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MRC/CSO Social and Public Health Sciences Unit Consultation Response

## Title of consultation

Restricting promotions of food and drink high in fat, sugar or salt

## Name of the consulting body

Population Health Directorate, Scottish Government

## Link to consultation

<https://www.gov.scot/publications/restricting-promotions-food-drink-high-fat-sugar-salt-consultation-detail-proposed-regulations/>

## Why did the MRC/CSO Social and Public Health Sciences Unit respond to this consultation?

We conduct high quality research that has a real impact on health and wellbeing, and on reducing health inequalities – both at home and across the globe.

We have a particular focus on developing and using cutting-edge methods to understand how social, behavioural, economic, political and environmental factors influence health. We work with decision makers, practitioners and the public to identify interventions and policies that can have an effective and sustained impact on health and wellbeing, particularly among those most in need.

## Our response

**Question 1: Do you agree with the proposal to be consistent with the category descriptors set out in Schedule 1 of the UK Government regulations for England?**

**Yes**, we agree with the proposal to be consistent with the category descriptors set out in Schedule 1 of the UK Government regulations for England. Aligning with these established guidelines ensures clarity, uniformity, and compliance with national standards, which is essential for maintaining regulatory coherence and operational efficiency. A policy approach which targets unhealthy (discretionary) foods, and all elements of price and location promotions will deliver the most effective change in the population’s diet.

**Question 2: Do the food category descriptors set out in Schedule 1 (and included in Annex D of the consultation paper) sufficiently describe the food categories within scope of regulations?**

**Yes.** Whilst the categories are generally clear, with regards to what would be in scope, there is some uncertainty over which products would and wouldn’t be included, due to a lack of definitions being provided. We recommend the categories being defined to be inclusive of all unhealthy foods there within.

‘Similar frozen products’ is listed within category 5, but this is not defined and it’s not clear what types of products this would cover. Linked to this, it is also welcome to see dairy desserts included within category 9 – our response to the previous consultation had called for this also. However, as with ‘similar frozen products’, ‘dairy desserts’ are not defined in the consultation document. It is thus currently unclear which products this specifically refers to. This lack of definition for both types of products could create loopholes and makes both implementation and enforcement more challenging.

On page 8 of the consultation document, fruit juices are included in the products listed in the soft drinks with added sugar category, which suggests that they are considered as being within scope. However, section 3(2) of Annex D on page 47 states that a “a soft drink does not contain added sugar ingredients only by reason of containing fruit juice, vegetable juice or milk (or any combination of them)”, which contrary to the information provided on page 8, appears to suggest that fruit juice would not be within scope. Fruit juices are not currently covered by the Soft Drinks Industry Levy (SDIL). It is therefore very unclear whether fruit juices are within or out with scope of the proposed regulations. This needs to be clarified to avoid loopholes and ensure effective implementation, adherence, and enforcement.

Diet soft drinks are not discussed at all within the consultation and are not currently included within the proposals outlined. Diet soft drinks account for a growing proportion of soft drink consumption in Scotland. Recently published data from Food Standards Scotland shows there has been a 10% increase in the amount of diet soft drinks sold online between 2021 and 2022 [1], and that more than a third of diet soft drinks (34.8%) were purchased on a price promotion in 2022, which was higher than the proportion of regular soft drinks (31.6%) sold on price promotion [2]. Diet soft drinks are unhealthy and not required for a healthy diet. They can reinforce a preference for sweet flavours [3] and where they are carbonated, the acidity can contribute to tooth decay [4], and distracts attention from tap water, which should be the default healthy hydration option. This aligns with the WHO model/recommendation which proposes that restrictions should apply to any beverages to which non-calorie sweeteners (i.e. diet soft drinks) are added. We would like to see diet soft drinks within scope of the regulations.

**References** ­

[1] Food Standards Scotland (2022) Take Home Retail Purchase and Price Promotions in Scotland

<https://www.foodstandards.gov.scot/downloads/FSS_-_NSP_-_Kantar_Retail_Purchase_and_Promotion_2021_Data_-_Slide_Deck_-_FINAL_FOR_PUBLICATION_-_29_November_2022_%281%29.pdf>

 [2] Food Standards Scotland (2024) Monitoring Retail Purchase and Price Promotions in Scotland 2019- 2022 <https://www.foodstandards.gov.scot/downloads/Monitoring_retail_purchase_and_price_promotions_in_Scotland_2019-2022.pdf>

[3] Green E, Murphy C (2012) Altered processing of sweet taste in the brain of diet soda drinkers. Physiological Behaviour 107(4):560-7. doi: 10.1016/j.physbeh.2012.05.006

[4] <https://www.bda.org/what-we-do/campaigns-and-advocacy/priorities/improving-oral-health/sugar/>

**Question 3: Please provide any additional comments on the proposed approach to foods in scope of the policy.**

The proposal that non-pre-packed foods will be out with scope of the regulations, as detailed in paragraphs 37 and 38 on page 10 of the consultation document. This has several potential consequences Including only prepacked products will be particularly problematic for targeting price and location promotions in out of home (OOH) settings, where food is often made and/or served to order, and so is not prepacked.

It is welcome that unlimited refills of soft drinks are included within the proposals as being within scope of the regulations. This points to recognition of the significant contribution these drinks make to diets and excess calorie consumption, with evidence showing that consumers seek to get their “money’s worth” [1]. However, this approach is inconsistent with other proposals in the consultation which outline that non-pre-packed products will be out with scope, which we strongly disagree with. This creates inconsistency between food and drink non-pre-packed items and could create uncertainty. We would like to see all non-pre-packed food and drink products included within scope of the regulations.

**Reference**

[1] EconPapers: The Flat-Rate Pricing Paradox: Conflicting Effects of "“All-You-Can-Eat"” Buffet Pricing (repec.org)

**Question 4: Is the proposed description of the following sufficiently clear for the purpose of implementation and enforcement:**

a) Multibuy? **Yes**

b) Extra free? **No**

The definition for extra-free is unclear as this is included with the definition of multi-buys and not provided separately.

**Question 5: Is the proposed timescale of 12 months at paragraph 53 of the consultation sufficient to allow price promotions on packaging to be phased out?**

**Yes**

**Question 6: What, if any, implications do you expect there would be for businesses if meal deals are included within scope of this policy? (please include evidence where available)**

Recent research demonstrated around a third (32%) of consumers state they would continue to purchase meal deals if they contained a healthier item in place of a restricted unhealthy one, and a further 9% reported they would buy the healthier main component without the additional item, which is usually unhealthy. [1] Thus, highlighting that over 40% of consumers support and would like to see meal deals change to become healthier, and this presents an important opportunity for businesses to amend their offering to cater for this preference.

**Reference**

[1] Scottish Government (2024) Consumer Survey on Shopping Behaviours and Meal Deals: Evidence Brief <https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2024/02/consumer-survey-shopping-behaviours-meal-deals-evidence-brief/documents/consumer-survey-shopping-behaviours-meal-deals-evidence-brief/consumer-survey-shopping-behaviours-meal-deals-evidence-brief/govscot%3Adocument/consumer-survey-shopping-behaviours-meal-deals-evidence-brief.pdf>

**Question 7: If meal deals are included within scope of the policy, which would be your preferred option for targeting them?**

 **Option 1 - Meal deals cannot contain high in fat, sugar or salt targeted foods.**

 Option 2 - Meal deals can contain up to one high in fat, sugar or salt targeted food.

 Option 3 - Meals deals cannot contain targeted high in fat, sugar or salt discretionary foods.

Option 1 is our preferred option, as this aligns more closely to our preference for a whole category approach. Meal deals have been shown to drive less healthy purchases [1] A 2022 report [2] by Action on Salt found that around three quarters of British snacks which feature in the high street ‘meal deal’ category contain dangerous levels of HFSS. Nearly 30% of snacks were deemed to exceed maximum salt targets, with most of these being meat-based products or biscuits [3]. Research has shown that meal deals account for a large proportion of supermarket front of store offerings and have the highest proportion of trips on promotion [3]. Therefore, it is important that the consultation includes them in this proposal. Policymakers should consider that HFSS/ less healthy foods included in the meal deal (e.g., crisps) are not on promotion out with the meal deal. As this could result in individuals still purchasing these items at a discounted/ reduced price.

Recent research conducted by Smith et al. [4] aimed to address young people’s perceived exposure to food marketing as well as their views on changing it as a potential avenue to reducing childhood obesity in Scotland. Many young people reported being influenced by food adverts, with several young people stating that they were tempted to visit the food location having seen their advertisement. Marketing techniques such as promotions (including meal delas), brightly coloured adverts, food company branding (e.g., colours, logos and slogans) and use of social media influencers influenced young people’s food purchasing choices. Several young people stated that food companies deliberately placed promotions in shop areas where they are most likely to influence people’s purchases, and that promotions can encourage people to buy a product they hadn’t intended to purchase in the first place.

In addition to the report, Smith et al. [4] co-produced a youth advocacy video [5] with the young people involved in the research. This is an important piece of evidence to consider as it amplifies the voices of young people, empowering them to influence decisions that affect their lives and communities. It provides a platform for youth to share their perspectives, raise awareness on this issue, and inspire action and change.

**References**

[1] Public Health Scotland (2024) Restricting promotions of food and drink high in fat, sugar or salt Evidence briefing 2: Meal deals <https://publichealthscotland.scot/media/24917/v3_hfss-meal-deals-evidence-briefing-2_1380.pdf>

[2] THE REAL DEAL March 2022 Nutritional Profile of Snacks in Meal Deal Promotions <https://www.actiononsalt.org.uk/media/action-on-salt/awareness/shake-the-salt-habit2022/Salt-Awareness-Week-Report-March-2022.pdf>

[3] Quirk S, Crowther H, Stewart C. The Out of Home Environment in Scotland. 2019.

[4] Smith, M.J, Vaczy, C., Kellerman, A., Tulloch, L., Hilton, S. ‘Young people’s perceptions of and exposure to unhealthy food advertising in Scotland’ Scottish Obesity Alliance, 2024

[5] <https://www.youtube.com/watch?v=sCtnxSrH1TM>

**Question 8: If temporary price reductions (TPRs) are included within the scope of the policy, is the proposed broad definition sufficient for implementation and enforcement?**

**Yes**

TPRs are designed to encourage a switch from one product to another, not to increase the overall volumes purchased or consumed. Research has shown that TPR’s is the most common type of price promotion and has resulted in consumers impulse buying [1]. In addition, TPRs the most common type of price promotions used online, accounts for 57% of price promotions and feature more regularly online than in store [2].

**References**

[1] Obesity Action Scotland. Obesity and Promotion of HFSS Products. Obesity Action Scotland; 2021.

[2] Obesity Action Scotland. Survey of Food and Drink Promotions in an Online Retail Environment. Obesity Action Scotland; 2021

**Question 9: What, if any, implications do you expect there would be for businesses if temporary price reductions (TPRs) are included within scope of this policy?**

[1] Monitoring Retail Purchase and Price Promotions in Scotland 2019-2022 <https://www.foodstandards.gov.scot/downloads/Monitoring_retail_purchase_and_price_promotions_in_Scotland_2019-2022.pdf>

[2] Obesity Action Scotland (2024) In store promotions of food and drink products. An observational study <https://www.obesityactionscotland.org/media/kprjwwxv/in-store-promotions-report-2024.pdf>

**Question 10: Are the proposed descriptions of the following prominent in-store locations sufficiently clear for implementation and enforcement?**

a) Checkout? **No**

b) End of aisle? **Yes**

c) Store entrances? **Yes**

d) Covered external area? **Don't Know**

e) Free-standing displays? **Yes**

The ‘checkout’ definition is unclear. Paragraph 98 (i) of the consultation document states that a checkout area where targeted food cannot be placed is defined as “any area within 2 metres of the checkout facility…including a self-checkout” and (ii) “any area within 2 metres of a designated queuing area or queue management system”. However, both paragraph 98 (i) and (ii) go on to state that “Targeted HFSS foods would be able to be placed in an aisle (but not the end of an aisle) even if it is within 2 metres of a checkout”. This is unclear and needs clarification. The 2-metre restriction should be in place, regardless of whether this covers an aisle or not. This leaves opportunities for loopholes with regards to where products are placed within stores, and will also make implementation, monitoring, and enforcement much more challenging.

We note the definition for covered external areas in the consultation outlines outside areas that are connected to the store’s main shopping area through which the public passed to end the main store. However, there is no mention about external areas that are not directly attached or connected to the store’s main shopping area/entrance that could sell products within scope i.e. a covered external area that consumers do not pass through to get into the store. Additionally, this only appears to include covered areas with no mention of external selling areas that are not covered. It is currently not clear if such locations would be considered as in scope of the restrictions.

As with store entrances, we would like to see this expanded to all areas customers have to walk through or past to gain access to the store and areas of significant customer dwell time.

It is important to restrict promotions in the key areas that attract impulse buying as listed above. Research has shown that increasing visibility of unhealthy products at key locations throughout a store (e.g., front of store and at checkout areas) leads to an increase in the sales of the products featured at that location [1]. The 2018 Obesity Health Alliance report [2] shows that 43% of products in prominent in-store locations/areas were high in sugar and less than 1% of products in high profile locations were fruit or vegetables.

Removing promotions from checkout area here would possibly results in a decrease in purchases. Research has found that removing discretionary foods (e.g., confectionary) from supermarket checkouts can lead to a dramatic fall in the amount of unhealthy snacks purchased [3]. In addition, Ejlerskov et al. [3] found that there was a 76% reduction in purchases of confectionary, chocolate and crisps from supermarkets that had checkout location restrictions for HFSS products compared to those that did not. Furthermore, the study found there in to be a 17% reduction in purchases of confectionary in supermarkets with checkout policies [3]. Removing promotions from end of aisle and island/bin displays would possibly results in a decrease in purchases, as research has shown promotions in these positions have a positive effect on sale [4]. Recent research conducted by Smith et al.[5] involved exploring young people exposure to and perceptions of unhealthy food marketing. Smith et al [5] found that location-based promotions were a marketing tactic that young people mentioned and many took photos of – when they were in supermarkets, their attention was caught by promotional stands. Many commented that the stands were in locations that consumers would have to walk past, and believed the stands were strategically placed to lure consumers by temptation and discounts.

**References**

[1] Cohen DA, Lesser LI. Obesity prevention at the point of purchase. Obesity Reviews. 2016;17(5):389-96.

[2] Obesity Health Alliance. Out of place: The extent of unhealthy foods in prime locations in supermarkets. Obesity Health Alliance; 2018.

[3] Ejlerskov KT, Sharp SJ, Stead M, Adamson AJ, White M, Adams J. Supermarket policies on less-healthy food at checkouts: Natural experimental evaluation using interrupted time series analyses of purchases. PLoS Medicine. 2018;15(12):e1002712.

[4] Garrido-Morgado Á, González-Benito Ó. Merchandising at the point of sale: differential effect of end of aisle and islands. BRQ Business Research Quarterly. 2015;18(1):57-67. doi:10.1016/j.brq.2013.11.004

[5] Smith, M.J, Vaczy, C., Kellerman, A., Tulloch, L., Hilton, S. ‘Young people’s perceptions of and exposure to unhealthy food advertising in Scotland’ Scottish Obesity Alliance, 2024

**Question 11: Do you agree with the proposed approach to applying store entrance criteria to dedicated food areas within stores, as described at paragraphs 97-99 of our consultation?**

**Yes**

UK in-store research reported that over 70% of all food and drinks promoted in ‘prime’ locations (i.e. those located within 10 m for store entrances, etc.) are products classified as those which ‘contribute significantly to children’s sugar and calorie intake’. [1] We agree with the proposed approach as this strategy ensures that health-oriented promotional regulations are consistently enforced throughout the store, enhancing the overall impact on consumer choices and supporting public health objectives.

**Reference**

[1] Obesity Health Alliance. (2018). Out of place – the extent of unhealthy items in prime locations [online] Available at: <https://foodactive.org.uk/out-of-place-the-extent-of-unhealthy-food-items-in-primelocations-in-supermarkets/>

**Question 12: Do you agree with the proposed description for relevant floor area?**

**Yes**

**Question 13: Please provide any additional comments on the proposals for in-store locations within scope of the policy.**

Research has shown that increasing visibility of unhealthy products at key locations throughout a store (e.g., front of store and at checkout areas) leads to an increase in the sales of the products featured at that location [1]. The 2018 Obesity Health Alliance report [2] shows that 43% of products in prominent in-store locations/areas were high in sugar and less than 1% of products in high profile locations were fruit or vegetables. Although is it good to see the locations listed there are other locations that could be included such as coupons, free samples, upselling, seasonal aisles/displays and branded chillers (e.g., Krispy Kreme) [3]. Research has shown that branded chillers promoting carbonated soft drink was associated with an increase in consumers visual attention, compared to standard unbranded shelf labelling [4].

The global COVID-19 pandemic resulted in queuing areas being extended to allow for social distancing and promotions would often be seen in these areas. Although social distancing is no longer mandatory it is worth considering promotions in extended queuing areas should restrictions be reintroduced.

**References**

[1] Cohen DA, Lesser LI. Obesity prevention at the point of purchase. Obesity Reviews. 2016;17(5):389-96.

[2] Obesity Health Alliance. Out of place: The extent of unhealthy foods in prime locations in supermarkets. Obesity Health Alliance; 2018.

[3] Whitehead R, Greci S, Thomson H, Armour G, Angus K, Martin L. The Impact of Non-Price In-premise Marketing on Food and Beverage Purchasing and Consumer Behaviour: A Systematic Review. medRxiv. 2021:2021.09.13.21258115.

[4] Hurley RA, Rice JC, Koefelda J, Congdon R, Ouzts A. The role of secondary packaging on brand awareness: analysis of 2 L carbonated soft drinks reusable shells using eye tracking technology. Packag Technol Sci.900 2017;30(11):711-722. doi:10.1002/pts.2316

**Question 14: Are the proposed descriptions of the following online equivalent in-store locations sufficiently clear for implementation and enforcement?**

a) Home page **Yes**

b) Favourites page **No**

c) Pages not opened intentionally by the consumer **Yes**

d) Checkout pages **Yes**

We do not feel the definition of favourites page is clear. Page 26 of the consultation document states promotions would be restricted on a favourite products page unless the consumer has previously purchased the targeted food (whether in store or online) or intentionally identified as a favourite product. It then goes on to define a favourite products page as “a page intentionally opened by a consumer for browsing products they have previously purchased or intentionally identified as favourite products”. This is unclear as it suggests that items previously purchased or intentionally identified as a favourite product would be out with scope of the regulations, and yet this is exactly what a favourites page is. This is very unclear and needs to be clarified.

We support the proposed restrictions being applied to targeted products online. Online location restrictions should match physical in-store locations, and this would result in a consistent approach and impact in the success of the policy. It would prevent costumers moving to online shopping to access promotions. The COVID-19 pandemic and mandatory lockdown resulted in an increase in online shopping [1]. It possible that this has become a new normal for people for various reasons, therefore we argue that online location restrictions should match physical in-store locations.

**Reference**

[1] Obesity Health Alliance. Online Grocery Shopping: Factsheet. Obesity Health Alliance; 2021.

**Question 15: Are there any other equivalent online locations that should be within scope of the policy?**

**Yes**

We welcome the inclusion of other online locations like apps, and aggregator platforms such as Just Eat, Deliveroo and Uber Eats. This is important given that research has shown there to be an increase in food order apps during the COVID-19 pandemic and now account for 70% of takeaway delivery orders and these platforms predominantly promote unhealthy HFSS products [1,2]. Between 2019 and 2021, the use of third-party aggregator delivery apps (e.g. Just Eat) in Scotland increased considerably by 286%, while restaurant app usage grew by over 440%. Additionally, these platforms also predominantly sell and promote unhealthy HFSS products to users [3].

Other types of online equivalent promotions we would like to see included are recommended products, best sellers, customers who bought this also bought functions, and promotional offers in order email confirmations for example.

**References**

 [1] Obesity Action Scotland. Survey of Food and Drink Promotions in an Online Retail Environment. Obesity Action Scotland; 2021.

[2] Yau A, Adams J, Boyland EJ, Burgoine T, Cornelsen L, de Vocht F, et al. Sociodemographic differences in self-reported exposure to high fat, salt and sugar food and drink advertising: a cross-sectional analysis of 2019 UK panel data. BMJ Open. 2021;11(4):e048139.

[3] Obesity Action Scotland (2023) Ordering Food Online (Out of Home) <https://www.obesityactionscotland.org/media/hisjmj0s/ordering_food_online_-ooh-_final.pdf>

**Question 16: Please provide any additional comments on the proposals for online locations within scope of the policy.**

Online location restrictions should match with physical in-store locations (as far as possible) and should be applied to all locations discussed in our response. Applying the same restrictions to online shopping environments would provide a consistent and fair approach for retailers and avoid any ‘displacement’ effects of not applying the restrictions across all channels. Applying the regulations equally to both online and in-store locations ensure a level-playing field for businesses and can maximise health benefits. Furthermore, online location promotion restrictions could be implemented easily and quickly due to them being digital and the benefits of such restrictions would be seen quickly due to high and growing usage.

**Question 17: Are the types of business within the scope of the policy sufficiently described for the purpose of implementation and enforcement?**

**Yes**

The restrictions should also apply to advertising on the entire public transport network and areas around parks, other areas that children frequent. Recent research found that “children who resided within more deprived areas had greater contact with the transport network and also greater exposure to unhealthy food and drink product advertising, compared to those living in less deprived areas.” [1, p.1]. The evidence also found location specific advertising around schools was effective in reducing advertising, but children were exposed to advertising at public transport locations.

We appreciate it may be more challenging for smaller retailers to apply the location restrictions. However, excluding these micro and small businesses could also have an impact on health inequalities. Evidence shows that smaller stores are more common in more deprived areas, and individuals within these communities are therefore more reliant on them [2]. There is a strong association between deprivation and childhood obesity, with children both living in more deprived areas and living in lower income households at greater risk of obesity throughout childhood [3] . Therefore, exempting these businesses could contribute to widening health inequalities and would do nothing to close the childhood obesity inequality gap, as well as preventing these from more deprived experiencing the benefits of the regulations.

**References**

[1] Olsen JR, Patterson C, Caryl FM, Robertson T, Mooney SJ, Rundle AG, et al. Exposure to unhealthy product advertising: Spatial proximity analysis to schools and socio-economic inequalities in daily exposure measured using Scottish Children's individual-level GPS data. Health Place. 2021;68:102535.

[2] <https://www.smf.co.uk/wp-content/uploads/2018/10/What-are-the-barriers-to-eating-healthy-in-the-UK.pdf>

[3] Miall, N & Pearce, A (2024) Growing up in Scotland: obesity from early childhood to adolescence. Obesity Action Scotland. doi: 10.36399/gla.pubs.319087 <https://www.obesityactionscotland.org/media/c2elenpt/gus-report-full-final.pdf>

**Question 18: Is the proposed extension of restrictions to online sales, including through online aggregator sites and apps, (see paragraph 116 of the consultation paper) sufficiently described for the purpose of implementation and enforcement?**

**No**

We welcome mention that aggregator sites and apps are proposed to be within scope of the regulations as it was not included in the previous consultation.

**Question 19: Are the arrangements for franchises and symbol groups sufficiently described for the purpose of implementation and enforcement?**

**Yes**

We welcome the proposals for franchises and symbol groups. This means these outlets will now be within scope of the regulations, as the employee count is based on the total number of employees across the whole group rather than individual stores. It is clear from the description in the consultation document that this is case.

**Question 20: Do you foresee any impacts on the ability of businesses to trade either within the UK market or internationally from any of the proposed measures?**

**No**

Introducing comprehensive price and location promotions regulations in Scotland covering as many types of promotions as possible and all types of food and drink businesses creates a level playing field for all food and drink businesses which promotes and encourages competition, rather than stifling it. It would ensure that some businesses are not negatively impacted over others.

**Question 21: Please provide any additional comments on the businesses proposed to be within scope of the policy.**

No additional comments

**Question 22: Are the proposed exemptions from location restrictions based on business type clear and sufficiently defined to enable implementation and enforcement?**

**Yes**

Specialist businesses (such as chocolatiers) should be exempt. It would not be possible for specialist businesses to implement several of these restrictions due to their stores content. However, they should be required to adhere to price promotion restrictions, and restrictions on checkout locations.

**Question 23: Are the exemptions from location restrictions based on individual store relevant floor area clear and sufficiently defined to enable implementation and enforcement?**

**Yes**

It is largely clear. The proposals on store size/floor area detailed on page 34 in the consultation appear to match the regulations in England.

**Question 24: Please provide any additional comments on proposed exemptions from locations restrictions.**

No additional comments

**Question 25: Do you agree with the proposed use of administrative sanctions for enforcement of the policy?**

**Yes**

**Question 26: Do you agree with the maximum penalties proposed for the offences in relation to enforcement of the policy?**

**Yes**

**Question 27: Is the proposed 12 month period following the introduction of regulations sufficient to prepare for?**

a) Implementation? **Yes**

b) Enforcement? **Yes**

**Question 28: Please outline any other comments you wish to make on this consultation.**

Recent research conducted by Smith et al. [1] aimed to address young people’s perceived exposure to food marketing as well as their views on changing it as a potential avenue to reducing childhood obesity in Scotland.

Young people are exposed to unhealthy food advertising every day.

Young people report being exposed to unhealthy food adverts every day and in numerous locations, including on outdoor billboards, on posters, in shops, and on TV, radio and social media. Many of the physical adverts that young people saw were located near the restaurant they were advertising, tempting people to visit the restaurant or shop being advertised. Many participants also noted that they rarely, if ever, saw marketing for healthy foods. To combat this, we recommend policies that highlight healthier alternatives in marketing and restrictions on the types of food that can be advertised in physical settings. We also support the immediate implementation of the 9pm TV watershed ban as well as restrictions on online digital marketing.

Unhealthy food marketing influences young people’s choices. Many young people reported being influenced by food adverts, with several young people stating that they were tempted to visit the food location having seen their advertisement. Marketing techniques such as promotions, brightly coloured adverts, food company branding (e.g., colours, logos and slogans) and use of social media influencers influenced young people’s food purchasing choices. Placement and seasonality of food promotions was found to influence young people’s choices. Several young people stated that food companies deliberately placed promotions in shop areas where they are most likely to influence people’s purchases, and that promotions can encourage people to buy a product they hadn’t intended to purchase in the first place.

To reduce young people’s exposure to place-based promotions, we recommend that legislation in Scotland includes restricting the placement of unhealthy food promotions in shops and online. Young people argue that the amount of unhealthy food advertising should be reduced. Young people argue restrictions on the advertising of unhealthy food are needed. While many young people expressed that no changes should be made to how food is advertised, others argued that reducing the amount of unhealthy food advertising and having equal offers on healthy and unhealthy food would be beneficial to population health. We recommend designing unhealthy food adverts, promotions, and packaging to be less eye-catching as this influences purchasing choices.

In addition to the report, Smith et al. co-produced a youth advocacy video [2] with the young people involved in the research. This is an important piece of evidence to consider as it is amplifies the voices of young people, empowering them to influence decisions that affect their lives and communities. It provides a platform for youth to share their perspectives, raise awareness on this issue, and inspire action and change.

Although some of the points raised lie outside the scope of this consultation, we believe that it is important to consider these findings.

Products close to expiry date: It Is important that the consultation recognises that they should not be exempt from the restrictions as if they were this could create a loophole which could undermine proposed location exemptions.

It is important to see that the legislation is flexible and able to adapt to future research, evidence etc.

**References**

[1] Smith, M.J, Vaczy, C., Kellerman, A., Tulloch, L., Hilton, S. ‘Young people’s perceptions of and exposure to unhealthy food advertising in Scotland’ Scottish Obesity Alliance, 2024

[2] https://www.youtube.com/watch?v=sCtnxSrH1TM

## Date of submission

21st May 2024

## Who to contact about this response

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