Reducing ads for harmful products - public support and public health impact

Policy Brief

1. The Research Team

We are researchers from the Universities of Bristol, Cardiff, Leeds Beckett, London School of Hygiene & Tropical Medicine, Liverpool, Imperial and Teesside University (Fuse). We work collaboratively within the National Institute for Health and Care Research (NIHR) Applied Research Collaboration West, School for Public Health Research and Public Health Intervention Responsive Studies Teams. We study how new policies that restrict the outdoor advertisement of unhealthy foods, drinks, and other harmful products are designed and implemented by local authorities in England. Feel free to contact Professor Frank de Vocht if you would like to know more about this research (frank.devocht@bristol.ac.uk).

2. Executive Summary

Currently 64% of people in Britain are living with overweight or obesity. Without intervention, this is expected to increase to 71%, or 42 million people, by 2040. This costs the UK £126 billion annually in costs to the NHS, impacts on lives and reduced productivity. The Government has therefore prioritised obesity prevention for policy action. Restrictions on outdoor advertisements of unhealthy foods and drinks is one evidence-based policy that can be effective and is widely accepted by the public.

In the absence of primary legislation, local authorities are increasingly introducing their own policies restricting such advertising, but only 1 in 3 currently have one in place. Our evaluations of some of these policies have provided mixed results. Transport for London advertisement restrictions were shown to reduce average consumption by the equivalent of 2-3 packets of crisps weekly per person. In contrast, in Bristol, where the council owns a smaller proportion of the advertising estate, the policy impact was too small to affect unhealthy product consumption.

MPs should support local authorities in developing and implementing an effective blueprint for advertising restriction policies. National government should introduce primary legislation to enable these restrictions to be extended to the entire advertising space.

3. Policy Context

Obesity is one of the greatest public health challenges of the 21st century. Currently 64% of people in Britain live with overweight or obesity. This costs the UK £126 billion per year, including £12.6bn to the NHS and £31bn to the economy. It is expected that by 2040 as many as 71% (~42 million people) will have overweight or obesity. The UK Government – and many local authorities – has therefore prioritised obesity prevention for policy action. There is compelling evidence, particularly for children and young people, that advertising impacts on attitudes towards, and consumption of, products such as foods and drinks high in fat, sugar and salt (HFSS). In January 2026 (delayed from October 2025), new restrictions on advertising HFSS foods and drinks will come into force including a more comprehensive 9 pm watershed for TV advertising and a 24-hour ban on paid-for online advertising.

Outdoor advertisement restrictions have also been successfully implemented by several local authorities and are increasingly being considered by others. In London, a Mayoral policy targeting HFSS food and drinks advertising successfully reduced household purchases of HFSS products by 1000 calories per week. Some councils have broadened these policies to also restrict alcohol, gambling and payday loan advertisements.

At present, there is no blueprint or national mandate to support local authorities design policies to restrict unhealthy advertisements. This creates substantial variations in how these policies are designed and implemented, resulting in residents of different local authorities being differentially exposed to such advertisements. Differences in unhealthy advertisement

exposure are likely to exacerbate differences in health and economic impacts, as 35% of people in the most deprived areas had obesity in 2019, while this was only 22% in more affluent areas. This difference is expected to further increase to 46% in deprived areas and 25% in affluent areas.

4. Research Aims

Our research aimed to find out:

- What are the similarities and differences in advertising restriction policies across local authorities in England?
- What factors help or hinder the development and implementation of such policies by local authorities?
- Do these policies lead to reduced purchasing, consumption or use of unhealthy products?

5. Research Findings

- Only a third of local authorities have advertisement restriction policies (107/317 local authorities). Most of these include restrictions on advertising tobacco products (99 authorities), gambling (96 authorities) and alcohol (82 authorities). Only 35 local authority policies currently include restrictions on advertising unhealthy foods.
- Our evaluation of Transport for London's restriction on advertising of HFSS foods and drinks, which applies to services including the London Underground and London Buses, showed a 7% reduction in purchasing of these products (about 1,000 calories per household per week, or 2-3 packets of crisps weekly per person). However, no reduction in purchasing was found for a comparable policy in Bristol where the council only owns about 30% of outdoor advertisement space, meaning the change in advertisement exposure was much smaller.
- Our evaluation in Bristol, which found no measurable effect on HFSS purchasing, revealed that key stakeholders did not expect their policy to reduce consumption on its own. They felt that - in combination with other initiatives - they can influence behaviour. They also wanted the policy to signal to residents that the local authority does not endorse unhealthy advertisements.
- Adoption and implementation of these policies by local authorities is impeded by industry pushback, political concerns about individual choice, revenue and local financial impacts, and a lack of resources for enforcement. Local authorities feel this highlights the need for a coordinated national approach, particularly as authorities may be tempted to make their policies more lenient in response to their financial challenges.
- Policymakers should be aware of the efforts of industry to circumvent restrictions by advertising brands or alternative, compliant products instead (that also influence purchase of HFSS products from the same brand), by advertising online or on privately-owned advertising sites.

6. Key messages

- Advertisement restrictions are widely accepted by the public and are an integral part of a larger, more comprehensive approach to improving public health and reducing health inequalities.
- Restricting the advertisement of unhealthy products can reduce people's consumption of unhealthy foods and drinks, leading to positive impacts on public health.
- To be effective, advertising restriction policies need to address all, or a significant proportion, of the total advertising space – not just that owned by local councils.

7. Policy Implications

- Given variations in advertising restriction policies across councils and difficulties in implementing these, national government should introduce further primary legislation to extend such policies to the entire outdoor advertising space.
- MPs and Peers should support local councils in anticipating how industry will respond to such policies and put steps in place to ensure that consumers are not targeted in alternative ways which fall within their remit to prevent.
- Parliament should support the generation of further evidence of the cost-effectiveness of unhealthy commodity advertising restrictions to enable local authorities to address industry pushback and concerns about economic impacts.