

I and my churches' fellowships are against the advertising of abortion on television, which degrades human life to something that can be destroyed if inconvenient, with practitioners actively encouraging it for financial profit, making other alternatives (adoption) less likely.

We also think it highly inappropriate to advertise condom use to young children, and therefore this advertising should be after the "watershed" only

## **The BCAP Code Review - Consultation on the proposed BCAP Broadcast Advertising Standards Code**

The Participation Television Broadcasters Association Ltd is an association open to all Participation Television Broadcasters and to network providers and telecommunications operators. The current members provide dedicated Participation TV channels.

We have seen a copy of the response being given in respect to this consultation by the Association of Interactive Media & Entertainment (“AIME”) and would confirm that we are in agreement with its contents.

We do not feel that it is appropriate for BCAP to conclude its deliberations on this consultation before:

- (a) Ofcom have published the results of their forthcoming consultation on the use of PRS in programmes with reference to Section 10 (Commercial References and Other Matters) of its Broadcasting Code, and
- (b) BCAP have revisited the evidence as presented in their consultation document (and having done so re-issued the same for further consultation) since it quite clearly contains numerous emotively charged, exaggerated and inaccurate statistics / statements which in the aggregate give a very misleading impression of the true (and verifiable) facts, and
- (c) reasonable opportunity has been given to members of the public and business interests to comment on the outcome of the Ofcom consultation.

We should make clear that we do not accept that Ofcom are correct in law to designate various television formats, which are highly popular with the public and which do not attract substantial levels of complaint, as teleshopping.

**Penknapp Providence Church**

Tower Hill, Dilton Marsh, Westbury, Wilts.

&

**Ebenezer Baptist Church**

High Street, West Lavington, Wilts.

I am writing regarding proposed rule changes that would allow the advertisement of abortion services and condoms on television. I am concerned that children may be exposed to such adverts, leaving parents in the difficult position of having to talk to their children about such subjects at an unnecessarily young age. Also, as many abortions are aimed at terminating babies with disabilities, it is rather insensitive to the disabled to allow abortion clinics to advertise their services. Medical experts recognise that women who have had an abortion may suffer from infection or experience mental health problems. If adverts for abortion services were to be allowed the potentially serious side effects of abortion will have to be made clear.

I do not think that abortion or condom advertisements should be allowed on television. Information about such matters is best discussed in the context of family life in consultation with health professionals.

Yours sincerely,

Guy Davies

This response is from the Penrith LIFE group in Cumbria. The group comprises both men and women; some of us have religious beliefs, some do not; most of us are parents, some grandparents; several of us work in the medical and caring professions.

We are responding to Question 62:

- i) **Given BCAP's policy consideration\*, do you agree that it is necessary to maintain a rule specific to post-conception advice services**

(\* The BCAP's general policy objective is to ensure that advertising which may be misleading, harmful or offensive is prevented and to afford children in particular adequate protection)

Abortion is a highly complex medical and psychological issue - not a simple medical procedure that is available on demand in the UK. It is still tightly regulated by UK law provided only under certain strict conditions on the signatures of two doctors. It should be obvious that such sensitive and controversial issue should not be treated in the same way as advertising a commercial product, to do so would certainly be misleading and could be harmful to women.

Adverts would be unlikely to explain adequately the range of issues a woman has to consider when facing this choice nor give sufficient warning about the damage which abortion can cause to her physical and mental health.

Abortion advertisements would certainly be viewed as offensive to a substantial proportion of viewers especially those who hold traditional Christian or Moslem beliefs. This is a subject that is deeply socially divisive with people of faith taking different views from each other and from those of no faith but all feeling very strongly on the subject. Nor is this a minority concern: in a survey of women in mid-2006, most said that there are too many abortions, and very large majority would rather see more resources devoted to promoting alternatives for expectant mothers than widening access to abortion.

In view of the above we feel it is essential to regulate abortion advice specifically and with the greatest of sensitivity bearing in mind the unique nature of the issue.

We refer to the above consultation and would ask that you treat this letter as a formal response by Peripatos Limited in respect to the same.

#### **Question 54**

*i) Given its policy consideration, do you agree with BCAP's proposal to relax the present prohibition on TV advertisements for pornography products and allow them to be broadcast on encrypted elements of adult entertainment channels only?*

The use of the word "pornography" is very emotive and without qualification is likely to create in the mind of consumers a connotation with something that is distasteful or negative. It cannot reasonably be said that much of what appears on adult channels is "pornographic" in the modern day sense of that word. To that extent, the use of this word is misleading.

#### **Question 97**

*i) Given BCAP's policy consideration, do you agree to maintain the existing TV and radio requirements on advertisements for products or services concerned with the occult or psychic practices?*

Once again, the use of the word "occult" is very emotive. By combining the use of this word with the reference to psychic practices – as if to imply that they are one and the same thing – is misleading. Modern day psychic and tarot offerings on broadcast television are a highly popular programme genre. There can be no reasonable justification for a ban on advertising such services.

#### **Question 122**

*Given BCAP's policy consideration, do you agree that proposed rules 22.1 to 22.6 and 22.8 should be included in the proposed BCAP Code?*

We cannot see why there is a need for BCAP to become involved in the regulation of premium-rate-services. These services are already subject to substantial regulation by PhonepayPlus.

#### **Question 124**

*Given BCAP's policy consideration, do you agree that TV advertisements for PRS of a sexual nature should be allowed on encrypted elements of adult entertainment channels only?*

We are concerned that information given to BCAP by Ofcom has either been inaccurate or that BCAP have failed to accurately present that information.

In support of this assertion we would refer to paragraph 22.43 of the consultation which states:

**“22.43** *Between February 2006 and February 2009, Ofcom received around 200 complaints about Participation TV services, many of which were predicated on the use of PRS of a sexual nature. The complaints include concerns about very strong sexual images and sexual language; unsuitable transmission times; the possibility of children viewing those channels; the proximity on the EPG of those channels to family-viewing channels (research indicates that 'channel flicking' continues to be the primary way of locating channels and only a few*

*respondents said they use the EPG to find specific channels); the unencrypted nature of the content; children calling on-screen numbers for PRS of a sexual nature and participating in those services; drunken female presenters and misleading call cost information.”*

At BCAP’s suggestion, we wrote to Ofcom under the Freedom of Information Act requesting further details.

We put to Ofcom the following information requests:

- A breakdown by type of complaint of those complaints included in the “around 200 complaints” received by Ofcom between February 2006 and February 2007 eg: one such type would be complaints regarding “drunken female presenters”
- What proportion of the “around 200 complaints” resulted in Ofcom holding the relevant broadcaster to be in breach of the Ofcom Code?
- Details of any published Ofcom report which can be consulted concerning “drunken female presenters”
- Of the “around 200 complaints” can Ofcom please identify how many complaints were from members of the public, how many from identifiable industry competitors and how many self generated by Ofcom?

Ofcom responded by providing the following information:

- "the around 200 complaints" was in fact 153 complaints which by category comprised:

sex/nudity 110

use of premium rate numbers 14

inaccuracy/misleading 28

scheduling 1

Of the 153 complaints only 27 resulted in a finding of breach broken down as follows:

sex/nudity 24

use of premium rate numbers 1

inaccuracy/misleading 1

scheduling 1

Of the 27, 4 were for a failure to provide a recording.

Ofcom confirmed they hold no published information regarding "drunken presenters". They explained that they did receive one "particular complaint" which did not result in them finding the broadcaster in breach.

Of the complaints:

22 were from individuals complaining on behalf of an organisation

6 were initiated by Ofcom as a result of representations from a co-regulator such as ASA or PPP

127 were from members of the public.

The concern here must be that:

- BCAP have inaccurately reported the number of complaints - whether this is their doing or the fault of Ofcom in providing them with the information is not clear. What it does do however is to give the public a distorted view of the number of complaints received - BCAP have inflated the number of complaints by close to 25%
- BCAP's reporting of the "around 200 complaints" does not fairly reflect the nature and context of the complaints. This cannot be correct. Not only is the figure way off the mark, but no mention is made of the fact that less than 20% of the complaints resulted in a breach finding and even then 4 of the breaches were for the failure to supply a recording.

Quite clearly the information presented by BCAP in paragraph 22.43 is neither accurate nor is it fairly presented.

We are of the view that this example must cast doubt on the veracity of all "evidence" presented by BCAP in the consultation document unless BCAP are able to unequivocally confirm that they took all reasonable steps to independently verify the accuracy of the information on which they have relied in support of their policy proposals and that having done so they believe the presentation of that information in the consultation document has been both fair and transparent.

If members of the public and business community cannot rely on the accuracy and fairness of information used in the consultation document, it must be the case that the entire consultation process is fatally flawed.

We would submit that it is critically important that any consultation satisfies the five principles of good regulation identified by the UK Government's Department of Business Innovation as the "cornerstone" of better regulation, namely that any regulation should be:

- Transparent
- Accountable
- Proportionate

- Consistent
- Targeted – only at cases where action is needed.

We believe this consultation fails to satisfy these principles of good regulation.

Yours faithfully,

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**PERIPATOS LIMITED**



**Subject: The BCAP Code Review - Consultation on the proposed BCAP Broadcast Advertising Standards Code  
Freedom of Information Act request**

I refer to our exchange of correspondence dated 11<sup>th</sup> and 22<sup>nd</sup> May, copies of which I attach for your ease of reference.

I also attach a copy of my letter to Ofcom dated 11<sup>th</sup> May together with their helpful response dated 10th June 2009.

You have indicated in your letter of 22<sup>nd</sup> May that it is BCAP's intention to be "as helpful and transparent as possible". In that vein, can you please let me have BCAP's reply to the following questions:

1. Did BCAP, when preparing their consultation document, undertake independent checks to satisfy themselves as to the accuracy of the information being provided to them by third parties for inclusion in the consultation document?
2. Would BCAP agree that 153 actual complaints is not the same as "around 200 complaints"?
3. Would BCAP agree that of the 153 actual complaints, a finding that 27 were in breach is material in that it helps place matters in context?
4. Would BCAP agree that it is material to identify the source of the 153 actual complaints received in order to avoid creating the misleading impression that all were generated by members of the public?

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Peripatos is the trading name of Peripatos Limited – Registered in England and Wales with number 3446864  
Registered Office: Dua & Co. Letchford House, Headstone Lane, Harrow, Middlesex, HA3 6PE

5. Would BCAP agree that highly charged references in paragraph 22.43 eg: the reference to “drunken female presenters”, require to be set in context since otherwise members of the public may be given a misleading impression of the true facts? eg: Ofcom state “the particular complaint regarding “*drunken female presenters*” did not result in Ofcom finding the broadcaster in breach of the Code. Therefore there have been no Ofcom reports published specifically regarding “*drunken female presenters*”.
6. Would BCAP be prepared to issue a public correction to the information contained in paragraph 22.43 which is clearly factually inaccurate and taken as a whole, very misleading?
7. Will BCAP agree to review the remainder of their consultation document to ensure that it does not contain further inaccuracies and / or misleading statements, based on third party information that has not been independently verified / checked, by BCAP?

I look forward to hearing from you.

Yours sincerely,



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**PETER WELBURN**  
**PERIPATOS LIMITED**

**Response to CAP Code Review Consultation – Pet Advertising Advisory Group**

**Background**

The Pet Advertising Advisory Group (PAAG) was set up with a mission to “promote responsible pet advertising”.

The group is supported by a very broad church of constituent members including:

The Blue Cross  
Battersea Dogs and Cats Home  
Cats Protection  
Dogs Trust  
The Kennel Club  
The RSPCA  
Wood Green Animal Shelters

Plus specific interest groups for rabbits, fish and exotics

The group is also supported by DEFRA the Metropolitan Police, the Veterinary profession and some industry magazines; most specifically Loot, Ad Trader and Exchange and Mart.

Our focus is two pronged: firstly to encourage prospective pet owners to seek out advertisements that portray a true and honest description of the pet they are interested in purchasing; guiding them through the pitfalls of where the advertiser may be being less than honest with their product, and suggesting questions that they might ask the advertiser, in order to get to the point where they feel they can make a valued judgement. Secondly, our aim is to keep advertisers up to date with the plethora of laws that surround pets and in order to help them to keep their advertisements legal.

PAAG members are cognisant of the variety of Codes that exist in other fields and feel that companion animals, which not only generate large amounts of column inches in local and specialist journals, but are also now generating a large number of specific websites, should have their own set of Rules in order to guide the public as well as the publishers.

The group has recently produced a new website: [www.paag.org.uk](http://www.paag.org.uk) and will be launching this officially in the near future.

We welcome the opportunity to comment on the Consultation document, in brief:

- a) PAAG believes that the CAP Code should include, under the definition of “product”, the term “animals”.
- b) Most marketers will ask for a licence to be given when advertisers fall within the scope of the Breeding and Sale of Dogs (Welfare) Act. These are often denoted by P (private) and T (trade). But there are many Trade people masquerading as private individuals in order to sell their progeny under a false premise.

We would wish to see the production of a licence, to marketers, extended to Pet Shops and other places where pets are sold. This could be best served by the inclusion, in the CAP Codes, of a Best Practice Guide on buying and selling an animal and these should include the animal's legal status, where appropriate. Please see PAAG guidelines for each specific animal that could be utilised with a link through to this website.

PAAG is concerned that the Dangerous Dogs Act specifies a number of dogs that are illegal in the UK yet we still see “pitbulls” advertised. Dogs with docked tails became illegal in xxxx, subject to a few anomalies, these anomalies should be accepted or rejected, by the marketers, at the time of placing the advertisement. A number of publishers are unaware of this fairly new law and are often found to be advertising these “illegal” dogs.

The CAP codes state that all advertisements should be legal, decent, honest and truthful. PAAG believes that the above information, with relevant links to their website would cover many of the Codes, such as: 1.9; 1.10.1; 2.3; 3.3; 3.5.

**Q1**

The Pet Advertising Advisory Group (PAAG) are in agreement with the wording of Rule 1.10.1., which specifically states that “marketers must not state or imply that a product can legally be sold if it cannot” and this would specifically apply to those pets currently being sold illegally, as illustrated above.

**Q2**

PAAG agrees to the inclusion of Rule 2.3 “Marketing and Communications must not falsely..... context”. PAAG reiterates its previous concerns about trade and business being too closely utilised without specific requirements to state the honesty of the advertisement.

Q3; Q 4; Q5; Q6; Q7; Q8  
PAAG has no comment

**Q9**

PAAG agrees that “Material ..... Manner” should be included. In order for purchasers to make an informed decision on whether to, or how to, buy the “product/ animal” that they are considering purchasing.

Q 10; Q11  
PAAG has no comment

Q16  
PAAG has no comment

## **Phoenix Shooters Association response to the BCAP Code Review**

- 1) The Phoenix Shooters Association is a Home Office Approved target shooting club serving the Cheshire, Wirral, Merseyside and North Wales area of the UK. It has over 100 members, and has been in existence for over thirty years. We are affiliated to the National governing body for full-bore target Shooting, the National Rifle Association.
- 2) In this response we will only deal with the sections relating to the advertising of legal firearms and shooting clubs.
- 3) We support the majority of the code, but we are concerned that certain sections exhibit an ignorance of the shooting sports, and appear to show a severe prejudice born out of that ignorance. The shooting sports have an enviable record for safety<sup>1</sup> and our competitors comply with the law more rigorously than most competitors in any other sport, due to the possibility of losing their certificates if convicted of an offence.<sup>2</sup>
- 4) We see an apparent link being made by the BCAP between the legal ownership of sporting firearms and the criminal use of firearms. In point of fact nothing could be further from the truth: The legal ownership of firearms has been declining since 1988, as the restrictions on legal ownership have increased, yet the number of people being killed and injured by criminals using unlicensed and banned firearms has increased dramatically over the same period.<sup>3</sup>
- 5) Every applicant for a firearm or shotgun certificate is vetted thoroughly by the police, - something I am well aware of as this was one of my functions with the police before my retirement. This means that certificate holders are amongst the most law-abiding people in the UK.
- 6) Target Shooting clubs of themselves have to be vetted by the police, then obtain Home Office approval to operate, and the criteria for this are complex and rigorous.<sup>4</sup>
- 7) We are very concerned that there are errors in the statements of law made in the consultation document at 10.1.319(2)(a) – it is NOT an offence for anyone under 18 to possess a firearm, and it is not an offence for anyone under 17 to purchase some firearms. There are numerous exceptions and exemptions which the document fails to address, giving a totally false impression.
- 8) We note that 10.1.319(2)(b) infers that the possession and use of sporting firearms is “liable to encourage the commission of crime.” This is far from the reality, and it is a fact that the sale of

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<sup>1</sup> Source: The Royal Society for the Prevention of Accidents Home and Leisure Accident Surveillance web database.

<sup>2</sup> Source: Home Office Publications “Criminal Statistics England & Wales” 1988 to 2008, and “Firearm certificate statistics England & Wales” 1988 to 2007/2008.

<sup>3</sup> Source: Home Office Publications “Firearm certificate statistics England & Wales” 1988 to 2007/2008.

<sup>4</sup> Source: Home Office Publication “Firearms: approval of rifle and muzzle-loading pistol clubs” Home Office Communications Directorate 3/98 – FA-4 HOME J98-2365JJ.

such firearms is very closely restricted to those with the proper authority to possess them – IE a firearm or shotgun certificate holder (who as we said in paragraph 5,) are amongst the most law-abiding people in the UK.

- 9) In 10.8 you state that it is an offence for anyone other than a Registered Firearms Dealer to sell a firearm – again this is incorrect – one certificate holder may sell a firearm to another certificate holder. It is worrying that your legal advice in this area has been so poor.
- 10) In paragraphs 10.65 to 67 you imply that firearms are offensive weapons – and that is true for illegal, banned firearms in the hands of criminals, but that is completely untrue for the sporting firearms held legally for use in target shooting. In 10.70 you say that guns are intended to murder or maim. This is an emotive statement without any backing – the intent of the designer or manufacturer is irrelevant to the use of the implement. Swords, darts, javelins, discuss, shot, bows etc were ALL originally designed as weapons of war, but no-one would call them offensive when used in sport, as they are in the same way as our guns.
- 11) We are particularly concerned that one of the most law-abiding minorities in the UK (holders of firearm or shotgun certificates) are classified as “unacceptable” together with the sex industry, obscene materiel and pornography.<sup>5</sup> This is extremely offensive to these sportsmen and women, and we believe that the prejudice displayed in this way is on the borders of legality: It is certainly very offensive to the estimated one million people involved in the sport.
- 12) It is a fact that in schools where shooting is a sport it has been found to promote self-discipline, self control, and responsibility; an antidote if you like to the so-called “gun culture.”

### SUMMARY

- 13) **Q 55 and Q 56** Our answer is – No, we do not agree with the BCAP’s proposal to “strengthen” the prohibition.
- 14) **We have a counter-proposal – that the section relating to guns and gun clubs is removed.**
- 15) Our reasoning is largely above, but we’d add that we see newspaper, magazine and interest advertisements for the shooting sports every day of the week, and there has been no evidence of any form of widespread offence being caused.  
There is no reason that the advertising of lawful use a legally-held sporting item should not be “condoned.”
- 16) It is very clear that the BCAP have some severe prejudices based on a lack of knowledge. Our proposals would help to correct the belief (obvious in the BCAP documentation) that the sporting use of firearms is illegal, causes crime, or is dangerous and corrupting in some way.
- 17) We would invite members of BCAP to meet us to see exactly what “gun clubs” are, and how they operate – this would help dispel the current clearly-displayed prejudice.

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<sup>5</sup> . TV Advertising Standards Code 3.1, and the Radio Advertising Standards Code 16.1 to 16.3.



## **Background**

The Executive of PhonepayPlus welcomes the opportunity to respond to the consultations arising from reviews of the existing CAP and BCAP Codes of Practice..

PhonepayPlus regulates the content, promotion and operation of premium rate services in their entirety. Whilst the majority of the CAP and BCAP Codes does not impact upon us, there are areas of overlap relating to the marketing of phone-paid services. Where such overlaps occur, the ASA and PhonepayPlus have always worked together to provide consistency of approach and interpretation and at the present time are in active discussions about how we best harmonise this overlap to ensure consistency of approach to the benefit of industry and consumers alike.

In light of this consideration, we have chosen not to comment on much of the content within the two documents. However we have responded to questions where we feel it is appropriate to do so given our regulatory expertise in the market for which we are charged with responsibility by Ofcom.

## **About us**

PhonepayPlus (previously ICSTIS), an agency of Ofcom, is the body responsible for day-to-day regulation of premium rate – phone-paid – services that are accessible in the UK. We have also been recognized by the OFT as the “Established Means” for regulating these services. Our primary task is to set standards for the content and marketing of phone-paid services. These standards include an Ofcom approved Code of Practice that sets rules for the marketing and content of such services. The Code covers many areas including those about how the cost of such services should be communicated to consumers. Further information on PhonepayPlus’ work, and the Code of Practice, can be found at:

[www.phonepayplus.org.uk](http://www.phonepayplus.org.uk).

## **About Phone-paid services**

Phone-paid services offer information and entertainment via platforms such as phone, fax, PC (e-mail, Internet, bulletin board), mobile (SMS/WAP) or interactive digital TV. Services range from sports, voting and adult entertainment lines to competition, directory enquiry, chat and business information services, and currently vary in cost from 10 pence per call to £1.50 per minute (from a BT network). The money paid for the call is shared between the telephone company carrying the service and the organisation providing the content.

Uniquely therefore, PhonepayPlus regulates a range of platforms as described above, including products (or services) and a micro-payment mechanism which will increasingly compete with other payment mechanisms that may emerge in the mobile/online markets.

UK-based phone-paid services must normally be marketed on and paid via five digit mobile short codes, '090' dialling codes and Directory Enquiry (DQ) services on 118xxx codes. With technological developments it is becoming possible to charge the cost of services and goods to a communications account online and on the mobile web without a phone number being needed.

## **Section 2**

In view of the highly detailed nature of the consultation documents, and our relatively expert role as the regulator of premium rate phone-paid services, we have responded only to the questions that we consider relevant to our role and the market for which we are responsible.

### **The proposed new CAP Code**

***Question 8 – Do you agree that marketing communications should not describe items as “free” if the consumer has to pay for packaging?***

Agreed, save that paragraph 5.11 of the 11<sup>th</sup> PhonepayPlus Code allows for the normal data costs of the downloading of electronic content to a handset.

***Question 32 – Do you agree that rules 10.15 and 10.16 [as regards parental consent for marketing to children under 12, and no third party marketing to anyone under 16] should be included in the Code? If your answer is no, please explain why.***

Whilst we are mindful of CAP's consideration of the ICO guidance on the Privacy and Electronic Communication Regulations, we would observe that the proposed rules may be difficult to practically enforce in respect of content purchased using a mobile handset.

At present the only age verification procedures which exist around mobile handsets are those which distinguish whether the handset belongs to someone over or under the age of 18. Therefore there is currently no accurate way of ensuring that anyone under the age of 12 is automatically required to signal parental consent for future marketing. In addition, it is difficult to see how verified parental consent can be provided during a transaction involving a mobile handset.

Similarly, there is no way of currently checking whether verifiable consent for third-party marketing has been provided by someone under the age of 16.

As such, the current proposed rules may inadvertently prevent any future marketing to any mobile handset registered as belonging to someone under the age of 18. A further consideration here is that not all mobile handsets owned by under 18s will be registered as belonging to an under 18. This is due to the not uncommon practice of parents passing their previously-owned mobile handset onto their children. If the parent does not inform the mobile network that this has happened, then the handset is unlikely to be re-classified.

***Question 34 iii) – Do you have any other comments on this section?***

In respect of proposed rule 10.6 [around clear methods of opt-out which must be presented to the consumer], we would ask CAP to be mindful that PhonepayPlus may require a shortcode as the method of opt-out for certain types of premium rate service.

**The proposed new BCAP Code**

***Question 49 ii) – Do you agree that BCAP’s proposed rules [around betting tipster services] are necessary and easily understood? If your answer is no, please explain why.***

Whilst this is not specific to premium rate services as a consideration, we would highlight that proposed rule 21.3 may cause confusion about the advertising of specific outcomes to an event where money back is guaranteed (e.g. “if England draw 0-0 we’ll refund your original stake!”).

In respect of proposed rule 21.4, we would ask what evidence or benchmark broadcasters will use to satisfy themselves that a recorded message is brief. The 11<sup>th</sup> edition of the PhonepayPlus Code of Practice would require that such a service was not unnecessarily prolonged or delayed, but would not set a limit as to how long a recorded message could be, providing the information contained within it was relevant.

***Question 122 – Do you agree that proposed rules 22.1 to 22.6 and 22.8 [around PRS] should be included in the proposed BCAP Code? If the answer is no, please explain your reason why?***

PhonepayPlus regulates the content, marketing and operation of premium rate services in their entirety. In practice, this means that there is a slight overlap between our remit and that of the ASA’s in its enforcement of the CAP and BCAP Codes. Where such overlaps occur, the ASA and PhonepayPlus have always strived to work together to provide consistency of approach and interpretation with regard to phone paid services.

In light of the common goal our organisations share, to ensure consumer trust and confidence in the promotion of phone paid services and a consistent set of messages to the industry, we would suggest that the approach BCAP proposes may not be the most suitable to ensure those objectives continue going forward.



As CAP/BCAP are aware, we will consult on a revision to our current Code of Practice later in 2009. The new version of the Code is likely to remove or alter some of the requirements to which the proposed rules 22.2 to 22.6 and 22.8 refer. As we cannot be certain at this time of the exact requirements our new Code will impose, we would suggest that the new BCAP Code removes rules 22.2 to 22.6 and 22.8, and instead alters rule 22.1 to approximate to as follows:

“Advertisements that include a premium rate telephone number must comply with the edition of the PhonepayPlus Code of Practice which is relevant at the time of their broadcast. The ASA (B) will reserve its right to interpret the rules in the relevant PhonepayPlus Code as part of any investigation, subject to close consultation with PhonepayPlus prior to a decision being reached.”

***Question 124 – Do you agree that TV advertisements for PRS of a sexual nature should be allowed on encrypted elements of adult entertainment channels only?***

We have no comment to make, other than to re-affirm the need for the ASA and PhonepayPlus to work together as regards such services. Regardless of the outcome of Ofcom’s review of the use of PRS in programmes, PhonepayPlus will still need to deal with any consumer complaints relating to the content and operation of those services as those matters are not covered by the BCAP Code.

***Question 126 – Do you agree that BCAP’s rule should not define PRS of a sexual nature as those operating on number ranges designated by Ofcom?***

We agree with the BCAP assessment that there is no guarantee the number ranges will not change again. In addition we would observe that such services may, in future, be provided over VoIP networks on numbers which would not necessarily require Ofcom allocation.

Therefore we agree with BCAP’s view.

***Question 145 – Do you agree that proposed rules 32.2.6 and 30.20.8 [as regards premium rate services on television text and interactive advertisements] should be included in the proposed BCAP Code?***

Rule 30.20.8 refers to “premium rate services that cost more than the normal national premium rates (higher rate premium services)”. In light of the fact that PhonepayPlus will regulate numbers in the 0871, 2, and 3 ranges from 1<sup>st</sup> August 2009, which cost between 5 and 10p per minute, we would query where BCAP proposes the threshold between “higher” and “national” premium rate services should sit.

# PORTMAN GROUP RESPONSE TO BCAP CODE REVIEW CONSULTATION

## INTRODUCTION

The Portman Group (TPG) is the dedicated social responsibility organisation for UK drinks producers<sup>1</sup>. Our role involves:

- Encouraging and challenging the industry to promote its products responsibly, mainly through the operation of the Code of Practice on the Naming, Packaging and Promotion of Alcoholic Drinks;
- Demonstrating leadership on best practice on alcohol social responsibility through the actions of member companies;
- Speaking on behalf of members on these issues to inform public opinion and policy.

We support the BCAP co-regulatory system and our Code of Practice complements the CAP/BCAP Codes. We welcome this review and the opportunity to comment on the proposed code changes.

Because of our particular area of interest, we have commented only on the Code rules relating specifically to alcohol. We have also incorporated our response to the CAP Code Review Consultation Addendum concerning the SchARR review (Question 158).

## RESPONSES TO CONSULTATION QUESTIONS

### Question 111

We agree that rule 19.11 should be included in the proposed BCAP Code.

### Question 112

We agree that rule 19.12 should be included in the proposed BCAP Code.

### Question 113

We agree that rule 19.10 should be included in the proposed BCAP Code.

It should be recognised that a number of health stakeholders are calling for the industry to develop and promote more drinks with a lower alcoholic strength and that this rule, in replacing the current radio rule, will stifle the creative treatment that can be afforded to advertisements for such drinks. On balance, however, we consider it is better for advertisements for drinks of relatively low strength (but above 1.2% ABV) simply to provide factual information about the strength and allow the consumer to infer any advantage for that drink rather than for advertisers to risk confusion by claiming a particular advantage.

We have a concern, however, that the proposed rule would allow an advertisement for a drink of relatively high strength to make the factual information the main message of the advertisement, thereby implying heavily that the drink should be preferred because of its relatively high strength. In our view, this would be irresponsible marketing. Such an approach is disallowed under our Code and under the wording of the current television and radio advertising standards codes. To guard against this, we recommend the addition of a further sentence to rule 19.10 as follows:

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<sup>1</sup> Current member companies are Bacardi-Martini, Beverage Brands, Brown-Forman Brands, Carlsberg, Diageo, Inbev, Molson-Coors, Pernod Ricard, Scottish & Newcastle

*In the case of a drink with a relatively high strength, the factual information should not be given undue emphasis.*

In determining relatively high strength, a drink should be judged in the context either of any comparison in the advertisement (for example, with a previous formulation) or of the typical strength of the sector. For example, for beer a drink above 5% ABV might be regarded as relatively strong whereas for spirits a drink above 40% ABV might be regarded as relatively strong.

#### **Question 114**

We agree that rule 19.14 should be included in the proposed BCAP Code.

#### **Question 115**

We agree that rule 19.17 should be included in the proposed BCAP Code.

#### **Questions 116/117**

We recognise the merit of normalising the consumption of low-alcoholic drinks, especially among young adult drinkers. We also recognise that the likelihood of consumption of such drinks leading to intoxication is very slim. We nonetheless acknowledge that even low-alcoholic drinks should not be marketed in a way that suggests immoderate drinking or which might inadvertently appeal to under-18s. We therefore agree with the proposals to remove the exemptions that currently apply to television and radio advertisements for low-alcoholic drinks in respect of showing/using voiceovers of under-25s, immoderate drinking, buying rounds, etc.

#### **Question 118**

i) We agree that BCAP's proposed rules for the Alcohol section of the Code are necessary and easily understandable.

ii) On consideration of the mapping document in Annex 2, we consider there is a slight error in the "Definition" section which currently states "*Alcoholic drinks are defined as drinks containing at least 1.2% alcohol ...*" We believe that this should state "*Alcoholic drinks are defined as drinks containing at least 0.5% alcohol; low-alcohol drinks are defined as drinks containing between 0.5% and 1.2% alcohol.*" This is necessary to reflect BCAP's intent to make low-alcohol drinks (which still contain alcohol, albeit in low quantities, and whose sale is subject to normal liquor licensing requirements) subject to all the alcohol advertising rules, except where stated.

iii) We have no further comment on this section.

#### **Question 158 (Addendum)**

We agree that the evidence contained in the SchARR Review does not merit a change to BCAP's alcohol advertising content or scheduling rules.

**June 2009**

# Review of the BCAP Code of Practice



## **Response to consultation by the Premium Rate Association for and on behalf of its members.**

**June 2009**

### ***Introduction***

The Premium Rate Association thanks BCAP for this opportunity to add comment to this consultation piece.

As a non profit, membership driven, trade organisation operating in the Premium Rate telephony sector we welcome appropriate regulation to protect consumers. Our members understand the need for balanced regulation to instil public trust in the premium rate billing mechanism and we support all relevant and appropriate industry agreed regulatory change in this arena.

In this submission the Premium Rate Association has sought to comment only on those questions that cover proposals likely to impact its members. Whilst there is scope for the premium rate billing mechanism to be used for the majority of small value transactions, we have restricted our views to those proposals likely to substantially curtail the freedoms of those promoting premium rate services.

For the avoidance of doubt the PRA has made comments on the following sections:

Section 15: Faith, Religion and Equivalent Systems of Belief

Section 22: Premium Rate Services

## Faith, Religion and Equivalent Systems of Belief

### **Question 97**

***Given BCAP's policy consideration, do you agree to maintain the existing TV and radio requirements on advertisements for products or services concerned with the occult or psychic practices? If your answer is no, please explain why.***

We note BCAP's proposals which are sympathetic to entertainment based horoscope and recorded entertainment based tarot. We welcome BCAP's understanding of the popularity of such services, which are used without detriment by thousands of people everyday.

We would suggest that with the explicitly stated 'entertainment only' caveat that live tarot services could also be permitted without consumer harm. Ofcom research indicates that:

- a. There are few consumer complaints
- b. Callers enjoy the opportunity to discuss their lives and they receive considerable comfort from that interaction (interview extract 47)

We would encourage BCAP to consider relaxing regulation to permit all 'entertainment based' services in this genre, including live tarot.

### **Question 98**

***i) Taking into account BCAP's policy consideration, do you agree that BCAP's rules on Faith, Religion and Equivalent Systems of Belief are necessary and easily understandable? If your answer is no, please explain why?***

The PRA does not seek to comment of the regulation of religious based advertising generally and restricts its comments to 'entertainment services' for tarot and horoscope type products.

Whilst some users may spend substantial amounts on calling these services, the low level of complaints indicates there is general satisfaction with the service being received. We do not view it as the place of regulation to ascribe value to a product on a consumer's behalf, nor to restrict access due to popularity.

We are concerned that the regulatory approach towards Tarot services appears to discriminate against, what is considered by its practitioners to be an alternative belief system. We are aware that most opposition comes from mainstream religion, which rests upon an equally unproven evidence base.



We believe that the evidence suggests there is scope for a more relaxed regulatory approach to live entertainment tarot products than is currently proposed.

## Premium Rate Services

### **Question 122**

***Given BCAP's policy consideration, do you agree that proposed rules 22.1 to 22.6 and 22.8 should be included in the proposed BCAP Code? If your answer is no, please explain why.***

The Premium Rate Association supports the harmonisation of regulation across the various regulatory bodies, which provides clarity for both operators and consumers.

We note the provision contained within rules 22.1 to 22.6 and 22.8 are in unison with PhonepayPlus regulation, placing neither a higher burden, nor encouraging a lesser standard and support on this basis the proposals put forward by BCAP.

### **Question 123**

***Given BCAP's policy consideration, do you agree that proposed rule 23.1 should be included in the proposed BCAP Code? If your answer is no, please explain why.***

The PRA has no objection in principle to the requirement that radio adverts for sexual entertainment services are centrally cleared. In essence the clearing process provides additional clarity and certainty for service providers seeking to run compliant promotions.

We trust that the clearing process will be industry enabling and not unnecessarily censorious in its nature.

### **Question 124**

***Given BCAP's policy consideration, do you agree that TV advertisements for PRS of a sexual nature should be allowed on encrypted elements of adult entertainment channels only? If your answer is no, please explain why.***

The PRA strongly objects to the proposed policy position regarding the treatment of PRS services of a sexual nature. Whilst we can understand BCAP's desire to take a cautious approach to the promotion of adult orientated content, on balance we feel the proposed regulation goes beyond necessary bounds.

We believe it reasonable to expect parents in some measure to exercise their responsibility in using methods already in place to restrict the access of their children. We reject the

mindset that through parental inaction it should fall to the State to censor content that is otherwise legal and thus unduly curtail the freedoms of the general public.

It is, in our view, unreasonable to have dual standards, whereby sexual content is acceptable for editorial broadcast, whilst considered harmful in the context of advertising. In fact editorial programming, such as Channel 4's 'The Sex Education Show', goes beyond the levels of exposure broadcast on PRS adult chat.

The PRS industry already actively monitors service to prevent access to adult chat by minors. A viewer would therefore be exposed to no greater harm through non-encrypted PRS services than they would by tuning into mainstream terrestrial editorial content.

Whilst we understand that editorial broadcast standards are not within the remit of BCAP, it is suffice to note the futility of setting a higher standard than those already present in the editorial broadcast medium. Far from producing any consumer protection benefits the proposals as they stand would have damaging impact on the broadcast PRS industry and place the livelihoods of hundreds of people directly at risk. As the PRS forms a sizable revenue stream for telecoms networks the drop in revenue would also indirect place thousands more jobs on the line.

Restricting the market only to viewers who have paid to subscribe to channels behind encryption will inevitably have a detrimental impact on revenue and put the continued viability of some or all such services in doubt.

We would question, particularly during the current economic climate, actions which would jeopardise further jobs and place additional strain on the economy, when it can be shown that suggested consumer protection benefits are neutral.

The premium rate industry has no desire to offend, nor to harm, and would support measure to restrict advertising content to the editorial context. This would prevent the identified concern that viewers may be unintentionally exposed to content offensive to them.

We would strongly encourage BCAP to reconsider its stance and implement a watershed and context led approach.

### **Question 125**

***i) Given BCAP's policy consideration, do you agree that the BCAP rule on PRS of a sexual nature should be clarified to make clear that it applies also to TV advertisements for telecommunications-based sexual entertainment services made available to consumers via a direct-response mechanism and delivered over electronic communication networks? If your answer is no, please explain why.***

***ii) If your answer is no to question X(i), do you consider the rule should make clear that 'premium-rate call charge' is the only permissible form of payment? If your answer is no, please explain why.***

We believe there should be a consistency of standard regardless of payment mechanism, though we question the standard proposed.

Whilst a trade association for the PRS industry, the Premium Rate Association has no desire to see PRS predicated as the exclusive payment mechanism for any product and believes it should be left at the merchant disposal to select the payment mechanism best suited to their market strategy.

**Question 126**

***Given BCAP's policy consideration, do you agree that BCAP's rule should not define PRS of a sexual nature as those operating on number ranges designated by Ofcom for those services? If your answer is no, please explain why.***

It is both reasonable and logical that regulation is based upon content characteristics, rather than defined by a number range.

**Question 127**

***Given BCAP's policy consideration, do you agree that BCAP's rule on TV advertisements for telecommunications-based sexual entertainment services should extend to 'voice, text, image or video services of a sexual nature'? If your answer is no, please explain why.***

The PRS industry already has a regulatory requirement under the PhonepayPlus Code of Practice to restrict access by minors to adult content, which has resulted in active monitoring and safeguards by service providers. Given that access is restricted at source, we believe that there are no further advertising safeguards over and above the immediate elements of the broadcasts content which would necessitate the further safeguards of advertising regulation.

**Question 128**

***Given BCAP's policy consideration, do you agree that rule 11.1.2 in the present BCAP Television Code should be replaced by proposed rule 23.2? If your answer is no, please explain why.***

The PRA is disappointed that BCAP is failing to take this opportunity to harmonise broadcast advertising regulations with the generally accepted standard for the editorial broadcast and publication of adult material elsewhere in media and particularly within broadcast editorial content.

We reassert the very real argument that the proposed restrictions on PRS advertising will do little to curtail exposure to adult material by children when much more explicit content is freely available through editorial sources.



It would appear that other solutions are available which would prevent inadvertent exposure to adult content by those not actively seeking it. We believe that those actively seeking adult content are unlikely to have cause for offence and those seeking offence for offence's sake have no right to recourse. Further we submit that the views of more conservative members of society should not dictate the freedoms of the more liberal. Provided that context is respected, watersheds are adhered to and content is within legal bounds, encryption measures should not be necessary to meet the competing needs of all sections of society.

## **Conclusion**

The PRA support the fine work that BCAP undertakes in upholding advertising standards and protecting consumers from harm. The PRA acknowledge the importance of this regulatory function and actively promotes both the letter and the spirit of compliance to its members.

We do not criticise the motive of BCAP regarding the proposals put forward, though we do in places disagree with some of the judgements made.

We feel that with regard to adult chat and tarot services, proposals would seek to implement a moral compass that go beyond the standards now considered widely acceptable in western society and intrude upon the reasoned judgement of consumers. These proposals would have a devastating impact on certain sections of the premium rate industry and place many jobs at risk.

We hope that BCAP will give due consideration to our observations and will feel able to support our conclusions.

# **ProLife Alliance submission to BCAP Code Review Consultation**

## **1.0 Introduction**

1.1 The ProLife Alliance (PLA) was established in 1997 with the aim of securing the right to life of all human beings from conception to natural death. We campaign for an end to all abortions, and for practical support for women to continue with their pregnancies. We therefore completely oppose any attempt to advertise abortion on TV or radio, and urge the committee to reject all abortion advertising.

1.2 In recent years, there have been public calls for a substantial restriction of abortion, especially in the light of medical advances, and improvements in ultrasound imaging. We therefore believe that allowing any organisation to advertise abortion on TV or radio is out of step with public opinion.

1.3 For the purposes of this submission, the PLA opposes advertisements from all organisations which:

- carry out or refer for abortions;
- promote the "morning-after pill";
- promote any other forms of so-called contraception that can prevent the implantation of a fertilised embryo

1.4 We have collected **3,160 signatures** rejecting any attempt to allow abortion services (including the morning after pill) to advertise on television or radio as recommended in the current Broadcasting Committee of Advertising Practice public consultation. We will present the full petition to Downing Street.

1.5 The reasons for our opposition to advertisements for abortion and contraception are laid out below.

## **2.0 Abortion is a grossly inappropriate subject for a television or radio advertisement**

2.1 It is undeniable that an abortion is the deliberate bringing to an end of a human life.

2.2 There is increasing evidence that abortion harms women physically as well as mentally.

2.3 Abortion is not a consumer product but remains, under the terms of the Abortion Act, subject to specific exemptions, a crime punishable by up to 14 years imprisonment. It is wholly inappropriate for abortion services to be advertised on TV or radio alongside consumer products, such as hair products, groceries, or cars. Whatever differences of

3

opinion exist on the issue, there is widespread agreement that abortion is not merely a lifestyle product.

2.4 The recent 'morning-after pill' advertisement implied that casual sexual behaviour is the norm and, incorrectly, presented Levonelle as a risk-free simple solution to a problem. It is likely that abortion referral organisations and abortion providers will treat abortion in a similar manner.

2.5 A significant proportion of the public want to see a serious restriction in the numbers of abortions in the UK. Promoting abortion advisory services on TV or radio militates against this. The effect of advertisements for abortion would be to increase abortion rates in order to drive sales and increase commercial profits.

2.6 TV and radio advertisements have a far greater potential than print-based advertisements, to distort perceptions of abortion through visual and audio effects which often have a subliminal impact on the viewer or listener. In view of its brief and promotional nature, an advertisement does not provide an adequate format for examining a subject as serious and controversial as abortion. An advertisement will inevitably trivialise the issue of abortion, in terms of the human life which is destroyed, the anxiety women face, and the bereavement many women experience following an abortion.

2.7 Under current UK law, abortions are only lawful if a woman's situation meets the conditions set in the Abortion Act, and she is referred for an abortion by two doctors. Because of this legal requirement for doctors to refer women for abortion, there should be no direct-to-consumer advertising of abortion services or abortion advisory services.

## **3.0 Standards of truthfulness in advertising**

3.1 Advertisers have a duty to be truthful and transparent. Abortion providers are

in breach of this duty if they omit key facts about the baby's development, how abortion is carried out, and the physical and psychological implications for women's health. Abortion should not be presented in a euphemistic or promotional manner, or in a way which misleadingly implies that the organisation provides impartial advice, or offers any help or support to women wishing to continue their pregnancies, when it does not.

3.2. Currently, the public is shielded from information about the reality of the abortion procedure. The PLA was banned by the Independent Television Commission (ITC) from showing images of aborted babies on TV as part of its party political broadcasts in 1997, 2001 and 2003. According to the ITC, these images contravened 'taste and decency' guidelines. Logically, if abortion is so terrible that we cannot see it on TV, then not only should it not be carried out in the UK, but there can be absolutely no excuse for allowing it to be promoted in television commercials. It would be a travesty of justice to allow biased advertisements for the procedure while concealing the true reality of abortion from the viewers.

4

3.3. In determining what constitutes relevant and accurate information about abortion, we refer you to the Court of Appeal ruling in favour of the PLA's right to show the uncensored PLA broadcast on TV in 2003 (Appendix 1). The Court of Appeal judgment stated that the information contained in the PLA's broadcast is a legitimate and important contribution to the abortion debate. We contend that women have an absolute right to know what abortion involves before they decide to undergo it.

3.4 Abortion organisations do not provide balanced and factual information about abortion on their websites. For example, there is no information about the unborn baby's development or the reality of the abortion procedure on any pro-abortion website; or on the NHS webpage dealing with abortion. The NHS Direct webpage is clearly biased towards abortion, as it links to several pro-abortion organisations including the FPA, BPAS, Marie Stopes and Brook, but does not link to a single website offering practical pro-life help. The NHS Direct webpage on abortion fails to give even simple factual information about the development of the baby, which is available on its own website under pregnancy, but is not provided to women who are considering abortion.

3.5 There have also been public denials from abortion organisations that the 'morning-after pill' causes an early abortion, even though the mode of action in the SPC states that 'It may also cause endometrial changes that discourage implantation', which indicates that it may cause the destruction of a human life at an early stage. (see Appendix 2)

#### **4.0 Health implications of abortion for women**

4.1 The serious health implications for women resulting from abortion make abortion advertisements wholly inappropriate. Researchers have found that induced abortion increases the risk of **premature birth, miscarriage and ectopic pregnancy** in subsequent pregnancies. (See Appendix 3).

4.2 In addition, abortion has serious implications for women's mental health. The psychological and physical impact of abortion should not be trivialised by advertisements. Numerous studies document the link between abortion and subsequent mental health problems. One of the most recent is a 25-year longitudinal study to examine the extent to which abortion may have harmful consequences. The researchers found that those who had an abortion had "elevated rates of subsequent mental health problems including depression, anxiety, suicidal behaviours and substance use disorders." (See Appendix 4).

4.3 Any abortion advertisement would be in breach of advertising guidelines if it did not spell out to women the serious physical and psychological implications outlined above. We do not consider it likely that any pro-abortion organisation will present this information fairly (if at all); or that the brief promotional message of an advertisement is the right way to communicate the seriousness of abortion itself and the potential health consequences for women.

5

4.4 The 'morning-after pill' advertisement did not include any information about the side effects of Levonelle, the fact that it does not protect against STDs, or even

the various modes of action of the drug.

4.5 Given the ideological support for abortion as a woman's choice, and the highly misleading and euphemistic accounts of abortion currently available on pro-abortion organisations' websites, which use terms such as 'contents of the womb' and 'products of conception', rather than honestly describing the effect of the abortion procedure on the unborn baby, it is highly unlikely that any abortion referral organisation will address openly the risks of abortion to the woman's physical and mental health.

### **5.0 Abortion advertisements provide no support to help women continue with pregnancy**

5.1 It is extraordinary that the Bayer Schering Pharma Levonelle advertisement was shown on TV before the BCAP public consultation had concluded. It has been reported in the media that the BCAP review was launched in response to a request from the Independent Advisory Group on Sexual Health and HIV (IAG), an organisation which is dominated by pro-abortion groups, and is chaired by the president of the pro-abortion Family Planning Association, Baroness Joyce Gould. This raises serious questions about the neutrality and validity of the BCAP review.

5.2 The Committee's proposals are clearly biased in favour of pro-abortion groups that refer for or carry out abortions, and against pro-life groups that offer women support and counselling but do not refer for abortion. The proposal states that pregnancy advice services must "make clear if they do not refer women for abortion." However, there is no similar requirement for pro-abortion organisations to be equally explicit that they offer no alternative to abortion and that they ideologically support abortion. In our experience, many women end up in the hands of abortion providers having imagined that they will receive objective counselling and be pointed in the direction of alternatives and not simply the abortion clinic.

5.3 Far from directing women to pro-abortion organisations, which provide only pro-abortion information, women should be given genuinely independent counselling and factual information about the abortion procedure and development of the unborn baby, from an organisation which does not have any involvement with either referring for abortion or carrying out abortions. This is particularly important in view of the fact that abortion procedures are routinely performed without true informed consent on the nature, risks and effects of the procedure

### **6.0 Widespread public concern that children will be exposed to TV and radio advertisements**

6.1 There has been widespread opposition to the proposal that abortion providers

6

be allowed to advertise on television or radio because children will inevitably view these advertisements. This will happen whether the advertisement is shown before or after the watershed. Hundreds of parents complained to the television channels about the Levonelle advert.

6.2 Realistically, the only way to ensure that children do not see or hear these advertisements is to ban them from being broadcast at any time. There is no way of preventing children seeing these advertisements if they are broadcast. In addition, it is highly likely that abortion providers will try to appeal to the teenage market in order to increase their sales. This has already happened with the Bayer Schering Pharma advertisement for Levonelle, which was shown during the advertising break during programmes which clearly appeal to teenagers, and is aimed at making the 'morningafter pill' appear easy to get and a matter of routine. Brook, an organisation that works with teenagers and children, has publicly supported the showing of the Levonelle advertisement. The advertisement is clearly intended to be jolly and appealing to teenagers. It trivialises the reality of the 'morning-after pill', not mentioning that it can end a human life at an early stage.

6.3 Major abortion providers, such as Marie Stopes International, have already indicated that they are likely to advertise on TV and radio if the rules are relaxed, and they have called for more 'sexual health' advertisements, which is a clear euphemism for abortion. By welcoming the Levonelle advert, Marie Stopes International indicates that they are likely to advertise abortion in the same trivialising, misleading manner, and that they also support the targeting of young people.

## 7.0 Conclusion

7.1 The PLA urges the Committee to conclude that there is no justification for allowing abortion to be advertised on television and radio. Abortion is not a legitimate subject for television or radio adverts, and should not be treated as a promotional product to increase a company's profits. Abortion should not be in any way promoted on TV as a consumer choice. Abortion should not be presented without factual information about the abortion procedure and the unborn baby's development. Abortion should not be advertised at any time when the advertisement might be watched by children or teenagers. Abortion should not be promoted by any organisation which is funded by the taxpayer. Abortion should not be advertised on TV or radio by any organisation that does not provide any alternative to abortion.

7.2 The Government has spent £300 million on trying to reduce teenage pregnancy by handing out contraception and expanding sex education, including information on abortion, contraception and the 'morning-after' pill. These policies have clearly failed. The answer is not more pro-abortion propaganda, but accurate information about the reality of abortion, in terms of its impact on the baby and the mother, and practical support to help women and girls continue with their pregnancies.

7

### Appendix 1

#### **R (ProLife Alliance) v. BBC (Court of Appeal)**

*The pictures [in the PLA broadcast] are real footage of real cases. They are not a reconstruction, nor in any way fictitious. Nor are they in any way sensationalised. They are, I think, certainly disturbing to any person of ordinary sensibilities. Disturbing, perhaps shocking though the images of the video undoubtedly are, they represent the reality, the actuality, of what is involved in the abortion process.*

*To campaign for the prohibition of abortion is a legitimate political programme. The pictures are in a real sense the message. Words alone cannot convey (particularly to the less verbally adept) the essentially human character of the foetus and the nature of its destruction by abortion. This video provides a truthful, factual and, it is right to say, unsensational account of the process.*

### Appendix 2

#### **Evidence that life begins at fertilisation and therefore the 'morning-after pill' destroys a fertilised embryo (i.e. can cause an early abortion)**

"Development of the embryo begins at Stage 1 when a sperm fertilizes an oocyte and together they form a zygote."

[England, Marjorie A. Life Before Birth. 2nd ed. England: Mosby-Wolfe, 1996, p.31]

\* \* \*

"Human development begins after the union of male and female gametes or germ cells during a process known as fertilization (conception)."

[Moore, Keith L. Essentials of Human Embryology. Toronto: B.C. Decker Inc, 1988, p.2]

\* \* \*

"The development of a human being begins with fertilization, a process by which two highly specialized cells, the spermatozoon from the male and the oocyte from the female, unite to give rise to a new organism, the zygote."

[Langman, Jan. Medical Embryology. 3rd edition. Baltimore: Williams and Wilkins, 1975, p. 3]

### Appendix 3

#### **Abortion and premature birth**

1 Zhou W., Sorenson H. T., Olsen J., Induced Abortion and Subsequent Pregnancy Duration, Obstetrics & Gynecology 1999;94:948-953

2 Berkowitz G. S., An Epidemiologic Study of Preterm Delivery, American Journal of Epidemiology 1981;113:81-92

3 Lang J. M., Lieberman E., Cohen A., A Comparison of Risk Factors for Preterm Labor and Term Small-for-Gestational-Age Birth. Epidemiology 1996;7:369-376

8

4 Lieberman E., Ryan K. J., Monson R. R., Schoenbaum S. C., Risk Factors Accounting For Racial Differences in the rate of premature birth. NEJM 1987;317:743-748

5 Hillier S. L., Nugent R. P., Eschenbach D. A., Krohn M. A., et al, Association Between

- Bacterial Vaginosis And Preterm Delivery Of A Low-Birth-Weight Infant, *NEJM* 1995;333:1737-1742
- 6 Schoenbaum L. S., Monson R. R., No association between coffee consumption and adverse outcomes of pregnancy, *NEJM* 1982;306:141-145
- 7 Mueller-Heubach E., Guzik D. S., Evaluation of risk scoring in a preterm birth prevention study of indigent patients, *American Journal of Obstetrics & Gynecology* 1989;160:829-837
- 8 Shiono P. H., Lebanoff M. A., Ethnic Differences and Very Preterm Delivery, *American Journal of Public Health* 1986;76:1317-1321
- 9 Pantelakis S. N., Papadimitriou G. C., Doxiadis S. A., Influence of induced and spontaneous abortions on the outcome of subsequent pregnancies, *American Journal of Obstetrics & Gynecology* 1973;116:799-805
- 10 Lumley J., The association between prior spontaneous abortion, prior induced abortion and preterm birth in first singleton births, *Prenatal and Neonatal Med* 1998;3:21-24.
- 11 Van Der Slikke J. W., Treffers P. E., Influence of induced abortion on gestational duration in subsequent pregnancies, *BMJ* 1978;1:270-272
- 12 Richardson J. A., Dixon G., Effect of legal termination on subsequent pregnancy, *BMJ* 1976;1:1303-1304
- 13 Pickering R. M., Deeks J. J., Risks of Delivery during 20th to the 36th Week of Gestation, *International Journal of Epidemiology* 1991;20:456-466
- 14 Koller O., Eikhom S. N., Late Sequelae of Induced Abortion in Primigravidae. *Acta Obstet Gynecol, Scand* 1977;56:311-317
- 15 Papaevangelou G., Vrettos A. S., Papadatos D., Alexiou C., The Effect of Spontaneous and Induced Abortion on Prematurity and Birthweight, *The Journal of Obstetrics and Gynaecology of the British Commonwealth*, May 1973;80:418-422
- 16 Bognar Z., Czeizel A., Mortality and Morbidity Associated with Legal Abortions in Hungary, 1960-1973. *AJPH* 1976;66:568-575
- 17 Martius J. A., Steck T., Oehler M. K., Wulf K.-H., Risk factors associated with preterm (<37+0 weeks) and early preterm (<32+0 weeks): univariate and multi-variate analysis of 106 345 singleton births from 1994 statewide perinatal survey of Bavaria. *European Journal of Obstetrics & Gynecology Reproductive Biology* 1998;80:183-189
- 9
- 18 Vasso L.-K., Chryssa T.-B., Golding J. Previous obstetric history and subsequent preterm delivery in Greece. *European Journal of Obstetrics & Gynecology Reproductive Biology* 1990;37:99-109
- 19 Ancel P.-V., Saurel-Cubizolles M.-J., Renzo G. C. D., Papiernik E., Breart G., Very and moderate preterm births: are the risk factors different? *British Journal of Obstetrics and Gynaecology* 1999;106:1162-1170
- 20 Lumley J., The epidemiology of preterm birth, *Bailliere's Clinical Obstetrics and Gynaecology*. 1993;7(3):477-498
- 21 Michielutte R., Ernest J. M., Moore M. L., Meis P. J., Sharp P. C., Wells H. B., Buescher P. A., A Comparison of Risk Assessment Models for Term and Preterm Low Birthweight. *Preventive Medicine* 1992;21:98-109
- 22 Grindel B., Lubinski H., Voigt M., Induced abortion in primigravidae and subsequent pregnancy, with particular attention of underweight, *Zentralbl Gynaekol* 1979;101:1009-1114
- 23 Kreibich H., Ludwig A., Early and late complications of abortion in juvenile primigravidae (including recommended measures). *Z Aertzl Fortbild (Jena)* 1980;74:311-316
- 24 Zwahr C., Voigt M., Kunz L., et al. Relationships between interruption abortion, and premature birth and low birth weight. *Zentralbl Gynaekol* 1980;102:738-747
- 25 Pickering R. M., Forbes J., Risk of preterm delivery and small-for-gestational age infants following abortion: a population study. *British Journal of Obstetrics and Gynaecology* 1985;92:1106-1112
- 26 Obel E., et al. Pregnancy Complications Following Legally Induced Abortion With Special Reference to Abortion Technique, *Acta Obstet Gynecol Scand* 1979;58:147-152
- 27 Levin A., Schoenbaum S., Monson R., Stubblefield P., Ryan K., Association of Abortion With Subsequent Pregnancy Loss. *JAMA* 1980;243(24):2495-2499
- 28 Legrillo V., Quickenton P., Therriault G. D., et al. Effect of induced abortion on

subsequent reproductive function. Final report to NICHD. Albany, NY: New York State Health Department, 1980.

29 World Health Organization Task Force on the Sequelae of Abortion. Gestation, birthweight and spontaneous abortion. *Lancet* 1979;1:142-145.

30 Ratten G. et al. Effect of Abortion on Maturity of Subsequent Pregnancy. *Medical Journal of Australia* June 1979:479-480

31 Roht L. H., Aoyama H., Leinen G. E., et al. The association of multiple induced abortions with subsequent prematurity and spontaneous abortion. *Acta Obstet Gynaecol Jpn* 1976;23:140-145

10

32 Harlap S., Davies A. M., Late sequelae of induced abortion: Complications and Outcome of Pregnancy and Labor. *American Journal of Epidemiology* 1975;102:219-224

33 Seidman D. S., Ever-Hadani P., Slater P. E., Harlap S., et al. Child-bearing after induced abortion: reassessment of risk. *Journal of Epidemiology Community Health* 1988;42:294-298

34 Henriot L., Kaminski M., Impact of induced abortions on subsequent pregnancy outcome: the 1995 French national perinatal survey. *British Journal of Obstetrics Gynaecology* 2001;108:1036-1042

35 Miltenyi K., On the effects of induced abortion. *Demografia* 1964;7:73-87

36 Drac P., Nekvasilova Z., Premature termination of pregnancy after previous interruption of pregnancy. *Cesk Gynekol* 1970;35:332-333

37 Mocsary P., Csapo A.I., Effect of menstrual induction on prematurity rate. *Lancet* 1978;1:1159-1160

38 Furusawa Y., Koya Y., The Influence of artificial abortion on delivery. In: Koya Y, ed. Harmful effects of induced abortion. Tokyo: Family Planning Federation of Japan, 1966:74-83

39 Lerner R. C., Varma A. O., Prospective study of the outcome of pregnancy subsequent to previous induced abortion. Final report, Contract no. (N01-HD-62803). New York: Downstate Medical Center, SUNY, January 1981.

40 Lean T. H., Hogue C. J. R., Wood J., Low birth weight after induced abortion in Singapore, Presented at the 105th Annual Meeting of the American Public Health Association, Washington D. C., Oct. 31, 1977

41 Barsy G., Sarkany J., Impact of induced abortion on the birth rate and infant mortality. *Demografia* 1963;6:427-467

42 Meirik O., Bergstrom R., Outcome of delivery subsequent to vacuum aspiration abortion in nulliparous women. *Acta Obstet Gynecol Scand* 1982;61:415-429

43 Zhang J., Savitz D. A., Preterm Birth Subtypes among Blacks and Whites. *Epidemiology* 1992;3:428-433

44 Slater P. E., Davies A. M., Harlap S., The Effect of Abortion Method on the Outcome of Subsequent Pregnancy. *Journal of Reproductive Medicine* 1981;28:123-128

45 World Health Organization. Special Programme of Research, Development and Research Training in Human Reproduction: Seventh Annual Report, Geneva, Nov. 1978.

46 Hungarian Central Statistical Office. Perinatalishalazons. Budapest: Hungarian Central Statistical Office, 1972

11

47 Czeizel A., Bognar Z., Tusnady G., et al. Changes in mean birth weight and proportion of low-weight births in Hungary. *British Journal of Preventive and Social Medicine* 1970;24:146-153

48 Lumley J., Very low birth-weight (less than 1500g) and previous induced abortion: Victoria 1982-1983. *Australian and New Zealand Journal of Obstetrics and Gynaecology* 1986;26:268-272

49 Puyenbroek J., Stolte L., The relationship between spontaneous and induced abortions and the occurrence of second-trimester abortion in subsequent pregnancies. *European Journal of Obstetrics and Gynecology and Reproductive Biology* 1983;14:299-309 [this is the only study in this complete list that uses second-trimester abortion as a surrogate for PTB]

50 Khalil A. K., El-Amrawy S. M., Ibrahim A. G., et al. Pattern of growth and development of premature children at the age of two and three years in Alexandria,

- Egypt. Eastern Mediterranean Health Journal 1995;1(2):186-193
- 51 Ancel P. V., Lelong N., Papiernik E., Saurel-Cubizolles M. J., Kaminski M., History of induced abortion as a risk factor for preterm birth in European countries: results of EUROPOP survey. *Human Reproduction* 2004;19(3): 734-740.
- 52 Koller O., Eikhom S. N., Late Sequelae of induced abortion in primigravidae: the outcome of the subsequent pregnancies. *Acta Obstet Gynecol Scand* 1977;56:311-317 [Norway]
- 53 Dziewulska W., Abortion in the past versus the fate of the subsequent pregnancy. State of the newborn. *Ginekol Pol* 1973;44:1143-1148 [Poland]
- 54 Reime B., Schuecking B. A., Wenzlaff P., Perinatal outcomes of teenage pregnancies according to gravidity and obstetric history. *Annals of Epidemiology* 2004;14(8):619-619 [Canada]
- 55 Grimmer I., Buhner C., Dudenhausen J. W., Preconceptional factors associated with very low birth weight delivery: a case control study. *BMC Public Health* 2002;2:10 [Germany]
- 56 Ancel P. Y., Saurel-Cubizolles, Di Renzo G. C., Papiernik E., Breart G., Social Differences of very preterm birth in Europe: interaction with obstetric history. *American Journal of Epidemiology* 1999;149(10):908-915
- 57 Guinn D., Goldenberg R. L., Hauth J. C., Andrews W. A. et al. Risk factors for the development of preterm premature rupture of membranes after arrest of preterm labor. *AJOG* 1995;173(4):1310-1315
- 58 Conde-Agudelo A., Belizan J. M., Breman R., Brockman S. C., Rosas-Bermudez. Effect of the interpregnancy interval after an abortion on maternal and perinatal health in Latin America. *International Journal Gynecology & Obstetrics* 2005;89 (Supp. 1):S34-S40
- 12
- 59 Foix-L'Heliass and Blondel B., Changes in risk factors of preterm delivery in France between 1981 and 1995. *Paediatric and Perinatal Epidemiology*. Oct 2000;14(4):314-323

#### **Appendix 4**

##### **Psychological effects of abortion**

- 1 Psychiatric admissions of low-income women following abortion and childbirth, D. C. Reardon, J. R. Cogle, V. M. Rue, M. W. Shuping, P. K. Coleman and P. G. Ney, *Canadian Medical Association Journal* May 13, 2003; 168 (10)
- 2 Depression and unintended pregnancy in the National Longitudinal Survey of Youth: a cohort study, D. C. Reardon and J. R. Cogle *BMJ* 2002;324:151-153 (19 January)
- 3 The course of mental health after miscarriage and induced abortion: a longitudinal, five year follow-up study, A. N. Broen, T. Moum, A. S. Bodtker and O. Ekeberg *BMC Med* 2005 Dec 12;3:18
- 4 Injury deaths, suicides and homicides associated with pregnancy, Finland 1987-2000, M. Gissler, C. Berg, M. H. Bouvier-Colle and P. Buekens, *European Journal of Public Health* 2005 Oct;15(5):459-463. Epub 2005 Jul 28
- 5 Pregnancy-associated mortality after birth, spontaneous abortion, or induced abortion in Finland, 1987-2000, M. Gissler, C. Berg, M. H. Bouvier-Colle and P. Buekens, *American Journal of Obstetrics and Gynecology*, 190(2):422-427, February 2004
- 6 Long Term Physical and Psychological Health Consequences of Induced Abortion: Review of the Evidence, J. M. Thorp, K. E. Hartmann and E. Shadigian, *Obstetrical and Gynecological Survey*. 58(1):67-79, January 2003
- 7 Psychological outcome in women undergoing termination of pregnancy for ultrasounddetected fetal anomaly in the first and second trimesters: a pilot study, V. Davies, J. Gledhill, A. McFadyen, B. Whitlow and D. Economides, 2005 Apr;25(4):389-92 *Ultrasound Obstet Gynaecol*
- 8 Postpartum and Postabortion Psychotic Reactions, H. P. David, N. Kr. Rasmussen, E. Holst, *Family Planning Perspectives*, Vol. 13, No. 2 (Mar. - Apr., 1981), pp. 88-89+91-92 doi:10.2307/2134703



*From PROPRES director William Spring to Code Policy Team.*

*Please note below statement issued today critical of the mode of yr consultation and critical of the general stance of the CAP. We call for an extension of the consultation past the derisory 5pm deadline today June 19<sup>th</sup> 2009.*

**STATEMENT:**

*PROPRES is a family rights group registered at the Prefecture of Ceret in 1994 for the protection of the responsibilities of parents.*

*PROPRES opposes all attempts as set out in the BCAP proposals to legalise the broadcasting of abortion services on either radio or television taking into account the bogus nature of the claims made and the distorted propaganda routinely presented by organisations such as the B PAS and Marie Stopes.*

*We do not believe these organizations transmit information. Consequently they should not be allowed to bamboozle the public with their false claims that abortion is a safe operation without risk to the woman. Equally we oppose the fact that British television operates a censorship rule forbidding an abortion operation actually to be shown on tv If the BPAS wants to advertise their abortions, many of which are late term, we feel a film showing a late abortion should be screened both before and after the advert.*

*Equally full air time should then be given to opponents of abortion and the morning after pill to express their concerns and expose the true nature of the advert.*

*We do however regret we are having to make any such submission to any organisation connected to the old ASA, which was an industrial conglomerate, a quango serving the purposes of its masters the advertising industry.*

*Like the British Board of Film Classification the ASA and now CAP is entirely dependent on the industry it serves and whose interests it seeks to protect and consequently is seeking to extend the parameters of advertising to allow increasingly anti social activity by advertisers such as the BPAS.*

*We call for the abolition of the Committee for Advertising Practice to be replaced by a regulatory framework which puts the public's concerns first.*

*Re the British Pregnancy Advisory Service we point out the bogus nature of its charitable status, and the disastrous effects on millions of women and generations of unborn babies who BPAS have routinely murdered.*

*Their effect in practical demographic terms on UK society can be described as the equivalent of a high yield nuclear weapon.*

*In particular the BPAS had targeted the white UK mostly English middle class and this has led to an increase in racial tension, as nature abhors a vacuum and other ethnic groups who do not espouse the anti family values of the UK Government and advertising industry are not so influenced by the BPAS propaganda*

*In short the BPAS is an instrument of genocide for the British people.*

*We believe doctors involved in routinely carrying out late abortions shd be struck off.*

*It is no part of CAP's mandate to facilitate and publicise their activities in a non condemnatory context.*

*We believe the CAP proposals are all a part of a conspiracy to brainwash the UK population into accepting abhorrent proto nazi practices.*

*We oppose the exclusion from the CAP list of organizations to which its consultation document was sent of many Islamic and Christian and pro life organizations, its ignorance of a pan European dimension, and the attempts by CAP to control the format of the response.*

## PAGB

### Section 11: Medicines, Medical Devices, Treatments, and Health

Services including clinics, establishments and the like offering advice on, or treatment in, medical, personal or other health matters

#### Question 59

Yes

Medicinal claims

#### Question 60

Yes. We assume BCAP has taken advice from MHRA regarding this wording.

The use of health professionals in advertisements

#### Question 61

i) . No.

This would mean that companies could use health professionals to advertise cosmetics and devices, but not medicines. This will give the impression that the cosmetic or device has greater efficacy, whereas, in most cases the medicine would be more effective. There are many categories of products which include both medicines and devices, or medicines and cosmetics. These include: antiseptic creams, verruca and corn treatments, tooth pastes and mouthwashes, weight reduction products, headache products, acne treatments, eye drops, dandruff shampoos, head lice treatments and hair loss treatments etc.

For example, if an advertisement shows a midwife applying a cosmetic nappy rash cream, consumers are likely to infer that midwives recommend the advertised product. The average viewer/listener would not know that it is unacceptable for health professionals to endorse the more effective, anti-fungal nappy rash products.

ii) 11.8 - It needs to be clear that such testimonials are prohibited for medicines advertising.

Hypnosis-based procedures (including techniques commonly referred to as hypnotherapy), psychiatry, psychology, psychoanalysis or psychotherapy

#### Question 63

Yes

Remote personalised advice

#### Question 64

i) Yes

ii) Yes

“Definitions” under “Weight Control and Slimming” – the reference to the Proprietary Association of Great Britain is correct, but if you place it here, it should also be placed in the medicines section.

Radio: sales promotions in medicine advertisements

#### Question 65

Yes

## Other questions

### Question 67

i) Please see answer to 67 (iii)

ii) No

iii) **Other Comments on the Section: Medicines, Medical Devices, Treatments and Health**

The “Principle” on page 241 of BCAP Consultation Document and Annex 1 states “Health claims may, for example, relate to the therapeutic or prophylactic effects of products, including toiletries and cosmetics.” Claims of therapeutic or prophylactic effects are almost always medicinal claims rather than health claims.

11.3, page 242. It would be very helpful to include the same qualifier as has been included in the corresponding rule (12.2) of the CAP Code. The qualifier in the CAP Code is:

#### **"12.11**

Medicines must have a license from the MHRA before they are marketed. Marketing communications for medicines must conform with the license and the product’s summary of product characteristics. For the avoidance of doubt, by conforming with the product’s indicated use, a marketing communication would not breach 12.2.”

11.5.3, page 242. Since the BCAP Code does not prohibit health professional endorsement on products such as medicinal devices, we question why it goes further than the law in relation to medicines advertising. For example, a doctor could present and endorse a medical device for the treatment of verrucas, but it would not be acceptable to say that salicylic acid (an ingredient used in medicinal verruca treatments) is frequently recommended by doctors. This same discrepancy would occur in many therapeutic areas such as first aid treatments, toothpastes and mouth washes.

PAGB propose that the word ‘ingredient’ should be removed from rule 11.5.3.

11.17, page 245. We are unsure as to why jingles are prohibited if the claim is appropriate for the product?

11.20, page 246. You may wish to consider adding ‘and any other information specifically required by the by the product’s Summary of Product Characteristics’ to the end of this list.

11.27, page 247. The regulation states that celebrity endorsement is not prohibited, not only testimonials by a person well-known in public life etc.

11.34, page 248. We would suggest deleting this. It is an example of an advertiser not complying with the therapeutic indication on the SPC. It is already covered by 11.19.

## Section 12: Weight Control and Slimming

### Irresponsible use of a weight-control or slimming product or service

#### Question 68

Yes

### Dietary control and weight-loss surgery

#### Question 69

Yes

#### Question 70

Yes

## Calorie-reduced or energy-reduced foods and drinks

### Question 71

Given BCAP's policy consideration, do you agree that a broadcast advertisement for a calorie-reduced or energy-reduced food or drink may be targeted at under 18s, provided the advertisement does not present the product as part of a slimming regime and does not use the theme of slimming or weight control? If your answer is no, please explain why.

Yes

## Safety and efficacy of slimming or weight control products or services

### Question 72

If the slimming product or service is a simple calorie-controlled diet, I am not sure that it requires assessment by a qualified independent medical professional or another health specialist?

'Another health specialist' is very board. '...assessment by a registered dietician, qualified independent medical professional or other appropriate health specialist' might be better.

## Establishments offering medically supervised treatment

### Question 73

Yes

## Targeting the obese

### Question 74

Yes

## Rate of weight loss

### Question 75

We don't have any strong views but note that 2lb is reasonably modest for the early stages of a weight loss regimen

## Very Low-Calorie Diets (VLCDs)

### Question 76

Yes

## Other questions

### Question 77

i) Yes

ii) No

iii) No

## Section 13: Food, Dietary Supplements and Associated Health and Nutrition Claims

### Permitted nutrition and health claims

### Question 78

(PAGB has not checked the accuracy of 13.4.1 in relation to the Annex of the NHCR.)

Giving rise to doubt about the safety or nutritional adequacy of another product

### Question 79

Yes

Comparative nutrition claims

### Question 80

Yes

Comparison with one product

### Question 81

Yes

Prohibitions

### Question 82

Yes

### Question 83

Yes

Food Labelling Regulations (1996) (FLRs)

### Question 84

i) Yes

ii) We do not have a definitive answer to this as yet. 13.7.1 of the BCAP Code requires that claims based on low levels of vitamins and minerals must include a target group. This may be viewed as a 'National Provision' (Article 22 of the Regulation). However, the amended text allows for a more accurate use of the target groups, and certainly the revised list of groups who may benefit is much easier to justify on public health grounds than the previous version.

Health claims that refer to the recommendation of an individual health professional

### Question 86

i) Yes

ii) Yes

Other questions

### Question 87

i) Taking into account BCAP's general policy objectives, do you agree that BCAP's rules included in the proposed Food, Dietary supplements and Associated Health and Nutrition claims Section are necessary and easily understandable? If your answer is no, please explain why.

ii) On consideration of the mapping document in Annex 2, can you identify any changes from the

present to the proposed Food, Dietary supplements and Associated Health and Nutrition claims rules that are likely to amount to a significant change in advertising policy and practice, are not reflected here and should be retained or otherwise be given dedicated consideration?

iii) Rule 13.4, page 254. The reference to Home Authority in the last paragraph is likely to cause confusion. Food manufacturers seek advice from their Trading Standards Departments under the Home Authority Principle.

PAGB recommends amending this to "...health claims awaiting authorisation may be used..."

I am unsure as to why these require "particular care"? At present, all claims are awaiting sign off from the EC and presumably all require equal care.

Rule 13.7, page 256. PAGB are happy with the wording of the rule as long as the word 'necessary' is interpreted literally. The wording 'must not suggest that it is necessary' sounds very similar to 'must not suggest it would be beneficial'. For example, would the ASA take the view that 'Most people would benefit from calcium supplements' to be in breach of this rule? If the answer is 'yes' then the rule should be reworded. It is not impossible that the EC could approve such a claim.

Rule 13.7.1, page 256. The second paragraph is worded 'Only certain groups are likely to benefit from a vitamin or mineral supplement.' It would be better to say 'Only certain groups are likely to have low intakes of vitamins and minerals' as the amended wording would fit better with the paragraph above. Alternatively, 'Only certain groups are likely to have low intakes of vitamins and minerals' could simply be deleted as the rule would make sense without this additional sentence.

'Advertisements may offer vitamin and mineral supplements to certain groups as a safeguard to help maintain good health. If a claim is made for a vitamin or mineral relevant only to a group who is at risk of inadequate intake the advertisement must state clearly the group's likely to benefit from the supplement. ~~Only certain groups are likely to benefit from a vitamin or mineral supplement.~~ They might include:'

## Section 16: Charities

### Medicine advertisements and donations to charities

#### Question 100

i) Yes

ii) Yes

Organisation name: Purbeck Gateway  
Church - WAREHAM  
DORSET.

Dear Sir, Madam,

I write about the proposing of allowing abortion advertisements on television and maybe Radio.

- I find it morally repugnant to myself.
- In the age of quick fix and debt - you would be likening it to cosmetic surgery. Quick fix Britain.
- Telling my children and grandchildren its okay to have sex, here is a provider who would show a quick way out once again no responsibility for decisions and choices that all our young - women or old would be making.

You also say you believe in offending no one with your advertisements and this would offend Christians, Muslims, Jews, Hindu's.

Please you have a very high position please use it wisely.  
lets replace brokenness with some morals. — . .

Lets bring advertisements that would build self esteem and value. /