CONSULTATION RESPONSE

Applying the new NPM to advertising and promotions restrictions

Closing date: 17 June 2026

The advertising and promotions restrictions are designed to reduce children's exposure to 'less healthy' food or drink products. The restrictions are currently underpinned by the UK NPM 2004 to 2005. We are proposing to apply the NPM 2018 (the new NPM) to the advertising and promotions restrictions to bring them in line with the latest dietary recommendations. This would bring into scope more food and drink products that are high in free sugars.

Section 1: Applying the new NPM to the existing restrictions

Questions for all respondents

Question 1: Do you agree or disagree that applying the new NPM to the advertising and promotions restrictions will improve population health?

Agree

Please provide any specific information or evidence to support your answer. (Optional, maximum 300 words)

OAS and the SOA welcome the UK Government's consultation on applying the new NPM to existing restrictions on the advertising and promotion of less healthy products.

The 2018 NPM reflects up-to-date nutrition science and dietary recommendations, including a stronger focus on free sugars, energy density and fibre. Applying it to advertising and promotion restrictions is therefore a logical, evidence-based update that aligns policy with current dietary guidance. It will help ensure that products subject to restrictions are more consistent with current understanding of the dietary factors that contribute to poor health outcomes.

The current UK NPM 2004/05 is based on evidence that is now over two decades old and does not adequately capture some products that contribute significantly to children's free sugar consumption. As a result, products high in free sugars can fall outside existing restrictions, creating 'health halo' effects and limiting the effectiveness of current measures.

There is strong evidence[1] that exposure to HFSS marketing influences children's food preferences, purchase intent and consumption by ~50–60 kcal per occasion[2]. In Scotland, where 66% of adults and around one third of children are at risk of overweight or obesity, and inequalities are widening, policies that more accurately target high-sugar foods are important.

The new NPM would help address these gaps by bringing into scope products containing high levels of free sugars that are frequently marketed to children, such as some breakfast drinks and yoghurts. By better reflecting current dietary evidence, it is likely to strengthen existing restrictions and support improved population health outcomes.

However, updating the NPM alone will not maximise the impact of advertising restrictions. Children remain exposed to forms of marketing not currently covered by current advertising restrictions, including brand advertising and outdoor advertising[3]. Addressing these gaps would further strengthen the policy's public health impact.

Question 2: Do you agree or disagree that applying the new NPM to the advertising and promotions restrictions will capture the products that contribute to childhood obesity?

Agree

Please provide any specific information or evidence to support your answer. (Optional, maximum 300 words)

Childhood obesity is a major public health challenge[4], driven by complex factors. However, the pervasive marketing of HFSS foods, particularly ultra-processed foods, plays an important role in shaping children's dietary preferences and consumption patterns. Evidence[5] consistently shows that marketing and availability of HFSS products is disproportionately concentrated in more deprived communities, reinforcing existing

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[1] Awareness of marketing for high fat, salt, or sugar (HFSS) foods, and the association with higher weekly consumption among adolescents: A rejoinder to the UK Government's consultations on marketing regulation - PMC; Associations between exposure to advertising of foods high in fats, salt and sugar and purchase of energy and nutrients: a cross-sectional study; Would Reducing Children's Exposure to Food Advertising Prevent Unhealthy Weight Gain? | Current Obesity Reports | Springer Nature Link

[2] Awareness of marketing for high fat, salt, or sugar (HFSS) foods, and the association with higher weekly consumption among adolescents: A rejoinder to the UK Government's consultations on marketing regulation - PMC; Associations between exposure to advertising of foods high in fats, salt and sugar and purchase of energy and nutrients: a cross-sectional study; Would Reducing Children's Exposure to Food Advertising Prevent Unhealthy Weight Gain? | Current Obesity Reports | Springer Nature Link

[3] https://www.nesta.org.uk/report/mind-the-gaps-food-advertising/

[4] Childhood obesity: a global health crisis - The Lancet

[5] Sociodemographic differences in self-reported exposure to high fat, salt and sugar food and drink advertising: a cross-sectional analysis of 2019 UK panel data | BMJ Open; Exposure to unhealthy product advertising: Spatial proximity analysis to schools and socio-economic inequalities in daily exposure measured using Scottish Children's individual-level GPS data - ScienceDirect

health inequalities. In Scotland, children in the most deprived areas are significantly more likely to experience obesity[6], and are more exposed[7] to unhealthy food environments.

A growing body of evidence[8] shows that food categories such as confectionary, sugary drinks, and salty and fried snacks are strongly associated with higher energy intake and increased risk of overweight and obesity in children. The 2018 NPM more comprehensively captures these products that contribute to excess free sugar and calorie consumption. This aligns with SOA's position on the need to address the wider food environment and reduce children's exposure to HFSS products.

However, some product categories, including sweet spreads and savoury pastries, are currently exempt despite their contribution to free sugar and energy intake. The consultation impact assessment[9] modelled the inclusion of these categories and found that doing so could deliver greater health and economic benefits than the current approach. Recent analysis[10] of Scottish children's dietary intake also supports their inclusion. This would further strengthen the restriction of advertising of these products to children across the UK (whereas promotions restrictions being consulted on apply to England only).

Applying the new NPM is therefore a welcome and evidence-based step. However, broadening the categories of products to include sweet spreads and savoury pastries would strengthen the impact of advertising and promotion restrictions on children's health and help reduce health inequalities.

Question 3: The NPM 2018 technical guidance provides businesses with the information they need to calculate whether a product is 'less healthy'.

If the technical guidance requires any further clarity to help you to determine if a product is classified as 'less healthy', please set this out. (Optional, maximum 300 words)

We agree that ensuring technical guidance can be used by non-nutritional experts is important.

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[6] Primary 1 Body Mass Index (BMI) statistics Scotland - School year 2024 to 2025 - Primary 1 Body Mass Index (BMI) statistics Scotland - Publications - Public Health Scotland

[7] Exposure to unhealthy product advertising: Spatial proximity analysis to schools and socio-economic inequalities in daily exposure measured using Scottish Children's individual-level GPS data - ScienceDirect

[8] Food Environment and Childhood Overweight/Obesity: A Systematic Review

[9] https://assets.publishing.service.gov.uk/media/69c1494cd588c92c483e4b9e/NPM-consultation-stage-impact-assessment.pdf

[10] https://www.foodstandards.gov.scot/science-and-evidence/dietary-intake-in-scotlands-children-dish-research-report

The core concept is intuitive i.e. a scoring system balancing “bad” vs “good” nutrient with a ‘score’ generated and clear cut off points to determine if the product is less healthy. This makes the document user friendly. However, some barriers are that the free sugar calculation is quite complex, especially for some food types (composite); the inclusion of some aspects i.e. nuts, fruits, vegs and seeds is based on estimations, and there could be some ambiguity around ingredient classifications. We would recommend the development of simplified tools (e.g. calculators or worked examples) to support consistent application across local authorities and smaller organisations.

Section 2: Understanding the impact on industry

Questions for individuals sharing their professional views and people responding on behalf of a business or organisation

Question 4: What are the main challenges or operational issues that businesses might experience when implementing the new NPM? We welcome examples of actions businesses are taking to overcome these challenges. (Optional, maximum 300 words)

We recognise that businesses may face some challenges in applying the new NPM, particularly in calculating free sugars and determining whether products fall within scope. We anticipate that some businesses may raise concerns about the complexity of defining and calculating free sugars. However, the 2018 NPM has been available for several years and industry has been aware of the increasing policy focus on free sugars since its development. Many businesses already collect detailed nutrition information and have adapted to previous changes in food regulation, labelling requirements and reformulation.

Clear and practical guidance will be important to support adaptation and consistent implementation. We therefore suggest robust technical guidance, including definitions and a transparent methodology for calculating free sugars. A 12-month implementation period should begin once this guidance has been published, enabling businesses to make any necessary adjustments while recognising that the proposed changes have been under consideration since 2018.

Question 5: If the NPM is reviewed and updated again in the future to reflect new dietary recommendations, what would be a proportionate timeframe for applying any future updates which supports alignment with the investment cycles of industry? (Optional, maximum 300 words)

Section 3: Timescale for applying the new NPM

Questions for all respondents

Question 6: Do you agree or disagree that 12 months is a sufficient implementation period for businesses in scope of the advertising and promotions restrictions and enforcement authorities to adapt to the new NPM being applied? (Optional)

Agree

If you said 'disagree', how long should the implementation period be? Enter the number of months. If you have any specific information or evidence to support your answer, please include it in your response. (Maximum 300 words)

N/A

Question 7: How can government support businesses during an implementation period? (Optional, maximum 300 words)

We agree that a 12-month implementation period is sufficient, provided it begins once clear technical guidance, including a robust methodology for calculating free sugars, has been published.

While some businesses may need time to adapt, the 2018 NPM has been available for several years and industry has been aware of the increasing policy focus on free sugars since its development. Businesses have therefore had significant time to prepare for these changes.

Extending the implementation period beyond 12 months would unnecessarily delay the benefits of updating a model that is now based on evidence more than two decades old.

To support implementation, government should publish clear and practical guidance, including a robust methodology for calculating free sugars, and set out how the 2018 NPM will be aligned with other relevant policies over time.

With these measures in place, 12 months strikes an appropriate balance between giving businesses time to adapt and ensuring the policy is implemented without further delay.

Section 4: Enforcement

Questions for all respondents

Question 8: What kind of support would be useful to enable enforcement authorities to effectively adapt to the new NPM being applied to the advertising and promotions restrictions? (Optional, maximum 300 words)

Section 5: Consultation-stage impact assessment

Questions for people responding on behalf of a business or organisation

Question 9: Do you agree or disagree that the transition cost calculations within the impact assessment reflect a fair assessment of the costs that would be faced by your organisation or business?

Not applicable

Question 10: Do you agree or disagree that the ongoing cost calculations within the impact assessment reflect a fair assessment of the costs that would be faced by your organisation or business?

Not applicable

Questions for individuals sharing their professional views and people responding on behalf of a business or organisation

Question 11: We are assessing how many advertisements there currently are for products that would be reclassified as 'less healthy' if the new NPM was applied to the advertising restrictions. If you have any evidence or data that would help inform our assessment, you will be asked to include it. (Optional, maximum 300 words)

Question 12: We are assessing children's exposure to these advertisements for products that would be reclassified as 'less healthy'. If you have any evidence or data that would help inform our assessment, you will be asked to include it. (Optional, maximum 300 words)

Section 6: Impact on groups with protected characteristics

Questions for all respondents

We would like to understand the impact of our proposals on people with protected characteristics. It is against the law to discriminate against anyone because of protected characteristics, which are:

Age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

Question 13: Do you think that this proposal is likely to impact on people who share a protected characteristic in a way that is different from those who do not share it?

Yes

If you said 'yes', which protected characteristics do you think this applies to? (Optional)

Age

If you selected any characteristics, how might the proposal impact people differently because of these characteristics? Provide any specific information or evidence to support your answer, including whether the impact is likely to be positive or negative. (Maximum 300 words)

We believe this proposal is likely to have a positive impact on younger people, particularly children and young people, who are disproportionately exposed to, and influenced by the advertising and marketing of HFSS products.

Many HFSS products are specifically marketed to children and young people through branding and packaging, including cartoon characters targeted at children and 'health halo' products targeted at young people. By bringing more products high in free sugars within the scope of existing restrictions, the proposal is likely to reduce exposure to marketing that can influence food preferences, purchasing requests and consumption patterns.

This is particularly important given the high prevalence of overweight and obesity among children and the long-term health impacts associated with poor diet. Reducing exposure to the marketing of less healthy products has the potential to give children and young people the best start in life, by supporting healthier dietary behaviours from an early age and contribute to improved long-term health outcomes.

Section 7: Additional information you would like to submit

Questions for all respondents

Question 14: We welcome any further information on impact you may have. You will be asked to include any further information you would like to provide to inform our final impact assessment. (Optional, maximum 300 words)

You will be given the opportunity to upload up to 3 relevant files.

OAS and the SOA support the application of the updated NPM to advertising and promotion restrictions, recognising its stronger alignment with current dietary recommendations. Consistent use of the updated model across UK policy is important for clarity, credibility and public health impact.

However, we are concerned about the potential for Scotland to be left behind if alignment is not actively managed. While UK-wide advertising restrictions will apply using the updated NPM, Scotland's Food (Promotion and Placement) (Scotland) Regulations 2025—coming into force in October 2026—remain based on the older 2004/05 model. This risks creating divergence across the UK in how "less healthy" products are defined and regulated in practice.

Such divergence could weaken policy coherence, create confusion for businesses operating across borders, and dilute public health impact. Evidence from retail and marketing policy shows that where regulatory divergence exists, industry can adapt rapidly across jurisdictions, potentially concentrating promotional activity in less regulated contexts. Thus, there is a risk that Scotland becomes a comparatively less regulated market for HFSS promotion compared to other UK nations, undermining the intended population-level benefits of these policies.

We have consistently emphasised the importance of coherent, system-wide action to improve the food environment, and therefore recommend close collaboration between the UK and Scottish Governments to support a timely transition to the 2018 NPM within Scottish regulations and related policy areas.

However, implementation of the updated NPM for advertising and promotion restrictions should proceed without delay, alongside other key initiatives such as the Healthier Food Standards. A clear roadmap to align the 2018 NPM across relevant policies, including promotion restrictions and TfL, will maximise public health impact, reduce industry burden and prevent widening health inequalities.

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Additional Comments

Applying the new NPM to the advertising and promotions restrictions will improve population health and will capture the products that contribute to childhood obesity.

Question 1: Do you agree or disagree that applying the new NPM to the advertising and promotions restrictions will improve population health?

Agree

- Applying the new Nutrient Profiling Model (NPM) to advertising and promotion restrictions will not only help reduce obesity but will also contribute to preventing other diet-related conditions, including tooth decay, type 2 diabetes and cardiovascular disease.
- Tooth decay, which is largely preventable, can have a substantial impact on health and wellbeing, causing pain, difficulty eating, speaking and sleeping and can lead to missed school and work days.[11,12] Free sugars contribute directly to the development of tooth decay.
- Findings from the 2025 National Dental Inspection Programme (NDIP) indicated that 18.5 percent of P7 children (11 years) showed signs of tooth decay.[13] The 2024 NDIP inspection of P1 children (~5 years) showed 26.8 percent had obvious decay experience,[14] with dental extractions under general anaesthetic are the most common reason for a young child to have an elective hospital admission in Scotland.[15]
- There is a clear case for action, with the World Health Organization and the Scientific Advisory Committee on Nutrition (SACN) both basing their recommendations of maximum daily sugar intake on evidence for the dose-dependent relationship between free sugars and dental caries. Yet, in the UK less than 1 in 10 children meet this recommendation,[16] and tooth decay remains a public concern.

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[11] World Health Organization (2024) Global strategy and action plan on oral health 2023–2030. Geneva

[12] Nuttall N *et al.* (2006) The reported impact of oral condition on children in the United Kingdom, 2003. *British Dental Journal.* DOI: 10.1038/sj.bdj.4813586

[13] Public Health Scotland (2025) National dental inspection programme 2025

[14] Public Health Scotland (2024) National dental inspection programme 2024

[15] BDA Scotland (2025) Behind the Wait: Exploring Dental General Anaesthetic Waiting Times in Scotland

[16] Office for Health Improvement and Disparities (2025) National Diet and Nutrition Survey 2019 to 2023 report

- Policy must keep pace with the evidence, and the current NPM reflect dietary guidance over 30 years old. Updating it will align policy with SACN recommendations, close loopholes, and strengthen protections for children.

Question 2: Do you agree or disagree that applying the new NPM to the advertising and promotions restrictions will capture the products that contribute to childhood obesity?

Agree

- As above, the current NPM does not adequately reflect current dietary guidance on free sugars, creating loopholes that allow some high-sugar products to fall outside restrictions.
- Applying the new NPM will also address the "health halo" effect, where products high in sugar benefit from ingredients, such as processed fruit, being treated too favourably and confusing consumers.
- There is a wealth of evidence to demonstrate the clear link between food advertising and the food children eat,[17] with food companies spending millions every year on a range of different marketing techniques to help keep unhealthy food in the spotlight.
- Unhealthy food marketing is linked to a strong preference for these food products[18], more snacking[19] and a greater intake of junk food and lower intake of healthy food overall[20], with policies to protect children from the harmful impact of food marketing on diet recommended as a 'World Health Organisation Best Buy'.[21]

Question 13: Do you think that this proposal is likely to impact on people who share a protected characteristic in a way that is different from those who do not share it?

Yes - Age

- As above, children and young people are particularly vulnerable to the influence of food marketing and are disproportionately affected by the promotion of less healthy food and drink products as evidence demonstrates that exposure to

[17] Public Health England (2015). Sugar Reduction: the evidence for action
[18] Boyland EJ et al. (2011). Food commercials increase preference for energy-dense foods, particularly in children who watch more television. DOI: 10.1542/peds.2010-1859
[19] Boyland EJ et al. (2016). Advertising as a cue to consume: a systematic review and meta-analysis of the effects of acute exposure to unhealthy food or non-alcoholic beverage advertising on intake in children and adults. DOI: 10.3945/ajcn.115.120022
[20] Thomas C et al. (2018). 10 years on: New evidence on TV marketing and junk food consumption amongst 11-19 year olds 10 years after broadcast regulations. Cancer Research UK, available from: 10 years all - full report
[21] World Health Assembly Best Buys https://www.who.int/news/item/26-05-2023-more-ways--to-save-more-lives--for-less-money----world-health-assembly-adopts-more-best-buys--to-tackle-noncommunicable-diseases

unhealthy food marketing influences children's preferences, consumption patterns and dietary behaviours.

- The prevalence of childhood tooth decay remains high, with more than a quarter of Scottish children in Primary 1 experiencing obvious signs of decay and dental extractions under general anaesthetic remaining a common reason for elective hospital admission among young children.
- By bringing more products high in free sugars within scope of existing restrictions, the updated NPM is likely to reduce children's exposure to harmful marketing and support healthier dietary behaviours.
- Strengthening protections for children has the potential to improve health outcomes across the life course and reduce the long-term impacts of poor diet.