

8<sup>th</sup> January 2010



BRITISH SOCIETY OF  
GASTROENTEROLOGY

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Stewart Gandy  
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Dear Stewart

**Ref: Responses to the DCMS Consultation on Product Placement on Television (in relation to alcohol) by the British Society of Gastroenterology.**

1. What, if any, viewer and other safeguards there should be additional to those required by the AVMS Directive?

[No comment](#)

#### **The Ofcom code**

2. How should those additional safeguards be imposed - by law, or by means of the Ofcom Code?

[We believe that the Ofcom code does not sufficiently protect children from alcohol advertising and will need considerable strengthening if it is to be used to regulate product placement.](#)

#### **Commercial advantages**

[No comments on Q 3-6](#)

#### **Programme genres**

7. If product placement is allowed in programmes made by or for UK television, should any of the programme genres permitted by the AVMS Directive be excluded?

Alcohol product placement should not be permitted on any of the programme genres

No comments on Qs 8-14

### **Children**

15. Should any or all product placement be restricted or prohibited in programmes with a disproportionately high child audience?

Alcohol advertising has been convincingly shown to influence childhood use of and attitudes towards alcohol (Alcohol Harm Prevention Review 3; ScHARR 2009). Very tight regulations are therefore required to protect children. We believe the only way to achieve this is for a complete prohibition of alcohol product placement. The Chief Medical Officer has called for an alcohol free childhood up to age 15. If product placement is permitted the OFFCOM code will need to be strengthened to ensure that product placement is only permitted where an audience of 5% or less of children under age 15 can be anticipated.

16. If so, how should that assessment be made in advance of a programme being broadcast?

Yes

17. How could a 'disproportionately high child audience' be defined?

An audience of 5% or more of children under age 15

18. Should there be restrictions on placing certain types of products (e.g. HFSS foods or alcohol) in programmes with a disproportionately high child audience?; and if so

19. Should those restrictions be the same as or greater than those which are currently in place for the scheduling of spot advertising of those products?

Current regulations need considerable tightening to protect children from alcohol advertising as currently large numbers of children are exposed. We believe the only way to ensure complete protection is through a complete ban on alcohol advertising.

### **Editorial independence; undue prominence**

No comments on Qs 20-22

### **Tobacco, alcohol, HFSS foods, gambling**

23. Should television placement of smoking accessories such as cigarette papers and pipes be prohibited?

24. Should television placement of alcohol, HFSS foods or gambling be subject to an outright prohibition; or, if not prohibited, should it be subject to restrictions of some kind?

In 2007/8 HMRC data showed that alcohol consumption in UK had risen from 9.53 to 11.53 litres of pure alcohol per person over age 15 over the past 21 years. Average adult consumption is thus currently approximately 22 units per week. Since the weekly safe levels for consumption are 21 and 14 units per week for males and females respectively it is not surprising that the health harms of alcohol have been escalating and for instance there has been an eight increase in the incidence of cirrhosis in 25-44 year olds in a similar period. In their draft report on alcohol use disorders-prevention released for consultation in September 09 NICE have called for a population approach to decrease alcohol use and thus harm and in the longer term, banning all forms of alcohol advertising and marketing through television, radio, cinema and via sports sponsorship (as is the case with tobacco advertising). Product placement is a new form of alcohol advertising and we believe in view of the increase in the health harms of alcohol in recent years it should be the subject of outright prohibition.

25. If it is not practicable to apply the detail of the BCAP Code rules on alcohol advertising to alcohol product placement, would the simple AVMS Directive rules that alcohol advertising must not be aimed specifically at minors and must not encourage immoderate consumption provide adequate safeguards?

Today's children are tomorrow's patients with adverse consequences of alcohol consumption and we believe that the AVMS rules are inadequate for the protection of children.

26. Are there any alternative forms of safeguard that may be appropriate?

Since the Chief Medical Officer has called for an alcohol free childhood up to age 15, an outright prohibition is the only way to completely safeguard those under age 15.

### **Monitoring**

27. What methods of assessment and monitoring would be most effective in ensuring that there was accurate and reliable information about the actual effects of any introduction of product placement in these areas?

The alcohol industry spends £800 million per year on alcohol advertising and presumably regard this as a good investment as shown by the monitoring of their product sales. On the contrary many research studies have not been able to show major changes in consumption when monitoring the behaviour of the customer and very large studies are required to show small population changes. We do not therefore believe that any form of monitoring will be large enough for assessing the effect of alcohol product placement on consumption and the anticipated false negative effect will be used by the alcohol industry to defend their behaviour.

28. Would it be possible or desirable to levy a charge on product placements to enable monitoring and/or research to take place?

No comment

**Other types of product**

**Terms of trade**

**Prop placement market**

**Signalling product placement to viewers**

**Thematic placement**

**Negative and simulated placements**

No comment on Qs 29-41

Yours sincerely

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