Advanced Medical Institute (AMI)

Supplementary Submission and Answers to Questions on Notice
Senate Committee Inquiry: Sexualisation of Children in the Media
May 23, 2008

Introduction

At the Committee's hearings in Sydney on Wednesday, April 30, Mr Richard Doyle, representing AMI, undertook to respond in writing to questions from Members of the Committee. AMI would also like to support recommendations made by some other parties as a way forward to resolving the issues identified by the Committee.

Questions on Notice

1. How many complaints has AMI received about its billboards?

AMI has historically referred complainants about its billboards to the Advertising Standards Board. It understands that in the past 18 months (to 16 May, 2008) the ASB has received 211 complaints regarding AMI's billboards.

The company has recently improved its internal complaints-handling procedures in relation to advertising. All complaints made to the company are now referred to a senior officer within AMI, where they are formally logged. This officer has also been tasked to ring the complainant to discuss the issue, and to advise them to contact the ASB.

AMI has consulted proactively with the ASB in relation to its advertising. The ASB has in fact contacted AMI to express its satisfaction and appreciation with the manner in which AMI has responded to the ASB's requests, and worked hard to ensure that all advertising material is within the standards set by the Board.

2. How many complaints have been made to the Advertising Standards Bureau about AMI's billboards, and have any of those complaints resulted in the withdrawal or modification of the advertisement?

As set out above, there were a total of 211 complaints that were received by the Advertising Standards Board in relation to AMI's Billboards for the 18 months ending 16 May 2008.

AMI is sensitive to public opinion and has changed its billboard advertisements on several significant occasions as a result of complaints. These include:

- A billboard in Perth that a local church took offence to was moved to a different location.
- A billboard was wrongly placed near a school, and was removed immediately the company became aware.
- In New Zealand, AMI was asked not to advertise in areas close to schools or playgrounds and complied.
- In Brisbane, in response to recent complaints made mainly on talk-back radio, the words "sex" was modified to "XOX" on a trial basis. However, this proved to be an ineffective advertising medium (as measured by the immediate drop in calls by men seeking help for their sexual dysfunction) and the original wording was reinstated.

This recent situation in Brisbane illustrates a central point made in AMI's submission. Men with the serious medical problem of sexual dysfunction respond to simple and direct messages, and those messages need to use the words that relate to the issue – such as "sex" and "premature ejaculation". Using alternatives, such as "XOX" is not effective, and this censorship is denying legitimate medical services to large numbers of men.

3. What percentage of AMI's business is derived from billboard advertising compared to other forms of advertising?

Approximately 22% of AMI's business relating to sexual dysfunction services is derived from billboard advertising. To put this in context, AMI receives more than 7,000 calls from patients and potential patients every week, or more than 350,000 calls per year.

In view of this, the number of complaints made is extraordinarily low. As a percentage of the number of complaints made over the past 18 months to the ASB (211), compared to the number of calls generated by those billboards over the same time frame (115,500) equates to just 0.18%. Surely in our society a complaint rate of 0.18% is an acceptable price to pay for the advertising of an important medical service?

4. Are there restrictions on the times that AMI's advertisements can be played on radio?

Yes. These restrictions are however restrictions voluntarily adopted by the relevant radio stations in consultation with AMI. Those restrictions are based on the listener profile of each station.

- AUSTEREO controls the TODAY network and the MMM network in all metropolitan areas.
 These stations are aimed at 18-34 year olds. AMI does not run any advertisements on
 these stations during air time when we believe children are likely to be traveling to or
 from school in the car (being 7am to 9am and 3pm to 4pm).
- NOVA has stations in each metropolitan area and is aimed at a similar demographic to AUSTEREO. AMI does not run any advertisements on these stations during air time

- when we believe children are likely to be traveling to or from school in the car (being 7am to 9am and 3pm to 4pm).
- ARN controls the Mix and WSFM style stations. WSFM is aimed at 35 to 54 year olds and Mix is aimed at 18 to 54 year olds. AMI runs advertisements on these stations in all time slots as their target demographic is for older audiences.
- 2GB, 2UE and the Macquarie Network are aimed at an audience of 45 years old and over. The same approach to timing of advertisements is adopted as for ARN.
- Regional areas are covered by 2 networks TRSN and RRW. AMI does not run any advertisements on these stations during air time when we believe children are likely to be traveling to or from school in the car (being 7am to 9am and 3pm to 4pm).

5. What is the breakdown of AMI's advertising across all forms of media, and if available, the split between city and country?

Television: 8%Radio: 56%Print: 10%

• Shopper Dockets: 2%

• Billboards 22%

• Other 2%

The split between metropolitan and country is:

Metro 66%

• Country 34%

6. Has the "Star Performance" billboard been withdrawn, and if so when?

Yes, this billboard advertisement was withdrawn in January 2007. The advertisement only ran for a total of 2 months and was limited to Melbourne. As detailed in evidence by the company representatives to the Committee, it is not considered an appropriate form of advertising by AMI and will not be repeated.

7. What complaints and/or feedback has AMI received from radio and television stations?

AMI generally receives positive feedback from radio and television stations in relation to its advertising. From time to time it does receive calls from radio stations indicating that some listeners have complained about the content of particular advertisements. AMI is sensitive to these complaints and alters its advertisements and advertising schedules in consultation with station executives.

As noted above, AMI's radio advertisements are generally aired at times when children are unlikely to be listening to the station.

In terms of television, AMI's advertisements have an "M" rating, and may be screened after 8.3pm and between 12.00 – 3.00pm on school days. However, some station program directors have requested that AMI's advertisements not commence before adult viewing time at 9.30pm.

<u>Further Issues Arising from Evidence</u>

Has AMI consulted the Psychological Association in relation to the impact of its advertising on children?

This question appears to be predicated on the basis that AMI's advertisements are sexual in nature and have a negative impact on children. AMI has not previously engaged a psychologist to consult on this issue as this is the first time such an issue has been raised. It is however open to such consultation.

AMI does not believe that any scientific, statistical or research-based evidence has been given to the Committee which supports a conclusion that AMI's advertising content is having a detrimental impact on children. In fact, the detailed submission made to the committee by Associate Professor Alan McKee appears to directly contradict this assertion.

As set out in AMI's main submission, the content in its billboard advertising which might be considered sexual in nature is the use of the word "sex". This word appears commonly in other outdoor billboard advertisements (most notably in the widespread campaign for the "Sex in the city" movie).

It is generally agreed among educators that sex should be discussed in an age-appropriate manner with children (indeed this is an essential part of childhood development, and is in the school curriculum). AMI's advertisements do not portray children and do not suggest directly or indirectly that children should engage or be involved in sex.

Solutions

AMI recognises that its billboard advertising does lead to some complaints and to concern in some sections of the community (albeit a low 0.18% compared to potential patients). It also recognises that the Committee needs to find solutions to address this issue.

AMI believes that community concern is largely driven by two factors:

- 1. People who dislike the billboards are frustrated in "doing something" about them. They are not sure who to complain to, and are concerned as to whether their complaints are being listened to. They are also not being told the other side of the story that huge numbers of men are suffering from sexual dysfunction, that this condition has terrible consequences for families and our society, and that strong messages are needed to connect with those men.
- 2. Parents object to having to explain about issues such as sex and premature ejaculation to their children when passing billboards in their car. In other words, that AMI is forcing

the time and place of that discussion, rather than it being at the time and place of the parents' choosing.

AMI believes that the genesis of a solution to these issues lies in various submissions and evidence presented to the Committee, and would like to endorse the following:

- 1. That a centralised web-based point of complaint be established for **all** forms of advertising so that people are not frustrated in their ability to "do something" about it.
- 2. That this website also contain age-appropriate explanations of material that attracts complaints so that parents could regain control of the "when and where" of discussing the issue with their children, and have expert assistance in doing so.

AMI would be a supporter of such an initiative, and would, at its own expense, offer to contribute to it. In consultation with leading medical and education experts, AMI would offer to create a range of age-appropriate content for the website on all of the issues that arise for children and parents from its advertising.

AMI thanks the Committee for the opportunity to present this supplementary submission.