



## Protecting children from the marketing of unhealthy food – evidence statement

### Children are vulnerable to the marketing of unhealthy food

The World Health Organization (WHO) reports that there is “unequivocal evidence that the marketing of unhealthy foods and sugar-sweetened beverages is linked to childhood obesity”.<sup>1</sup> WHO considers childhood obesity to be a serious and urgent public health challenge and recommends reducing the exposure and influence of marketing of unhealthy foods as part of a comprehensive, integrated approach to address childhood obesity.<sup>1</sup>

Marketing across all types of media consistently influences children's food preferences, choices and consumption,<sup>2</sup> and is likely to contribute to poor diet, weight gain, obesity and negative health outcomes.<sup>3,4</sup> Food products high in sugar, fat and salt are promoted more than healthier foods, and persuasive marketing techniques are used to create brand loyalty and lasting consumer relationships.<sup>5</sup> Over one year, the average Australian child will see 35 hours of food advertising on television, with more than half of this promoting unhealthy foods.<sup>6</sup>

Exposure to food advertising is shown to increase children's food intake.<sup>7</sup> Children are particularly vulnerable because they lack the cognitive ability to recognise the persuasive intent of advertising and cannot critically evaluate advertising content.<sup>8,9</sup> Children are targeted by marketers due to: their purchasing habits (with pocket money often spent on discretionary foods), their influence over family purchases, and the potential for establishing brand loyalty that continues into adulthood.<sup>9,10</sup> Parents and caregivers are also increasingly targeted by marketing of unhealthy foods intended for their children.<sup>11</sup>

### Background to marketing of unhealthy foods to children

Australian children are exposed to vast amounts of unhealthy food marketing across a range of media platforms, including television, digital media (websites, social media, email, text messages, apps, branded games),<sup>12</sup> print, radio, cinema, outdoor media, direct marketing, product packaging, sports sponsorship, point of sale promotions, and embedded marketing.

Food companies spend large amounts on food and drink advertising. In 2009, an estimated \$402 million was spent on food advertising in Australia with a further \$149 million spent on non-alcoholic drink advertising.<sup>13</sup> Unhealthier foods are also promoted more than healthier foods. In a single year, Australian children would be likely to watch 800 junk food advertisements on free-to-air television, if they watched 80 minutes of television per day.<sup>14</sup> Unhealthy food advertising was higher during peak viewing times for children and during summer school holidays.

A 2015 systematic review identified mass media (television and internet), promotional campaigns and retailers as some of the key environments used by the food industry to influence children's

dietary behaviours.<sup>5</sup> Licensed or promotional characters, premium offers and nutrition claims are some of the advertising techniques designed to appeal to, and influence, children's preferences.<sup>15</sup>

### *Television*

Television remains the main avenue for food and drink advertising internationally.<sup>10</sup> Studies show that exposure to television food commercials increases children's preferences for branded and non-branded foods.<sup>16,17</sup> Unhealthy food advertisements feature prominently during peak television viewing times of Australian children, with unhealthy foods (i.e. fast food, chocolate, confectionary and sugar-sweetened beverages) advertised at a significantly higher rate than healthy foods.<sup>18</sup>

### *Digital media*

The food industry recognises that children are increasingly competent and frequent users of digital media.<sup>10</sup> However, industry self-regulation of digital marketing is limited, with apps excluded from current voluntary industry initiatives.<sup>19</sup>

Top selling Australian brands use apps, social media, embedded content and websites to target children and adolescents.<sup>20</sup> Digital marketing may have a particularly large impact on children, due to interaction with food and beverage brands, online peer endorsement and content sharing, and opportunities for product purchases.<sup>10</sup> Online marketing can also be difficult for children to identify or recognise as advertising, due to the lack of explicit advertising cues and embedded content.<sup>12</sup>

Many food companies market to children through 'advercation' (company or product information presented as educational material) and 'advergames' (branded products and characters embedded in interactive computer games).<sup>21</sup> Within this context, subtle forms of advertising, such as product placement, may have a larger effect because children are preoccupied with the game.<sup>22</sup> Studies show that children exposed to unhealthy food advertising in online games are more likely to choose unhealthy foods.<sup>23</sup> The effect grows with increased exposure, which is encouraged by multiple levels, high score boards and play again options.<sup>23</sup>

Online consumer behaviour and engagement can be tracked through sophisticated data surveillance systems, and analytics enable marketers to target advertising to individuals for maximum impact.<sup>24</sup>

A 2016 WHO European report on digital food marketing to children recommends independent, comprehensive regulation of digital marketing across social media, websites, games and apps, with the flexibility to incorporate new and evolving mediums.<sup>25</sup> The recommendations are based on children's "right to participate in digital media" and "right to protection of their health and privacy and not to be economically exploited".<sup>25</sup>

### *Outdoor advertising*

Outdoor marketing is another medium through which children are marketed unhealthy foods. An Australian study found that primary schools had an average of 57 food billboards nearby, with 80% of food advertisements for unhealthy foods, drinks or alcohol.<sup>26</sup> In 2011, the Commonwealth House of Representatives Standing Committee report *Reclaiming Public Space* recommended that outdoor advertising should be included in the definition of 'media' in industry self-regulation.<sup>27</sup>

### *Food packaging and point of sale promotions*

Point-of-sale marketing in the food shopping environment includes product placement, product labelling and in-store promotions.<sup>28</sup> However, point-of-sale marketing, packaging and in-store promotions are not included in voluntary industry self-regulatory initiatives.<sup>19</sup>

The food industry uses a range of marketing techniques to capture children's attention and encourage purchases, including bright colours, cartoon characters, educational or fun captions, novelty packaging, celebrity endorsements, puzzles, movie/television tie-ins, giveaways, competitions, and nutrition claims.<sup>29-31</sup> Many supermarket promotions to children are for unhealthy food choices<sup>30</sup> and parents report that children frequently pester them to purchase unhealthy food items when shopping (i.e. 'pester power').<sup>28</sup>

An Australian study found that parents were supportive of changes to the supermarket environment, such as confectionary-free checkouts, to minimise children's exposure to marketing of unhealthy foods.<sup>28</sup>

### *Endorsements and sponsorship*

Brand advertising is not covered by industry self-regulation, therefore much sponsorship of children's sport is not considered as marketing to children. The 2011 report *Reclaiming Public Space* recommended that industry self-regulatory initiatives should include sports sponsorship as a form of advertising.<sup>27</sup>

Research shows that children are able to match sports with food sponsors<sup>32</sup> and recall sponsors of their favourite elite sports.<sup>33</sup> Parents also misjudge the nutrition content and quality of products with sports celebrity endorsements,<sup>34</sup> and are supportive of restrictions on unhealthy food and drink sponsorship of elite sports.<sup>35</sup> Many elite athletes also believe they should not promote unhealthy foods, but are concerned that sponsorship restrictions could impact funding.<sup>36</sup>

In children's sports development programs, almost 90% of food and beverage sponsors are classified as unhealthy.<sup>37</sup> While food and beverage companies contribute a relatively small proportion of total junior sports club funding (less than a quarter of overall income), food company support or sponsorship can encourage brand loyalty towards products from a young age.<sup>38</sup> Most parents are not supportive of their child's club being sponsored by unhealthy food products or companies.<sup>35</sup>

A sports sponsorship replacement fund could be established through government or industry contributions to provide monetary incentives for sporting organisations to establish relationships and transition to other sponsors.<sup>35</sup>

The Western Australian Government program Healthway provides an example of good practice. Established to fund health-promoting activities, especially for young people, Healthway provides sponsorship support for sport and active recreation programs and events where there is a significant opportunity to increase the participation of priority population groups and change behaviours and environments to improve health.<sup>39</sup>

## **Current regulations are inadequate**

### *Government regulations*

The Australian Communications and Media Authority (ACMA) *Children's Television Standards* contain some restrictions on the amount and content of advertising during children's television programs

classified 'P' for pre-school and 'C' for children.<sup>40</sup> While there is very little, if any, food advertising during these programs, many Australian children watch programs outside these classifications, where unhealthy foods are advertised more than healthy foods.<sup>18, 41</sup> The *Commercial Television Industry Code of Practice* also applies to free-to-air television<sup>42</sup> but does not refer specifically to food marketing to children.

#### *Voluntary regulations*

The advertising and food industries have developed a series of voluntary codes regarding marketing to children. The Australian Association of National Advertisers' codes include general clauses regarding food marketing to children, such as not encouraging or promoting an "inactive lifestyle or unhealthy eating or drinking habits" and not exploiting children's imaginations to encourage excessive consumption.<sup>43</sup>

Two Australian Food and Grocery Council self-regulatory initiatives are intended to reduce the advertising of foods and beverages "that do not represent healthier choices".<sup>44</sup> The Responsible Children's Marketing Initiative covers food and beverage retail products and has 18 signatories. Individual companies set their own nutrition criteria to identify which products represent healthier dietary choices and are appropriate for marketing to children.<sup>44</sup> The Quick Service Restaurant Initiative for Responsible Advertising and Marketing to Children covers fast food and has seven signatories. The core principles are that marketing to children must represent healthy foods in the context of a healthy lifestyle.<sup>44</sup>

While both codes have been expanded beyond traditional media to include internet sites, exclusions apply to advertising via apps, product packaging and labelling, word-of-mouth and point-of-sale material.<sup>19</sup>

A 2011 Australian Communications and Media Authority monitoring report identified ongoing community concerns and concluded that there was insufficient evidence that self-regulatory industry codes had any effect on food marketing to children.<sup>45</sup> A 2017 Australian study found that unhealthy food advertising on free-to-air television was unchanged from 2011 to 2015, indicating that current industry self-regulation has not been effective in reducing children's exposure.<sup>18</sup>

#### **Government intervention is justified**

In Australia, there is a mix of limited government regulation, voluntary advertising codes and voluntary food industry initiatives covering food marketing to children. This mixed regulatory system is complex, with limited restrictions and inadequate enforcement, monitoring and complaint handling. The industry self-regulatory codes have significant limitations (including loopholes), compliance is not monitored and there are no meaningful sanctions for breaches.<sup>19</sup> Although many of the largest food and beverage companies are signatories, self-regulation has failed to reduce children's exposure to unhealthy food marketing<sup>19</sup> by both signatories and non-signatories.<sup>18</sup>

There is strong public support for tighter regulations on food marketing to children, with more than 80% of participants surveyed supporting measures to limit children's exposure to the marketing of unhealthy foods.<sup>46, 47</sup>

#### *Time-based restrictions*

ACDPA recommends that the Government legislate to implement time-based restrictions (up to 9.00pm) on unhealthy food marketing on free-to-air television when the greatest number of children are likely to be watching, independent of whether the programs are designated as children's programs. Current definitions of children's viewing times in industry codes do not reflect children's actual viewing patterns and exclude programs most popular with children, such as family movies, reality shows and light-entertainment programs.<sup>18</sup> This has been identified as an area in which Australia is lagging behind other countries, and is a priority area for Federal Government action.<sup>48</sup>

Beyond television restrictions, the Government should draw on existing legislation, regulation and regulatory agencies to restrict unhealthy food marketing to children in all other media, including digital media (websites, social media, email, text messages, apps, branded games),<sup>25</sup> print, radio, cinema, outdoor media, direct marketing, product packaging, sports sponsorship, point of sale promotions, and embedded marketing (i.e. within program content and product placement), which is directed at children, or to which a high number of children are likely to be exposed.

#### *Independent nutrient criteria*

Independently-developed and consistent nutrient criteria are essential to prevent industry bias in classifying foods as healthy or unhealthy<sup>41</sup> and for consistency with the Australian Dietary Guidelines.<sup>18</sup> Nutrient criteria used to determine healthy and unhealthy foods under industry codes are weak and vary widely. In the UK, advertising restrictions of unhealthy foods high are based on an independent nutrient profiling model, which is currently being reviewed and updated to reflect the latest dietary guidance.<sup>49</sup>

#### *Monitoring and compliance*

WHO recommends that compliance should be monitored by an independent regulatory agency, with meaningful sanctions and monetary penalties for non-compliance, and regular reviews to cover emerging technologies and techniques used to target children.<sup>25</sup>

Few complaints regarding industry codes have been upheld and no penalties have been applied.<sup>19</sup> If a breach is found, the Advertising Standards Bureau can request advertisers to withdraw or modify advertisements, but there are no financial consequences or other penalties. A 2015 review concluded the need for Government standards relating to monitoring and compliance of restrictions, including reporting on consumption behaviour, health outcomes, advertising exposure, expenditure and nutrient criteria.<sup>50</sup>

#### *Cost-effectiveness*

Restricting marketing of unhealthy food to children is modelled to be one of the most cost-effective and feasible obesity-prevention interventions, saving an estimated \$38 for every \$1 invested.<sup>51</sup> Restrictions are likely to be a cost-effective and low-cost intervention to reduce diet-related risk factors at the population level.<sup>52</sup>

Restricting television advertising appears to be extremely cost-effective in reducing unhealthy weight gain in children.<sup>53</sup> While the effects may be small on an individual level, there can be a large impact at the population-level due to the number of children affected and low cost of the intervention.<sup>7,53</sup> Australian modelling suggests that restricting unhealthy food advertising during children's peak television viewing times would be a 'dominant' intervention due to both a health gain and a cost offset compared with current practice.<sup>53</sup> The intervention was estimated to save

\$300 million in future health sector costs, with a minimal cost of \$3.70 per disability-adjusted life year (DALY) saved.<sup>53</sup>

### **Other countries are leading the way**

WHO recognises the urgent need to regulate the marketing of unhealthy foods to children. The *Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children* recommends that governments establish policy and provide leadership to reduce children's exposure to, and the power of, unhealthy food marketing.<sup>54</sup> Policy frameworks should include monitoring for compliance, enforcement mechanisms and sanctions, and evaluation.<sup>54</sup>

Internationally, a number of countries have introduced restrictions. Broadcast advertising restrictions have been introduced in Chile, Iran, Ireland, Mexico, Norway, South Korea, Sweden, Taiwan and the UK.<sup>55</sup>

Limited television restrictions were first introduced in the UK in 2007. A 2010 review reported that children's exposure to unhealthy food advertising had decreased, along with a decrease in advertisements with licensed characters and promotions.<sup>56</sup> A 2015 review found that the UK regulations had reduced advertising expenditure on unhealthy food and drinks, and impacted household food expenditure with a positive shift towards the purchase of healthier foods.<sup>57</sup>

The UK Advertising Standards Authority established new rules from July 2017, banning ads for unhealthy food and drinks in children's media and non-broadcast media when children comprise more than 25% of the audience.<sup>58</sup> This includes online media, social media, video-sharing platforms, print, posters and cinema, and reflects changing media habits among young people, with time spent online surpassing television viewing hours.

Advertising restrictions across non-broadcast media are also in place in Chile, South Korea, Brazil, Canada (Quebec), Finland and Peru.<sup>55</sup> The Chilean Law of Nutritional Composition of Food and Advertising restricts marketing of unhealthy food to children on television, websites, radio and magazines, as well as promotional strategies and incentives.<sup>55</sup> The 2014 Brazilian resolution prohibits any form of market communication (including television, radio, internet and apps) intended to persuade children and adolescents to consume a product or service.<sup>55</sup>

In Canada, the Quebec Consumer Protection Act bans commercial advertising (including food and beverage marketing) to children on television, radio, print, internet, mobile phones, signage and promotional items.<sup>55</sup> The ban has been reported to reduce fast food consumption among French-speaking families with children who were not exposed to other mass media from outside the region.<sup>59</sup>

## **ACDPA recommendations**

ACDPA recommends that the Australian Government protect children by restricting the marketing of unhealthy food and beverages (i.e. energy-dense, nutrient-poor food and beverages). This includes:

- Legislating to implement time-based restrictions (up to 9.00pm) on unhealthy food marketing on free-to-air television when the greatest number of children are likely to be watching, independent of whether the programs are designated as children's programs.
- Drawing on existing legislation, regulation and regulatory agencies to restrict unhealthy food marketing to children in all other media, including digital media (websites, social media, email, text messages, apps, branded games), print, radio, cinema, outdoor media, direct marketing, product packaging, sports sponsorship, point of sale promotions, and embedded marketing, which is directed at children or to which a high number of children are likely to be exposed.
- Developing independent and consistent nutrient criteria to determine which foods are classified as unhealthy.
- Establishing independent, clear and transparent monitoring and enforcement processes with meaningful penalties to deter companies from breaching regulations.

It is essential to recognise that no single solution is sufficient to reverse obesity. Restrictions on marketing of unhealthy foods and beverages to children should be considered as one component of a sustained and multifaceted approach to improve dietary intake and reduce overweight and obesity amongst children. Multi-component interventions (e.g. combining labelling, fiscal policies, promotion, reformulation and trade) are more effective than single interventions in improving diet.<sup>60</sup>

A comprehensive approach addressing unhealthy diets and the food supply in Australia should include: marketing restrictions on unhealthy foods to children, food labelling, product reformulation, portion control, education and awareness, focus on Indigenous nutrition, monitoring and evaluation, and an overarching national nutrition strategy.

## **Background to chronic disease in Australia**

### *Chronic disease*

Chronic diseases are the leading cause of illness, disability, and death in Australia, accounting for around 90% of all deaths in 2011.<sup>61</sup> One in two Australians (i.e. more than 11 million) had a chronic disease in 2014-15 and almost one-quarter of the population had at least two conditions.<sup>62</sup> However, much chronic disease is preventable. Around one-third of total disease burden could be prevented by reducing modifiable risk factors, including overweight and obesity, physical inactivity and poor diet.<sup>63</sup>

### *Poor nutrition, overweight and obesity*

Together, diet-related risk factors contribute to around 7% of disease burden in Australia.<sup>63</sup> Poor nutrition increases risk of obesity and is a risk factor for cardiovascular disease, type 2 diabetes,<sup>64</sup> kidney disease<sup>65</sup> and certain cancers.<sup>66</sup>

Being overweight or obese accounts for 7% of disease burden<sup>63</sup> and independently increases risk of type 2 diabetes, heart disease, stroke, kidney disease<sup>62</sup> and several types of cancer.<sup>66</sup> More than one

in four Australian children are already overweight or obese<sup>62</sup> and more likely to grow up to become overweight or obese adults, with an increased risk of chronic disease and premature mortality.<sup>64</sup> Therefore, preventing weight gain in children will impact on rates of obesity in adulthood.

#### *Poor diet and the food environment*

Australians are consuming more and more unhealthy and ultra-processed foods and beverages.<sup>64, 67</sup> Discretionary foods containing saturated fat, added salt and added sugars comprise almost 40% of Australian children's intake, while less than 5% of Australian children consume the recommended serves of fruit and vegetables each day.<sup>62</sup> Poor dietary choices are exacerbated by the food environment. Unhealthy food and drink displays,<sup>68</sup> advertising,<sup>69</sup> growing portion sizes and 'upsizing' portions all contribute to increasing energy (kilojoule) intake.<sup>1</sup> Energy-dense and nutrient-poor foods are more available, accessible, affordable and marketed<sup>64</sup> at the expense of minimally-processed fresh foods and water.<sup>1</sup>

#### **About ACDPA**

The Australian Chronic Disease Prevention Alliance (ACDPA) brings together five leading non-government health organisations with a commitment to reducing the growing incidence of chronic disease in Australia attributable to overweight and obesity, poor nutrition and physical inactivity. ACDPA members are: Cancer Council Australia; Diabetes Australia; Kidney Health Australia; National Heart Foundation of Australia; and the Stroke Foundation.

This position statement is one of a suite of ACDPA statements, which provide evidence-based information and recommendations to address modifiable risk factors for chronic disease. ACDPA position statements are designed to inform policy and are intended for government, non-government organisations, health professionals and the community.

[www.acdpa.org.au](http://www.acdpa.org.au)

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