

Appendix Two - Rationale for the inclusion of unhealthy commodity industry products

Rational for the Inclusion of Breast Milk Substitutes Anne Rose - Health Improvement Specialist

In 2023, Middlesbrough Council approved the adoption of the Breastfeeding Boroughs Declaration, with a promise to implement the ten commitments and promote themselves as a Breastfeeding Borough. This work is ongoing and is delivered via the South Tees Infant Feeding Steering Group. This work has been the best option to increase breastfeeding rates, reduce bottle (formula) fed culture and normalise breastfeeding across the civic, community and services levels to support the Best Start in Life for children. The World Health Organisation (WHO) and UNICEF recommend, as best practice, exclusive breastfeeding take place until six months and continued breastfeeding alongside solid foods until the child is at least two years old.

Through the work of Breastfeeding Boroughs and the recent Mamazing breastfeeding campaign, breastfeeding rates in Middlesbrough have increased and are near to the England average for breastfeeding initiation. In 2024/25, breastfeeding initiation in Middlesbrough was 69.9% (the national average for 2022/23 was 71.9%). However, there are still areas of Middlesbrough with higher levels of mothers who feed with breastmilk substitutes rather than breastfeeding. To support with reducing the number of babies fed by breastmilk substitutes and increase the number of babies fed by breastmilk, more work needs to be done to restrict the advertising of these products to families in Middlesbrough.

The Family Hubs, South Tees NHS Foundation Trust and the 0-19 Healthy Child Teams are accredited by UNICEF Baby Friendly Initiative. This means they must adhere to the International Code of Marketing of Breastmilk Substitutes (the Code). The Code aims to protect infant health by restricting the marketing practices that undermine breastfeeding, such as advertising, promotions, and gifts to mothers and healthcare workers. While UNICEF and the WHO strongly advocate for countries to adopt the Code into law, implementation is often incomplete, allowing for continued commercial influence that can negatively impact infant feeding practices. The Code specifically restricts the marketing of breastmilk substitutes like infant formula, follow on formula and related products. Furthermore, the Code restricts the use of images that idealise formula feeding i.e. images of bottles.

UNICEF and WHO urge the need for stricter advertising restrictions that allow for continued harmful marketing, of which the UK's implementation is considered inadequate by UNICEF. Weak regulations are directly linked to increased formula sales and can damage infant health by undermining breastfeeding and misleading parents.

To align with the work of Breastfeeding Boroughs and the Infant Feeding Strategy (which is currently being reviewed and a new one developed) it is proposed that the council restricts advertising of all breastmilk substitutes to increase breastfeeding rates, reduce health inequalities and ensure children are getting the best start in life.

Rationale for the Inclusion of Vaping Products

John Stephenson - Tobacco Control Lead/Commissioner

Middlesbrough faces significant health challenges, including high smoking prevalence and persistent health inequalities. While vaping can play a role in tobacco harm reduction, unrestricted advertising poses risks to public health, particularly for young people and non-smokers. This document outlines the rationale for implementing a targeted advertising policy that prioritizes smoking cessation while minimizing unintended harm.

Vaping products are not risk-free. Although they may be less harmful than tobacco, they can still cause health issues, especially among young people and non-smokers. Unrestricted advertising normalizes vaping and increases the likelihood of dual use—where individuals both smoke and vape—undermining efforts to reduce tobacco-related harm.

Research consistently shows that exposure to vape advertising significantly increases experimentation among adolescents. Marketing strategies often feature appealing flavours, vibrant imagery, and social trends that resonate with young audiences, creating a gateway to nicotine addiction and long-term dependency.

Vaping can be an effective tool for smoking cessation when used as a substitute for tobacco. However, advertising should reflect this purpose exclusively. Promoting vaping as a lifestyle choice or recreational activity contradicts harm reduction principles and risks expanding nicotine use rather than reducing it.

Many vape advertisements imply that vaping is completely safe, which is misleading and unsupported by evidence. Restricting advertising to cessation-focused messaging ensures that communication remains accurate, evidence-based, and aligned with public health guidance.

Given Middlesbrough's high smoking rates and health inequalities, policies must reinforce local strategies to improve population health. Limiting vape advertising to cessation support directly contributes to reducing smoking prevalence and addressing health disparities.

Allowing broad vape advertising risks creating a new generation of nicotine users. A targeted approach—restricting advertising to approved cessation campaigns—balances harm reduction with the protection of vulnerable groups, particularly young people.

The inclusion of vape products within this policy, except where the message explicitly promotes vaping as an aid to quit tobacco as part of an approved campaign, ensures:

- Protection of vulnerable populations.
- Support for smokers seeking to quit.
- Alignment with public health objectives and ethical standards

Rationale for the Inclusion of Tobacco

John Stephenson - Tobacco Control Lead/Commissioner

Tobacco use remains one of the leading causes of preventable illness and death worldwide. Advertising tobacco products perpetuates addiction, targets vulnerable populations, and undermines public health efforts. This summary outlines the key reasons for prohibiting tobacco advertising and the benefits of taking decisive action.

Tobacco related product advertising glamorizes harmful products, encouraging consumption and increasing initiation rates, particularly among young people. Smoking-related diseases impose a significant burden on both health systems and the economy, contributing to avoidable illness and premature death.

Research demonstrates that advertising strongly influences young people to start smoking. Restricting tobacco related product advertising is a proven measure to prevent early addiction and protect future generations from the harmful effects of nicotine dependence.

Tobacco-related illnesses cost billions in healthcare expenditure and lost productivity. The long-term societal costs far outweigh any short-term economic gains derived from advertising. Reducing tobacco use through advertising restrictions will alleviate these financial pressures and improve overall wellbeing.

The World Health Organization's Framework Convention on Tobacco Control recommends comprehensive bans on tobacco advertising. Aligning with these international best practices strengthens compliance, enhances credibility, and demonstrates leadership in global health initiatives.

Permitting tobacco related product advertising contradicts health improvement goals and undermines corporate social responsibility. Stakeholders expect organisations and authorities to lead in promoting health, not enabling harm. A complete ban reflects a commitment to ethical and evidence-based policy.

It is recommended that a complete ban on advertising of tobacco related products is implemented across all council advertising estate be implemented and enforced. This action will reduce smoking rates, protect future generations, lower healthcare costs, and improve population health. It will also demonstrate a clear commitment to ethical standards and public health priorities.

Rationale for the Inclusion of Gambling

Laura Sheridan Public Health Officer - Gambling Related Harms

Gambling is staking money, or something of value, on the outcome of something involving chance (Lostutter, et al., 2019). Betting, slot machines, casino games, lotteries and bingo are all forms of gambling. Gambling can be highly addictive and may contribute to worsened health outcomes and inequalities in the population.

Gambling harms are any negative consequence or side effect experienced as a result of gambling (Greater Manchester Combined Authority, 2022). Harm can occur at any level of gambling activity. These harms are complex and can include financial stress, relationship breakdown, family violence, mental illness and suicide. (World Health Organization [WHO], 2024). Gambling harms may be experienced by the person who gambles and by their families, those in their social network, and those in their community. Evidence shows for every person who gambles at high-risk levels, an average of six others are affected (WHO, 2024).

Anyone can gamble, but research suggests that some people are more likely to experience gambling harms than others. Social stressors such as poverty, discrimination or other disadvantage increase risk of gambling harm. Evidence shows opportunities to gamble are often disproportionately located in areas of higher disadvantage, increasing the risk of gambling behaviour (WHO, 2024). In 2025, Middlesbrough is included among the Local Authority Districts with the highest proportion of neighbourhoods among the most deprived in England (GOV.UK), placing the community at higher risk of gambling harm.

The advertising and marketing of gambling products in the UK can be a stimulus to increase gambling behaviour (Griffiths, 2005). Marketing tactics used by the gambling industry work to normalise harmful gambling products as embedded in everyday life, including in sport (Pitt, et al., 2023). In the UK, gambling companies spend around £1.5bn annually on gambling advertising (Fenton & Prochaske, 2025). Gambling advertising is highly visible across a wide range of media including television, radio, newspapers, outdoor and point of sale advertising, and online in social media and targeted advertisements. Research conducted by the Gambling Commission in 2020 found 6 in 10 respondents reported seeing gambling adverts or sponsorships at least once a week.

Academic studies consistently support the existence of a causal relationship between exposure to advertising of gambling products/brands and more positive attitudes to gambling, greater intentions to gamble, and increased gambling activity at both individual and population level (McGrane et al., 2023; Wardle et al., 2022). In 2020, over a third of past 12-month gamblers claimed to have been prompted to spend money on a gambling activity by advertising they had seen (Gambling Commission, 2020). Gambling marketing promotes high-risk gambling behaviour in those not yet experiencing gambling harm, and those experiencing gambling difficulties at all levels of severity. This means gambling marketing plays a role in initiating, sustaining and intensifying gambling difficulties (Wyllie & Kallman, 2024).

In addition to the effect this has on adults, studies have shown that marketing influences children and shapes their gambling attitudes, behaviours and

consumption intentions (Pitt, et al., 2017). Four in five young people (79 percent) have at some point seen or heard adverts or promotion about gambling through either an online or offline source (Gambling Commission, 2025). Academic studies have observed gambling advertising to have a priming effect on young people, teaching them how to place a bet (McGrane et al., 2023).

National Lottery Advertising

The National Lottery funds many community activities in Middlesbrough and may be an essential source of funding for many local groups. Following examples from other local authority policies, the following clause is suggested to exclude National Lottery advertising from the proposed policy.

* Except for the National Lottery or for small or large society lotteries and local authority lotteries, as defined in the Gambling Act 2005

The suggested wording is taken from the City of Bristol 'Advertising and Sponsorship Policy'.