3 of the UNCRC provided that in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child should be a primary consideration.</p>	<p>See the evaluation of point 1.a.1.20 (above).</p>

<b>1.a.3.3</b>	OAS	Respondent believed a child's right to a healthy start in life should not be traded off against commercial freedoms to promote unhealthy food and drinks.	See the evaluation of point 1.a.1.20 (above).
<b>1.a.3.4</b>	Ferrero	Respondent cited CAP's view of the evidence base set out in the consultation document. They believed that, if change was necessary, it was not due to the evidence of advertising's effect.	See Regulatory Statement section 4.1.2.
<b>1.a.3.5</b>	IAB	Respondent believed the Code was robust but they agreed that there was a need to review the rules to explore whether new restrictions were necessary and appropriate in the context of concerns about children's diets and health.	See Regulatory Statement section 4.1.2.
<b>1.a.3.6</b>	IAB, IPA	Respondents pointed out that the consultation stated that obesity was a "multifactorial issue" and therefore required a contribution from various sectors, including advertising.	CAP agrees.
<b>1.a.3.7</b>	IAB	Respondent believed it was difficult to identify how advertising could support a wider, multi-faceted approach in the absence of the publication of the Government's obesity strategy.	The government's new strategy for England, <a href="#">Childhood Obesity: A Plan For Action</a> was published in August. It contained no proposals on advertising. However, CAP considers that the measures included, such as proposals for a fiscal measure on sugary soft drinks, reaffirm the wider impetus for action to address diet and health related issues. See the evaluation of point 1.a.1.1 for further detail on CAP's view of advertising regulation's role.
<b>1.a.3.8</b>	ACS	Respondent believed the proposed changes were not based on evidence. They urged CAP to wait until the Government published its childhood obesity strategy as they believed it might include relevant new evidence or insights.	See the evaluation of point 1.a.3.7 (above).
<b>1.a.3.9</b>	PM	Respondent was concerned that regulatory change would have a huge detrimental effect on industry revenues but might only result in a very minor change in children's behaviour.	See the evaluation of point 1.a.2.7 (above).

<b>1.a.3.10</b>	PACT	Respondent encouraged a proportionate, evidence-based approach to reviewing the rules. They also wanted to avoid any reduction in advertising spend that producers relied upon to make high quality children's content.	See the evaluation of point 1.a.2.7 (above).
<b>1.a.3.11</b>	PACT	Respondent agreed with CAP's view that no significant new evidence of advertising's effect had emerged since the present rules were implemented. They considered that the rules were working effectively.	See Regulatory Statement section 4.1.2.
<b>1.a.3.12</b>	ASDA	Respondent considered it important to balance the evidence of advertising's impact on children's diet with the right of adult consumers to see advertising of interest to them, and the right of businesses to advertise products responsibly.	This has been taken into account in reaching the consultation outcome. See Section 11 of the consultation document for CAP's approach to the consultation objectives and sections 14 and 15, on the legal test CAP is satisfied that it has met.
<b>1.a.3.13</b>	SPHSU	Respondent said the FDF had suggested that advertising literacy education might act to counter the negative influence of HFSS advertising. They cited systematic review which suggested that there was very little high quality evidence to support the benefits of advertising literacy training in children and young people in relation to products HFSS.	CAP notes the respondent's point about the debate over advertising literacy's potential benefits. In general, advertising literacy is useful and desirable, although CAP does not have a specific remit to promote it. For that reason, it is not a consideration central to this consultation.
<b>1.a.3.14</b>	Bel UK, IAB	Respondents believed the CAP Code should be aligned with the EU Pledge or other industry best practice.	See Regulatory Statement section 4.3.
<b>1.a.3.15</b>	Dairy UK	Respondent believed changes to the Code were an opportunity to reinforce positive dietary behaviour amongst children and promote the consumption of nutrient-rich, healthy and tasty foods. They said dairy products provided important nutrients and could deliver health benefits to children. The respondent said any potential policy measure should give due consideration to the need to protect the health of children in the UK and to deliver solutions which are targeted, meaningful, appropriate and which take into account the scientific evidence available.	See the evaluation of point 1.a.2.8 (above).

<b>1.a.3.16</b>	Ferrero	Respondent believed that advertising was a legitimate and positive technique, but it needed to be identifiable, especially for children.	See the evaluation of point 1.a.1.72 (above).
<b>1.a.3.17</b>	IAB	Respondent said it was important that any changes reflected the evidence base and took into account the limited extent to which new restrictions might influence children's behaviour and diets and thereby their health. However, they believed introducing restrictions on HFSS advertising to younger children could contribute by not undermining wider efforts to address diet and weight issues among children.	See Regulatory Statement section 4.1.2. The issue of the age category of the placement restriction is addressed in Regulatory Statement section 4.6.
<b>1.a.3.18</b>	ISBA	Respondent said changes to the rules should not result in a complete ban on advertising featuring incidental references to HFSS products (e.g. in a retail setting) or advertising a range with one HFSS variant.	See Regulatory Statement section 4.2.
<b>1.a.3.19</b>	ASDA	Respondent called on CAP to produce guidance on the application of the new rules to different media soon after publication of the decision. They were concerned about the difficulties of identifying media that would be covered by the rules. They noted some media did not have readily available audience measurement data.	CAP has committed to producing new guidance on identifying media for the purposes of its new media placement restriction (see Regulatory Statement section 4.7).
<b>1.a.3.20</b>	BC	Respondent urged CAP to ensure that it appropriately future proofed.	CAP usually reviews the implementation of significant rule changes and guidance 12 months after they come into force. If challenges to this approach emerge, CAP will respond to ensure that its rules continue to meet their regulatory aims.
<b>1.a.3.21</b>	Dairy UK	Respondent called on CAP to introduce any new rules after a 12 month implementation period to allow industry to review their marketing practices.	CAP acknowledges that many advertisers and media owners work to different time scales in planning, preparing and executing marketing campaigns, according to the characteristics of individual media and budgeting constraints. However, the underlying public health issue is significant and CAP believes it is important for self-regulation to make its contribution. The consultation was published

			<p>in May 2016, making clear recommendations for regulatory change. CAP considers that the past six months of notice on CAP's likely direction and an additional six month implementation period is sufficient for businesses to comply with the new rules.</p> <p>Nevertheless, CAP acknowledges that, in some, narrow circumstances, lead times are longer. For this reason, CAP will apply an additional three month transitional period to mitigate adverse impacts on advertisers that have committed to campaigns prior to the outcome of the consultation. This transitional period will apply only where advertisers can provide the ASA with evidence to prove that the media was booked prior to 8 December. CAP also acknowledges the need to support advertisers and media owners to understand their new responsibilities. The six month implementation period will also allow for industry engagement and training opportunities to meet this need.</p>
<b>1.a.3.22</b>	ASDA	Respondent believed businesses would benefit from access to a pre-approval or pre-clearance service, similar to that for TV.	CAP offers a free pre-publication <a href="#">Copy Advice service</a> to advertisers on issues of compliance with the CAP Code.
<b>1.a.3.23</b>	HoM	Respondent cited a variety of data showing how children's media habits had changed and how online media had grown in importance. They called for stronger regulation of TV and online advertising and clearer guidance for parents on how data is collected.	The new and amended rules CAP has decided to introduce cover online advertising. The issue of guidance on data collection is not within CAP's remit. The BCAP Code is outside the scope of this consultation.
<b>1.a.3.24</b>	LHHS	Respondent called for stronger rules broadcast as well as non-broadcast advertising	The BCAP Code is outside the scope of this consultation.