

Discussion Paper

Australian children's exposure to the advertising and marketing of energy-dense nutrient-poor foods and beverages: strengthening current arrangements

Prepared by SA Health
for the national seminar on
food marketing to children
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Minister's foreword

Internationally, there is wide concern about the high levels of lifestyle-related chronic diseases such as cardiovascular diseases, cancers, chronic respiratory diseases and diabetes. These are costly to individuals, families and the community, including to the health system.

Poor quality diets and being overweight are major contributors to these chronic diseases and the risks presented by poor diet start in infancy and childhood and accumulate throughout life.

To help improve the community's health, we need more action across society, by individuals, business and community organisations and by government. The food industry makes a significant contribution to our economy and plays a particularly important role in ensuring community access to healthy food and encouraging the community to eat healthy food.

It is very good to see the progress being made in reformulating products, particularly to reduce salt levels, through the food industry's engagement in the national Food and Health Dialogue and we look forward to further achievements in this area and extension to the quick service restaurant industry.

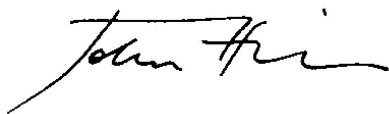
We also need more action in other areas such as better access to fruit and vegetables; improving the nutritional profile of the foods in hotels, cafes and restaurants; as well as reducing the availability and marketing of energy-dense nutrient-poor (EDNP) foods and beverages. The national seminar on food marketing to be held in Adelaide on May 9 2012 provides an opportunity for the food industry to further contribute in this last area, building on the good start through introducing voluntary initiatives in 2009.

The large amount of food advertising to children is mostly for foods and beverages high in fat, sugar or salt and a range of marketing methods are used to promote these foods to this group.

While television remains an important advertising medium affecting what children eat, what they want to eat and what they pester their parents to buy for them, it is increasingly complemented by a range of other marketing communications to create integrated campaigns across a variety of platforms.

As mentioned in my Don Dunstan Foundation speech in Adelaide in November last year, I am calling upon Australia's food industry to work with government, consumer groups and the public health sector to increase action to reduce children's exposure to the marketing of EDNP foods and beverages.

The seminar on 9 May will be an opportunity for key groups to come together and share information. This paper will inform discussion at the seminar: it will also provide a basis for further discussion after the seminar between government, the food industry and others.



John Hill
Minister for Health and Ageing

Introduction

Poor diet and being overweight^a are two of the key risk factors for the chronic lifestyle-related diseases suffered by many Australians, such as heart disease, type 2 diabetes and some cancers. Poor diet and being overweight also contribute to high blood pressure and high cholesterol levels, two other key risk factors for lifestyle-related diseases.

In 2007-08, based on measured height and weight, one in four Australian children aged 5-17 years and three in five adults were overweight. We know that overweight children tend to become overweight teenagers and overweight or obese adults and that many adults are increasing in weight as they age.

Healthy eating habits are established in childhood and are integral to good health and the prevention of overweight and obesity and associated diseases.

To help prevent lifestyle-related diseases the Commonwealth and state and territory governments are investing in a range of public education campaigns such as Swap it Don't Stop it and Go for 2 fruit and 5 vegetables® as well as multiple programs in schools, workplaces and communities. In South Australia we have made a significant investment in the Obesity Prevention and Lifestyle (OPAL) initiative working with children and families to support healthy eating and physical activity and other jurisdictions have similar initiatives. But it is not enough. More needs to be done.

While continuing to support obesity prevention through public education and community programs, we need to strengthen the policy framework to create healthier living environments and make it easier for people to make and sustain the required changes in their lifestyles.

Reducing children's exposure to the marketing of energy-dense nutrient-poor (EDNP) foods and beverages is a policy area increasingly being addressed internationally as well as in Australia. Appendix 1 lists some relevant recent reports and recommendations and Appendix 2 provides the points in the evidence section in the World Health Organization (WHO) paper on recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children.

A number of major Australian food companies have signed up to the two voluntary self-regulatory industry initiatives on marketing to children and we commend them for making this commitment.¹ However, our analysis shows that while implementation is largely in line with the requirements of the initiatives they have failed to reduce children's exposure to the marketing of EDNP foods and beverages due to issues such as the times when the restrictions apply on television, scope of the marketing captured and the definitions of 'unhealthy food' and what constitutes 'marketing to children'. South Australia and many others believe more needs to be done and the seminar offers the chance to start the discussion.

This paper outlines proposed good practice guidelines designed to significantly reduce children's exposure to the advertising and marketing of EDNP food and beverages and to curtail the use of persuasive marketing techniques in the promotion of such products. It also outlines potential mechanisms to support and monitor the implementation of the guidelines. The proposals in the paper build on and extend existing commitments in current Australian self-regulatory initiatives. They draw on, and are consistent with, national and international directions and recommendations proposed by government, professional and non-government sector organisations. The intention is to provide a starting point for the discussions at and following the seminar.

While acknowledging that a range of groups have influence over the marketing of foods and beverages including food companies, advertisers, broadcasters, publishers and entertainment companies, the focus for the May 2012 national seminar is on the role of the food industry and what more it can do to strengthen action to reduce children's exposure to the advertising and marketing of EDNP foods and beverages.

^aThe term 'overweight' rather than 'overweight and obese' is used in this paper.

Part 1: Good practice guidelines to reduce children's exposure to the marketing of unhealthy food

In developing good practice guidelines, areas to be considered include clarifying the policy objective, the scope of communication media (channels), range of marketing techniques and foods and beverages covered; as well as the definitions of a child (age), unhealthy food and marketing to children.

Guideline 1: Policy aim

Codes on food marketing^b to children should articulate the aim of reducing children's exposure to the marketing of energy-dense nutrient-poor foods and beverages.^c

The Preventative Health Taskforce report recommendations included "reduce exposure of children and others to the marketing, advertising, promotion and sponsorship of energy-dense nutrient-poor foods and beverages" as one of 10 key action areas.²

This is in line with the WHO recommendations that the aims and objectives of policies on marketing to children be "to reduce the impact on children of the marketing of foods high in saturated fats, trans-fatty acids, free sugars and salt by reducing both the exposure of children to, and the power of, marketing".³

The current Australian voluntary self-regulatory industry initiatives refer to social responsibility in marketing communications, promoting healthy dietary choices and healthy lifestyles to children and only promoting directly to children food and beverages that represent healthier choices. They need to refer to reducing children's exposure to unhealthy food marketing.

Guideline 2: Specifying the foods and beverages

Agreed criteria* defining energy-dense nutrient-poor foods and beverages should underpin codes on food marketing to children. An unhealthy food is any food or beverage that fails to meet the agreed criteria.

*To be developed, but interim arrangements apply

Currently in Australia, there is not a standard definition of unhealthy or EDNP foods and beverages for the purpose of determining the foods that should not be marketed to children.

Each company that is a signatory to the Responsible Children's Marketing Initiative (RCMI) defines their own criteria while the Australian Quick Service Restaurant Industry Initiative (QSRI) specifies nutrition criteria for assessing children's meals.

A common robust system that effectively differentiates EDNP foods from other foods is required nationally and this has been recommended by the National Preventative Health Taskforce. Australian Health Ministers have sought advice from the Forum on Food Regulation regarding this issue and this is expected in the next few months.

Examples of ways to categorise and identify unhealthy foods include the Food Standards Australia New Zealand proposed nutrient profiling system for the eligibility of foods and beverages to carry health claims; the United Kingdom's Ofcom model used to regulate advertising of EDNP foods on television; and the system developed by the University of Sydney, also used in reporting on the monitoring of television advertising in South Australia.

^b The term marketing is used in this paper and includes 'advertising, promotion and sponsorship (also see Guideline 4.)

^c From here on the paper uses the term 'unhealthy food' to mean energy-dense nutrient-poor food and beverages; and 'food' generally refers to both food and non-alcoholic beverages.

Guideline 3: Defining age groups

At a minimum, as the first step, restrictions on the marketing of unhealthy foods and beverages should apply to those under 14 years of age; with a second step defining children as up to age 17 years.

In Australia the RCMI applies to children under 12 years of age; the QSRI applies to children under 14 years of age; the Children's Television Standards (CTS) define children as younger than 14 years of age⁴; and the Australian Association of National Advertisers (AANA) Codes on Food & Beverages Advertising & Marketing Communications and Advertising & Marketing Communications to Children define children as 14 years of age or younger.⁵

In the United Kingdom (UK) regulations apply during television programs to children under age 16. In the United States principles are being developed to cover marketing to children aged 2-11 years, with the focus for adolescents (aged 12-17 years) being in-school marketing and social media such as the internet, digital, word of mouth, and viral marketing. This focus on teenagers is becoming more important as marketing is extended from television to digital platforms.

The Stanmark report notes that some marketing works below conscious control and that even when children and adolescents are aware of marketing, they may be trusting and uncritical of the messages.⁶ It recommends that unhealthy foods should not be promoted to those who have yet to reach an age when they are legally considered to be competent enough to protect their own welfare. The recent WHO 'implementation' report cautions against placing a focus solely on younger age-groups.⁷

The Obesity Policy Coalition recommends defining children at a minimum as under 16 years, noting that up to the age of 15-17 years, they are vulnerable to the possibly harmful effects of food advertising.⁸

Guideline 4: Defining an unhealthy food advertisement, food brand and marketing directed to children

Codes on food marketing to children should incorporate the following definitions of an unhealthy food advertisement (including food brands) and marketing directed to children.

An 'unhealthy food advertisement' includes any visual or audio message that publicises or promotes one or more unhealthy food products. It also includes any visual or audio message that publicises or promotes a food brand, unless one or more healthy food products are the dominant feature of the message (i.e. a food brand advertisement).

A 'food brand' is a trade mark or design registered in respect of a food product or food range; the name of a manufacturer of a food product or food range; or the name of a food range, or any other words, designs or images, that are closely associated with a food range.

An unhealthy food advertisement 'directed to children' should include any unhealthy food advertisement that is intended or likely to appeal to children (whether or not the advertisement is also intended or likely to appeal to older age groups), and any unhealthy food advertisement that is likely to be seen or heard by children. Assessment of whether an unhealthy food advertisement is directed to children should involve consideration of the circumstances in which the advertisement is published, broadcast, displayed or communicated, the nature of the advertisement and the nature of the food product advertised.

Unhealthy food advertising

Internationally, although varying terminology is used when considering food advertising and marketing to children, there is an overall common intention.

In the WHO report 'marketing' refers to "any form of commercial communication or message that is designed to, or has the effect of, increasing the recognition, appeal and/or consumption of particular products and services. It comprises anything that acts to advertise or otherwise promote a product or service." The WHO Pan-American Health Organization report similarly defines marketing.⁹ The National Heart Forum (UK) report uses the terms 'marketing and promotion'.¹⁰ The Australian National Preventative Health Taskforce report referred to reducing the "marketing, advertising, promotion and sponsorship of energy-dense nutrient-poor foods and beverages".

As an example for comparison, for tobacco, the WHO Framework Convention on Tobacco Control covers actions which have the “aim, effect, or likely effect of promoting a tobacco product or tobacco use either directly or indirectly” and it specifies all “advertising, promotion and sponsorship”.

Brand advertising

There is a large amount of brand advertising in conjunction with sport, on third party social networking sites like Facebook, through mobile phones and on food company websites, with companies using a range of digital marketing practices across a variety of platforms - social networks, videogames, mobile services, online videos, instant-messaging, clubs and downloadable gifts, branded products and virtual worlds. Teenagers in particular are large users of digital technology and emerging research shows how interactive marketing techniques penetrate the sub-conscious with positive brand associations.¹¹

The Stanmark report recommends that non-specific brand promotion should be assumed to be prohibited unless the promotion is specifically and only for permitted products.

Marketing to children

The RCMI and QSRI refer to a number of definitions in the AANA Code for Advertising and Marketing Communications to Children including the definition of ‘advertising or marketing communications to children’ ... (meaning) *advertising or marketing communications which, having regard to the theme, visuals, and language used, are directed primarily to children and are for (food and/or beverage) product(s).*

This definition and its application is consistent with those of other voluntary self-regulatory initiatives internationally where signatory companies define whether their marketing is directly targeted at an age group either by defining the percentage of the audience composed of children⁸ (typically set at 25-50% of the audience of the media in which the marketing appears) or by defining the nature of the marketing itself (such as containing visual effects of interest to children).

The Advertising Standards Bureau relies on the above AANA definition of marketing directed at children in administering a national system of advertising self-regulation including its consideration of complaints through the Advertising Standards Board (ASB).

Focussing on the ‘to children’ part of the definition of ‘marketing to children’ consideration needs to be given to extending the codes to adult- and family- targeted marketing to which children are exposed (and this will need to refer to the relevant age-groups, not just adults, depending on the age to which restrictions apply - see Guideline 3 page 5).

The Obesity Policy Coalition (OPC) recommends that “an unhealthy food advertisement directed to children should include any unhealthy food advertisement that is intended or likely to appeal to children (whether or not the advertisement is also intended or likely to appeal to older age groups) and any unhealthy food advertisement that is likely to be seen or heard by children”. It proposes that an unhealthy food advertisement be considered directed to children if assessment of any one of three factors indicate that children are an intended or probable recipient of the advertisement: the circumstances in which the advertisement was communicated; the nature of the advertisement or the nature of the food product advertised.

Similarly, the WHO Pan-American Health Organization expert consultation group on food marketing to children recommended that marketing to children be defined as marketing communications intended exclusively for children, those with a marked appeal to children, and, in measured media (television, radio, print, internet), marketing intended for adults but viewed by children.

Guideline 5: Ensuring a comprehensive approach

Codes on food marketing to children, in minimising children's exposure to the marketing of unhealthy food, should take a comprehensive approach. This will include targeting all media channels, broadcast and non-broadcast media, settings where children and families with children gather, marketing methods used to reach children and brand promotion.

Many food marketing channels and methods fall outside current advertising regulations, that largely address television. Also, as is the case internationally in relation to industry self-regulatory marketing codes, various marketing channels are not currently covered by the Australian RCMI and QSRI.

The definitions of media in the RCMI and QSRI are listed below. In addition to not covering the full scope of media discussed, in some cases, where a medium is listed, it is not covered to the extent required.

- > RCMI: Media means television, radio, print, cinema and third-party internet sites where the audience is predominantly children and/or having regard to the theme, visuals, and language used are directed primarily to children
- > QSRI: Medium means television, radio, newspapers, magazines, outdoor billboards and posters, emails, interactive games, cinema and internet sites

With adoption of other relevant Guidelines including those defining unhealthy foods, children (age), unhealthy food advertisement, food brand and marketing directed to children, it is expected that the amount of unhealthy food marketing would reduce in a range of media to which the RCMI and QSRI currently apply.

Examples of gaps in the current application of the RCMI and/or QSRI include direct mail to children through emails (RCMI), SMS messages, marketing in conjunction with children's sport, outdoor advertising (RCMI), promotion on product packaging, companies' own websites (RCMI), much of children's peak television viewing times that include times when adults are also watching television, point of sale marketing in retail premises - advertising inside or outside retail premises and product placement at children's eye-level and at checkouts, product packaging and marketing methods such as integrated marketing across television, product packaging and the internet.

Children have access to a wide and increasing range of media, from television, radio and print through to the internet and mobile phones. There are also many settings and locations where children and families with children gather where they can be exposed to food marketing, for example childcare, schools, sport (eg clubs), recreation (eg playgrounds, parks, libraries, the zoo) and healthcare (eg hospitals, child clinics). Such settings should be free from the promotion of unhealthy food and beverages.

A range of marketing techniques are used including those with special appeal to children and adolescents. These include the use of fun, sporting personalities, cartoon characters, animation, celebrities; premiums (including free toys, competitions and give-aways), the colouring, shaping and design of products and packaging; as well as the use of brands or logos, fundraising and sponsorship.

Products and media may carry a brand identity for a company linked to food or beverage products without specifying a food or beverage or giving an explicit marketing message. Brands with recognisable links to food and beverage products need to be treated as if they were promoting the food or beverage with which they are associated.

A comprehensive approach is required, acknowledging that children and adolescents are exposed to many marketing messages, including those designed to attract them and those designed to target non child or mixed audiences. A comprehensive approach is one that captures all media that carry marketing messages, both broadcast and nonbroadcast, including those that cross state, territory and national borders (such as internet and Pay TV, films, toys) and marketing techniques such as brand use, product placements, premiums, characters and personalities, sponsorship, fundraising and food design and packaging.

The experience in Australia of introducing tobacco advertising bans provides a clear precedent for the potential effects of advertising restrictions on product consumption as well as the need to capture the full scope of potential marketing media.

Appendix 3 provides examples of the scope of areas requiring attention to reduce children's exposure to the advertising and marketing of unhealthy foods. Below are guidelines for a number of specific areas. It is not exhaustive, including the high priorities for initial action, followed by others of importance.

Guideline 5.1: Television advertising

Free to air television

Unhealthy foods are not advertised if the advertisement is

- > directed to children, or
- > broadcast during the following times
 - weekdays 6-9am and 4-9pm
 - weekends and during school holidays: 6am-12pm and 4-9pm, or
- > on a designated children's channel

Subscription television

Unhealthy foods are not advertised if the advertisement is

- > directed to children, or
- > broadcast on channels regularly watched by significant numbers of children, during the following times:
 - weekdays-6-9am and 4-9pm
 - weekends and during school holidays: 6am-12pm and 4-9pm, or
- > on a designated children's channel.

Currently the RCMI and QSRI restrictions to advertising on television are limited. For example, the RCMI requires that companies only advertise healthy choices (using companies' own definitions) in any P and C program; all programs where more than 50% of the audience is children under 12 years; plus those G rated programs that meet criteria as being designed for children. The RCMI requires that participants will not advertise food and beverage products to children under 12 in such media unless:

1. those products represent healthy dietary choices, consistent with established scientific or Australian government standards - and
2. the advertising and/or marketing communication activities reference, or are in the context of: a healthy lifestyle, designed to appeal to the intended audience through messaging that encourages:
 - good dietary habits, consistent with established scientific or government criteria
 - physical activity.

Analysis of food advertising to children shows that only a small proportion of food advertisements are screened in programs classified as C (children's) programs. There is a significant amount in programs classified as G (general), some of which are not covered by the RCMI and QSRI and a larger amount in programs with other classifications. For example, in Adelaide over two four day periods in July 2010 and November 2011, there were respectively nine (22% unhealthy) and zero food advertisements in C programs; 410 (57% unhealthy) and 143 (46% unhealthy) in G programs; and 497 (63% unhealthy) and 490 (50% unhealthy) in other programs classified as PG (parental guidance), M (mature) etc. Programs classified as PG and M are largely not covered by the RCMI and QSRI.

Television audience numbers are generally low in the 4-5pm timeslot, then start increasing. The RCMI and QSRI do not apply at times when the largest numbers of children are watching television, from 6-9pm in the evenings, including during many of the highest rating programs for children and these contain a lot of advertising for unhealthy foods. For example, when four days of television advertising were analysed in each of July 2010 and November 2011, Master Chef finale (six unhealthy food ads) and the X Factor (4 unhealthy food ads) were respectively the top ranking shows with children aged up to 14 years. Neither of these is covered by the RCMI or QSRI.

Guideline 5.2: Food marketing in children's institutions or services

Unhealthy foods are not marketed in or in association with events or activities of

- > childcare (long day care, out of school hours care, vacation care), preschools (kindergarten) and schools (primary and secondary); or
- > other institutions or services that provide services primarily to children (including medical, care, educational or recreational).

All settings where children gather should be free from the marketing of unhealthy food. The WHO notes that such settings “include but are not limited to, nurseries, schools, school grounds and pre-school centres, playgrounds, family and child clinics and paediatric services (including immunization programmes), and during any sporting and cultural activities that are held on these premises. There are many additional settings where children commonly gather, such as public playgrounds, swimming pools, summer schools and programmes, after-school programmes, and sporting events. ‘Settings where children gather’ could also include temporary displays or gathering points for children, such as activity areas created for children in airports, community centres, places of worship and shopping malls.” The areas surrounding “settings where children gather” also need considering, e.g. where marketers use highly prominent billboards to advertise very near schools or on children’s routes home from school.

Consideration of the particular marketing techniques is required in such settings. These may include sponsorship; fundraising; provision of equipment in response to food purchases; branded materials, equipment, facilities, activities, events or programs; or entry to competitions, prizes, awards, vouchers or other benefits.

At present, the RCMI and QSRI permit food marketing in schools “if requested by, or agreed with the school administration (the QSRI adds ‘for educational or informational purposes’) or related to healthy lifestyle activities under the supervision of the school administration or appropriate adults”. They do not specifically refer to any other children’s settings or services.

Those responsible for standards where children are gathered, such as schools and childcare facilities, have a duty to ensure that nothing prejudices a child’s wellbeing. Across Australia, there is significant effort to ensure the provision of healthy food in childcare, schools, sporting clubs and other settings. This effort is diluted if accompanied by for example fundraising or other marketing of unhealthy foods.

The adoption of a comprehensive approach avoids the need to specify every possible setting, so other settings than those specifically mentioned would also be covered.

Guideline 5.3: Food marketing in conjunction with children’s events and activities, including children’s sport

Unhealthy foods are not marketed at or in association with events or activities in which primarily children are involved or participate (e.g. children’s sport or school fairs).

The scope of marketing in conjunction with children’s events and activities including sport can include sponsorship; fundraising; branded materials, equipment, facilities, activities, events or programs; or entry to competitions, prizes, awards, vouchers or other benefits. In particular, the promotion of unhealthy foods in conjunction with activities that are health promoting sends a mixed message to the community. Governments are particularly concerned to promote positive health and wellbeing concurrently including the importance of healthy food, physical activity, sun protection, not smoking, etc.

While the intention is to cover all children’s events and activities, sport warrants particular mention. Food companies associated with unhealthy foods are major sponsors of both professional and community sport. Sport sponsorship is a major form of unhealthy food and drink marketing that is increasingly being used to market unhealthy products to children.

Recent research by the New South Wales Cancer Council and the Prevention Research Collaboration at Sydney University found that food and drink companies made up 17% of sponsors of sports clubs; 69% of children think that food and drink companies sponsoring their club are ‘cool’; and most children had been given a voucher (86%) or certificate (76%) from a food or drink company to reward their sport performance.¹² South Australian research also showed a substantial promotion of unhealthy foods in conjunction with sport: food and beverage companies sponsored the majority (63%) of popular children’s sports in South Australia; 92% of the food and beverage sponsors of peak state organisations represented unhealthy products; 84% of food and beverage sponsors, or marketing references, found on the websites of regional clubs, represented unhealthy products; and 83% of the food and beverage sponsors of children’s development programs represented unhealthy products.¹³

At present there are no regulations in Australia designed to limit children’s exposure to unhealthy food and drink marketing through children’s sport or other activities such as arts and cultural events.

Guideline 5.4: Cinemas and theatres

No screening of an unhealthy food advertisement in a cinema before, during or after a G film, or before, during or after a PG film that is directed to children; and

No unhealthy food advertising directed to children inside or outside the premises of a cinema or theatre.

Cinemas, but not theatres, are listed in both the RCMI & QSRI. See general comments above under Guideline 5 heading.

Guideline 5.5: Public places and transport

Unhealthy food advertisements directed to children are not visible or audible in or from a public place or public transport.

The intention here is not to prohibit all food marketing in public places, but to focus on that which is directed to children. The type of marketing includes posters, billboards, sandwich boards, shopperlites etc.

The QSRI, but not the RCMI, includes outdoor billboards and posters in the list of media covered, but without any specific details. Public transport is not listed.

Guideline 5.6: Internet sites

No unhealthy food advertising through the internet, if the advertisement is:

> directed to children

> uploaded on, or linked directly to a website or webpage that is directed to children

This applies to both company owned websites and third party websites.

More and more children are using the internet. According to a 2009 Australian Communications and Media Authority report, those aged 8-11 years used the internet on average 30 minutes a day and those aged 12-14 years used it on average one hour and 32 minutes per day.

South Australian pilot research on food and beverage marketing to Australian children aged 2-16 years, on three internet platforms – 35 company websites, 10 popular websites and one social network site – during Nov 2009 – February 2010, found evidence of considerable marketing of unhealthy food to children. Food marketing on company websites and popular websites mostly represented unhealthy foods (72%), with sweetened drinks and fast food, being the most prevalent food categories.¹⁴

Sixteen categories of marketing techniques were found on all three platforms combined: 1) brand identifiers including brand logo, 2) links to company websites, 3) viral marketing, 4) interactive components including creative input and polling, 5) partnerships and tie-ins including links to television and video sites, 6) promotions including competitions and premiums, 7) promotional characters and celebrities, 8) graphics, animation and music, 9) images of children, 10) children's sections and games, 11) claims about nutrition and health, 12) education and community service, 13) downloads, 14) registration and accounts, 15) links to other social network sites, 16) online shopping.

Marketing on the social network site (Facebook) used many new marketing techniques representing branded communication. These included: news– stories, tips, ideas, suggestions, advice, information and advertication, music videos; advertisements - product promotions, links to television advertisements or company website, premium offers, discounts; interaction - opportunities to interact via surveys, polls, or games; competitions – invitations to enter competitions and win prizes premium offers; and shopping – ordering online.

Of particular concern about marketing on the internet are: claims about nutrition and health were found on 86% of the company websites, despite 69% of the websites representing unhealthy products; registration and accounts, involving the collection of demographic information were found on 60% of company websites, despite all of the websites displaying legal child protection information; marketing on popular websites represented direct-paid advertisements, with only 30% carrying 'identifying labels'; viral marketing – passing marketing information to other children – was found on all internet platforms but was most prevalent on the social network site Facebook.

While both the RCMI and QSRI list internet in the list of media covered, the RCMI applies only to third-party internet sites, not companies' own websites. Given the increasing use of the internet across society, use of mobile telephones (including Apps to promote unhealthy food) and other devices such as 'tablets', this is an important area to address, including for teenagers.

Guideline 5.7: Print publications

No unhealthy food advertising in a print publication (such as a magazine or comic) that is directed to children.

Research published in 2007 and 2008 shows that children's magazines in Australia have high rates of readership and include large numbers of food references, most of which are for unhealthy foods. The majority of branded food references in children's magazines were for ice-cream and iced confection, fast food meals, high sugar drinks and snack foods. Websites for popular children's magazines are also very popular and feature high levels of unhealthy food advertising – often via games and competitions.

The RCMI refers to print in the list of media to which the initiative applies and the QSRI lists newspapers and magazines. When considering print media, attention also needs to be given to other relevant guidelines covering for example the internet and marketing techniques and Guideline 4 to consider advertising in print media that is directed to children that may occur in publications for other audiences. See the general comments above under Guideline 5 heading.

Guideline 5.8: Radio

No advertising of unhealthy food or beverages on radio, if the advertisement is directed to children.

Radio is covered by both the RCMI and QSRI. One issue is that children are often exposed to radio programs for adults, for example on the way to and from school in cars. Thus, in line with the proposed definition of directed to children (Guideline 4 above), unhealthy food advertising directed to children would not be permitted in these or any other programs. When considering radio, attention also needs to be given to other relevant guidelines, for example covering the internet and marketing techniques. See general comments above under Guideline 5 heading.

Guideline 5.9: Recordings, toys and other items and objects

No supplying, distributing, hiring or selling, or offering anything that constitutes or contains an unhealthy food advertisement directed to children (such as visual or audio recordings, computer disks, clothes, toys, materials, equipment or other items or objects).

While this guideline is stated separately, the issues are relevant to a number of other guidelines including marketing on television, schools, sport, cinemas, radio, print and the internet.

Guideline 5.10: Product placement

No promotion or publicising of unhealthy food, during, within or as part of the content of a media product (such as a film, television program, radio program, print publication, computer game or website) that is directed to children.

Both the RCMI and QSRI cover this area, with signatories not paying for or actively seeking to place their food or beverage products in the program/editorial content of any medium primarily directed to children. With the adoption of guidelines on defining children, unhealthy food and directed to children, it is expected there would be a reduction in the placement of unhealthy food products in such media.

Persuasive techniques

Guideline 5.11: Premiums (including competitions and give-aways)

No supply of or offering to supply a premium* for the purpose or with the effect of promoting unhealthy food to children.

**Premium means a good, service, prize, voucher, competition entry, product give-away or product sample, offered or supplied with or without charge.*

A study conducted in NSW in 2006–07 found that the proportion of food advertisements containing premium offers, such as competitions, and the use of promotional characters, celebrities and cartoon characters, was also higher during children's peak viewing times. The majority of these advertisements were for unhealthy foods.

South Australian analysis of food advertising on television between October 2008 and November 2011 found that premium offers are used predominantly in advertisements for unhealthy foods across all time points on free to air television in Adelaide and Whyalla and on Pay TV. Findings in SA were consistent with NSW findings: for example RCMI signatories used premium offers, nutrition claims and promotional characters more often when advertising unhealthy foods compared with other foods.

Promotional material on food packaging directed to children often features premium offers, such as giveaways and competitions and cartoon and movie character promotions. The majority of these promotions have been found to be for unhealthy food products.

While the RCMI and QSRI restrict the advertising of premium offers, they only apply if the reference to the premium is merely incidental to the product being advertised. This is interpreted narrowly by the ASB and means many premiums continue to be promoted to children. Restrictions should be on any promotion of a premium which has the effect of promoting unhealthy food to children.

Guideline 5.12: Use of popular personalities and characters

No direct or indirect promotion or endorsement of an unhealthy food by, or in association with, a personality or character that is popular with or likely to appeal to children.

The RCMI and QSRI both refer to not using personalities and characters - a personality or character from a C program or P program, a popular program or movie character, a non-proprietary cartoon, animated or computer generated character. The QSRI refers to licensed characters. However, there is considerable use of other personalities and characters that would appeal to children. Companies comply with requirements in the Children's Television Standards, however these standards only apply during C and P programming.

With adoption of other relevant Guidelines including those defining unhealthy foods, children (age), unhealthy food advertisement, food brand, marketing directed to children, and time based restrictions on TV, it is expected that children's exposure to unhealthy food marketing using popular personalities and characters would reduce.

Guideline 5.13: Direct marketing to children, including electronic

Direct mail

Children are not sent by addressed mail anything that constitutes, includes or contains an unhealthy food advertisement.

Direct electronic marketing (email, SMS, voicemail)

Direct electronic messages that constitutes or contain unhealthy food or beverage advertisements are not sent to a child.

It is not clear how much mail is directly posted to children. This however could result from their engagement with the internet or through competitions etc. Companies should initially address this issue in conjunction with addressing related guidelines.

The OPC notes that direct marketing to children is also common via the post, e-mail, downloads and mobile phone SMS. They state that "this marketing often results from food companies using children's personal information that they have provided for the purposes of entering a competition or giveaway or entering a company website".

For example, a child could register their personal details on-line and then receive various direct marketing material, for example on their birthday. This could be in the form of a voucher entitling them to a free or discounted food item or beverage. The OPC suggests that "in the future, the creation of 'virtual worlds' will continue to result in new avenues for advertisers to market to children through avatars (virtual people) and interactive online activities" and provide examples of companies using avatar-based advertising.

Other areas

Other areas listed in Appendix 3 are not covered in the above Guidelines. While being important too, it is proposed that the above areas are the priority to initially address.

For example, promotion on product packaging and in retail outlets is extensive, but may take longer to address.

In the United Kingdom for example, the National Consumer Council rated retailers on how they can affect chances of a healthy diet by considering the nutritional content of supermarkets' own-label foods; labelling information; in-store promotions; and customer information and advice.¹⁵

Guideline 5.14: Product packaging

Unhealthy food is not packaged in a manner directed to children (such as featuring colours, graphics, pictures, cartoons, personalities, competitions, activities or references to films, television programs, games or sports, that are intended for or likely to appeal to children).

The RCMI and QSRI currently exclude product packaging from the list of media covered.

However, food packaging is a critical marketing tool at the point of purchase and research shows extensive marketing through product packaging.

Sydney University research in supermarkets for example found that 76% of food products using promotional characters were less healthy foods and beverages and that most of these characters are company owned character, not subject to any form of regulation in Australia.

South Australian research in October 2009, comprising an audit of products in a large chain supermarket, found 157 product lines marketed to children via product packaging. Similar to the Sydney research, 76% of the products were unhealthy. Confectionary and chocolate topped the list, with 43 product lines (27%), followed by snacks with 28 product lines (18%). Other research findings were that marketing techniques were found to promote healthy and unhealthy foods equally; claims about health and nutrition on 56% of unhealthy foods; and multiple marketing techniques (up to 12) were used on unhealthy products; and on average more techniques were used on unhealthy than healthy products. Semiotics (comprising cartoons, celebrities, photos of children, scripts, claims about health and nutrition, and captions) was used in almost all (99%) product lines.

At present, no Australian guidelines or regulations exist on the use of promotional techniques on food packaging, other than the statutory prohibition on health claims.

Guideline 5.15: Unsolicited documents

Unsolicited documents (such as flyers, leaflets or pamphlets) that constitute or contain advertisements for unhealthy food or beverages directed to children are not distributed to the public.

Unsolicited documents such as flyers, leaflets or pamphlets can be handed out at events or in settings where children or children with families are including sporting events. They can also be delivered to household letterboxes. Companies should initially investigate and address this area in conjunction with addressing other relevant Guidelines.

Guideline 5.16: Retail outlets – point of sale

Point of sale advertising (retail premises)

- > **No displaying or communicating an unhealthy food advertisement directed to children inside or outside retail premises where unhealthy food products are sold.**

(This does not encompass advertisements that are in, on or part of product packaging, which is dealt with in a separate guideline).

Point of sale display and placement of products (retail premises)

- > **No placing or displaying an unhealthy food product in a retail outlet in a manner intended or likely to attract the attention of children, for example**
 - below a height of 1 metre from the floor; or
 - within a distance of 2 metres from the point of sale (cash register or checkout counter).

The QSRI states that it does not apply to in-store point of sale material, labels, or packaging of products, while the RCMI does not refer to this issue. While both address product placement, this does not cover retail outlets.

The Parents Jury in Australia has argued for removal of unhealthy foods from check-outs and some supermarkets have responded by creating 'junk' free checkouts.

Part 2: Strengthening the current system to reduce children's exposure to the marketing of unhealthy food

This section of the paper highlights key aspects of the current self-regulatory system which could be reviewed to strengthen the voluntary food industry initiatives' administration and the monitoring of compliance and effectiveness.

The two industry led initiatives; the Responsible Children's Marketing Initiative (RCMI) of the Australian Food and Grocery Council and Australian Quick Service Restaurant Industry Initiative for Responsible Advertising and Marketing to Children (QSRI) provide a framework for food and beverage companies to advertise and market to children.

The initiatives have been developed in collaboration with the Australian Association of National Advertisers (AANA) as part of a system of self-regulatory codes and statutory regulations relating to food advertising and marketing in Australia (Appendix 4).

Signatories to this initiative must also abide by:

- > The AANA Code for Advertising & Marketing Communications to Children;
- > The AANA Food & Beverages Advertising & Marketing Communications Code; and
- > The AANA Code of Ethics.

The Australian Competition and Consumer Commission (ACCC) has produced guidelines for developing effective voluntary industry codes of conduct and these note that self-regulatory frameworks which when well designed, effectively implemented and properly enforced can potentially deliver increased consumer protection and reduced regulatory burdens on business.¹⁶

Issues

The challenge with any effective self-regulatory system is the development and maintenance of credible standards that reflect community expectations and the selection of mechanisms to implement the code, which ensure transparency and accountability and adequately deal with conflict. Since the introduction of the self-regulatory RCMI and the QSRI, concern has been expressed about some of these components by public health and community groups as well as governments. Issues include:

1. The core principles of self-regulatory initiatives do not address the main issue of exposure of children to unhealthy food marketing

Core to the issues of the current measures to restrict marketing unhealthy foods to children is the differing policy objectives.

Some contest the evidence that exposure of children to unhealthy food marketing contributes significantly to children's food choices and the increases in the prevalence of overweight and obesity amongst children. Internationally, the WHO and a number of other reports have outlined the evidence linking children's exposure to unhealthy food marketing and poor food choices. In Australia, based on the strength of evidence, the National Preventative Health taskforce recommended the aim of any code should be to minimise children's exposure to unhealthy food product and brand marketing.

2. The regulatory system for food advertising and marketing is convoluted and does not apply to all media

A consultancy report on food marketing prepared for the National Preventative Health Taskforce noted that existing regulation for food advertising mostly only applies to free-to-air television and is a mix of statutory and self-regulation. And that this system (Appendix 4) is an uncoordinated system that is rather complex and confusing with inefficiencies in terms of enforcement, monitoring and complaints.

The statutory regulation for free to air television is the Children's Television Standards (CTS) that apply to advertising on free-to-air television during C (children's) and P (pre-school children's) rated programs. The focus is on misleading advertisements and some restrictions on the content of advertising to children, such as restrictions on advertisements that promote premium offers (free toys) and advertisements that feature promotions and endorsements by popular

personalities and characters. The CTS for example do not address advertising in programs other than C and P or the scheduling of advertisements, which is a key issue for reducing children's exposure.

There is no specific reference to food advertising in statutory regulation for pay television, radio, internet, magazines, sponsorship (sporting clubs and schools), or cinema. The voluntary initiatives cover television and some other, but not all, food marketing media.

In addition, the Competition and Consumer Act 2010 (Commonwealth) and State and Territory fair trading acts, contain provisions on misleading and deceptive conduct and false representations, which apply to food advertising.

The inadequacy of the current regulatory systems for food advertising has resulted in calls for new legislation to comprehensively address unhealthy food marketing to children considering the range of marketing media and marketing methods.

This complex and incomplete regulatory system for food marketing combined with the dispersed and technical nature of information required to ascertain if an advertisement may breach the voluntary industry codes, makes it difficult for members of the public to determine the compliance of food marketing within the current system. For example, in relation to free to air television, making a complaint may require understanding the variability of program classification and access to (and comprehension of) industry initiatives and different individual Company Action Plans which are available on websites.

The ACCC guidelines for developing effective voluntary industry codes of conduct suggest that for all stakeholders to accept a code, it should be "consistent with the law ... (and) easy for stakeholders to understand their rights and obligations. Using plain English will prevent ambiguity and vagueness and will instil confidence and certainty." This is particularly important in the area of understanding obligations and allowing for enforcement.

3. Coverage

A self-regulatory code of conduct is voluntary and the effectiveness of any code will only be as good as the amount of coverage it has of the relevant industry for which it is written. The level of coverage should be measured in terms of the proportion of companies within the industry that are code signatories, as well as in terms of coverage of the issue that the code is attempting to address.

While the RCMI and QSRI signatories are responsible for a large proportion of the advertising on television there are some large food companies who are currently not signatories.

To be effective in reducing children's exposure to unhealthy food marketing, there needs to be substantial adoption by food industry sectors and advertisers.

4. The self-regulatory RCMI and QSRI voluntary initiatives are narrowly defined

As outlined in Part 1 of this paper there are a number of definitions within the industry initiatives relating to advertising and marketing to children, which are open to interpretation and inconsistently defined by industry. In addition, there are gaps in the scope of media and marketing methods covered. Issues include:

- > criteria differentiating unhealthy foods and beverages from other foods and beverages
- > the definition of children's television viewing
- > the definition of marketing that is 'primarily directed to' children
- > the definition of the age of 'children'
- > the application of the initiatives when a food brand rather than a food product is promoted. and
- > the application of the initiatives to companies' websites and in settings where children and families with children gather, including children's sport and in public places.

The ACCC guidelines call for clearly defined definitions which help explain technical and legal terms.

The good practice guidelines suggested in Part 1 of the paper provide the basis for a clearer and consistent approach to the standards and definitions within the voluntary initiatives.

The ACCC guidelines also refer to research conducted on their behalf suggesting that "codes of conduct tend to be more effective when the self-regulatory body:

- > has widespread support of industry
- > comprises representatives of the key stakeholders, including consumers, consumer associations, the government and other community groups
- > operates an effective system of complaints handling."

5. Lack of independent consistent monitoring

There is currently no agreed framework to monitor the effectiveness of the self-regulatory system or children's exposure to the marketing of unhealthy foods and beverages. At present monitoring of the self regulatory initiatives is irregular and inconsistent. Various stakeholders including industry, public health organisations, universities and government have been undertaking monitoring using different methods, varying criteria and measures to define key elements and monitoring is mostly confined to television advertising.

The consultancy report on food marketing to the National Preventative Health Taskforce¹⁷ suggested that any monitoring system should incorporate indicators related to complaints, compliance, children's total exposure to food marketing by media type (for example based on audience data) and sales data for specific products and product types. Most recently the WHO⁷ has proposed the scope of monitoring and evaluation in relation to marketing to children and also identifies the need for research where information is lacking.

6. More responsive complaints mechanism and meaningful sanctions

The OPC notes "There are a number of overlapping codes containing complex clauses and definitions, including the AANA Food and Beverages Advertising and Marketing Communications Code, the AANA Code for Responsible Advertising and Marketing to Children, the RCMI and the QSRI. Each of these codes applies in different ways to food advertising to children – to different advertisers and products, different types of advertising and media and different age groups of children, making it very difficult for members of the public to understand which code to complain under."⁸

The OPC has identified a number of issues when lodging a complaint with the ASB including the time taken in logging and processing complaints, as well as the inability for the ASB to consider multiple complaints relating to the one advertisement. For example:

- > the ASB may refuse to consider a complaint about an advertisement that is no longer running. In addition, the process may not be timely (taking six to seven weeks) and advertisements may have already finished by the time ASB makes a determination and therefore there is no deterrent.
- > the ASB may refuse to consider a complaint about an advertisement where a complaint about the same advertisement has previously been considered. This can be the case even if the complaints are in relation to different aspects of the advertisement.

The ASB does not impose financial sanctions on advertisers that breach the codes. If an advertisement is found to breach the code, the ASB requests that the advertisers modify or withdraw the advertisement. While industry asserts this has resulted in significant financial implications for signatories and encourages compliance, sanctions from the ASB are often after the marketing campaign is finished when the effects of the campaign cannot be mitigated. This does not provide sufficient incentives to ensure that an advertisement complies with the code prior to it being aired. More meaningful sanctions need to apply to breaches of the code.

7. Lack of stakeholder and consumer involvement

Given the role of the self-regulatory system to address an important public health concern and the stated importance of community standards surrounding marketing to children in the formulation of the standards and definitions, stakeholder input into the codes would enhance the system. This will assist in ensuring the codes are held in high regard by advertisers, governments and the community.

In 2011, a report by the Australian Communications and Media Authority (ACMA) on the monitoring of industry self-regulation of food and beverage advertising to children on free to air television concluded that ongoing community concerns about the voluntary industry codes existed.¹⁸

The ASB interpretations of the AANA and food industry standards are guided in part by perceived community standards. It is not clear in the current management structure of the self-regulatory system how community standards are gauged or reviewed in relation to unhealthy food marketing to children.

The adoption of a quasi-regulatory system

The selection of the most appropriate mechanism to reduce the marketing of unhealthy foods to children from the spectrum of regulatory approaches (self-, quasi-, co- regulation and explicit (statutory) government regulation) needs to take into account resources, benefits and burdens of all stakeholders involved, including the purpose of the regulation.

The importance of government leadership in this area was endorsed by the World Health Assembly.¹⁹ In 2010 193 governments, including Australia, endorsed a set of recommendations on marketing food and beverages to children as part of the WHO global strategy for the prevention and control of non-communicable diseases. The WHO recommends that governments take the lead while working with stakeholders to develop clear definitions for the key components of policy, thereby allowing for a standard implementation process.

This could be through a comprehensive system that resolves some of the limitations of the existing self-regulatory system while aligning with ACCC guidelines. It is proposed that consideration be given to a quasi-regulatory approach which includes a level of government involvement to influence the voluntary industry codes' implementation and a collaborative approach with industry while maintaining flexibility and responsiveness.

The Commonwealth Government has defined quasi-regulation as a "range of rules, instruments and standards where government influences businesses to comply, but which does not form part of explicit government regulations. Quasi-regulation can take many forms such as codes of practice, advisory notes, guidelines, and rules of conduct, issued by either non-government or government bodies".²⁰

The line between whether a scheme is self- or quasi regulatory is often blurred, depending upon the level of government involvement that is considered appropriate to fall within these classifications.²¹

To effectively reduce the impact of unhealthy food marketing on children and strengthen the current self-regulatory initiatives a quasi-regulatory approach could be considered with the following elements which increase government and other stakeholder involvement in the implementation and administration of the industry initiatives.

1. Government endorsed standards

As previously outlined in this paper there a number of standards and definitions within the industry initiatives relating to advertising and marketing to children, which are open to interpretation and inconsistently defined by industry.

The ACCC guidelines call for clearly defined definitions which help explain technical and legal terms.¹⁶

The good practice guidelines in Part 1 of this paper provide the basis for a clearer and consistent approach to the standards and definitions within the voluntary initiatives. If the code of conduct/self-regulation are to be accepted by governments and the general public, credibility with stakeholders is vital.

2. Government and industry agreed monitoring framework

As discussed earlier there is no current framework to monitor the effectiveness of the current self-regulatory system or children's exposure to the marketing of unhealthy foods and beverages, and monitoring is irregular and inconsistent.

The Australian National Preventive Health Agency (ANPHA) has committed to monitoring and engaging with industry and other partners on the marketing of unhealthy foods and beverages to children in their Strategic Plan 2011-2015. With the support of government ANPHA is willing to provide guidance on the development of a monitoring system for assessing the exposure of children to unhealthy food and beverage marketing and assessing compliance with self-regulation initiatives and other codes and regulations.

3. Enhancement of the current management structure in the self-regulatory system

To respond to the issues identified above, a new management structure of the self-regulatory system which oversees the voluntary codes to limit unhealthy food marketing to children should be considered.

Currently the committee/s that oversees the RCMI and the QSRI comprise representatives of the food and the advertising industry. To make the system more responsive to stakeholders concerns and consider the self-regulatory system as a whole (with respect to marketing unhealthy food to children) the purpose and membership of the management committee could be enhanced. The committee could be re-structured to oversee the evolution, operations and complaints administration of all the voluntary codes and comprise a mix of representatives including government.

Consideration should also be given to creation of a complaints panel whose role would be to examine all complaints referred to it by the ASB to determine if an advertisement or marketing campaign is in breach of the self-regulatory codes and initiatives. A complaints panel should comprise a mix of expertise and backgrounds including public health and consumer affairs. Clear rules should outline the role and powers of the complaints panel and the representation required to undertake determinations.

Example of quasi-regulatory systems in Australia from which general structures can be drawn include the Alcohol Beverages Advertising Code (ABAC) Scheme²² which applies to alcohol advertising and the Medicines Australia

Code of Practice²³ which sets the standards for the ethical marketing and promotion of prescription pharmaceutical products in Australia. These systems include an overseeing group (management committee or panel) whose role includes encouraging companies to sign up to the codes; a group to consider and adjudicate complaints; mechanisms to consider appeals and monitor or pre-vet advertising. For example, the management committee of ABAC, which includes government representation, directs the scheme and sets standards for content.

Recommendations

The following recommendations have been developed after consideration of the current issues with the food industry self-regulatory initiatives and taking into account the proposed good practice standards outlined in Part 1 of this paper. The recommendations are intended for discussion in conjunction with the national seminar on May 9th 2012 in an attempt to strengthen the current initiatives and regulatory system of marketing unhealthy food and beverages to children.

1. Consider the adoption of a quasi-regulatory system to reduce exposure of children to marketing, advertising, promotion and sponsorship of unhealthy foods and beverages.

- > A staged approach to implementation would involve consideration being given to the issues raised in this paper, an early focus being adoption of the good practice standards outlined in Part 1 of this paper into voluntary self-regulatory codes. This will include considering the role of government.

Development of a quasi-regulation system would also include, for example, consideration of the need for:

- Regular review of codes to ensure that the standards incorporated are meeting identified objectives and current community expectations, and are working effectively as recommended by international (ISO) and national (ACCC) best practice self-regulation guidelines. The codes should be benchmarked against the ACCC's guidelines for developing effective voluntary industry codes of conduct.⁹
- Reviewing the content, definitions and criteria in all relevant codes including AANA codes, the RCMI and the QSRI; the complaints processes within the whole regulatory system; industry compliance with advertising standards and monitoring of implementation of initiatives/codes and ramifications of breaches.

Note: The government is aware of an independent review of the RCMI currently being undertaken to assess the overall structure and functions of the initiative, including the continued relevance of the core principles: this review is due for completion in June 2012.²⁴

2. Consideration be given to the development of a set of high level core principles regarding marketing food and beverages to children, that are agreed to by the food industry, government and other key stakeholders.

- > The principles should be in line with WHO guidance.¹⁹ The WHO and the National Preventative Health Taskforce² agree that the overall policy objective of any regulatory system aimed at marketing unhealthy food and beverages to children should be to reduce both the exposure of children to, and power of, marketing of foods.
- > In an analysis of the regulatory landscape internationally and in the United Kingdom (UK), the UK Heart Forum¹⁰ recommended that rather than focusing solely on the mechanics of self-regulation it would be helpful to focus on determining what standards should apply 'in principle' - for example in line with WHO recommendation, meaning... a focus on reducing children's exposure, covering the scope of media directed to children.. etc.

3. Development of an agreed monitoring framework and establish regular independent monitoring.

- > A national monitoring system that is in line with the ACCC guidelines and WHO recommendations will monitor children's exposure to the marketing of unhealthy foods and beverages and the coverage of compliance with current codes.
- > ANPHA's Strategic Plan 2011-2015 states that it is to monitor and engage with industry and other partners on food products and marketing, including products for children and marketing to which they are exposed with attention to energy-dense and nutrient-poor foods and beverages. With the support of government, ANPHA is willing to provide guidance on the development of a monitoring system for assessing the exposure of children to unhealthy food and beverage marketing and assessing compliance with self-regulation initiatives and other codes and regulations.
- > A national monitoring system should be developed in consultation with industry and other key stakeholders. Monitoring should be undertaken regularly and independently and meet agreed reporting timeframes.

Appendix 1

Examples of recent reports and recommendations on food marketing to children

The WHO in 2010 published recommendation on the marketing of foods and non-alcoholic beverages to children³ as part of the global strategy for the prevention and control of chronic lifestyle diseases.²⁵ These were endorsed by the World Health Assembly of 193 governments, including Australia. The WHO urges government to take a number of actions including implementing the recommendations, identifying the best policy approaches, monitoring and evaluating the implementation and cooperating with civil society and with public and private stakeholders. The WHO has recently published a complementary report on implementing these recommendations.⁷

In the United Kingdom in 2011, the National Heart Forum published a report on work commissioned by the Department of Health to undertake a mapping and consultation exercise on the marketing of food and drink to children: this included mapping of statutory and self-regulatory regimes across the world.¹⁰

In the United States, the Federal Trade Commission made a number of recommendations to strengthen the voluntary industry pledge, the Children's Food and Beverage Advertising Initiative, and established an Interagency Working Group to develop nutrition principles to guide industry self-regulatory efforts.²⁶ The Pan American Health Organization made recommendations on food marketing in June 2011.⁹

In Europe, the International Association for the Study of Obesity's PolMark²⁷ project reported in 2010 on policies on the marketing of food and beverages to children in 59 countries including 27 in the European Union; and the StanMark project⁶ proposed standards for the marketing of foods and beverages to children.

In 2011, the Access to Nutrition Index initiative, funded by the Bill and Melinda Gates and Wellcome Foundations, consulted on a suite of proposed criteria, including marketing, designed to rate food and beverage companies on a range of nutrition practices highlighting best practices and innovation: the proposed criteria include marketing.²⁸

In Australia in 2009, the National Preventative Health Taskforce's report recommended actions over four years to reduce the marketing, advertising, promotion and sponsorship by energy-dense nutrient-poor foods and beverages.² A paper commissioned by the PHTF¹⁷ and a paper prepared by the Obesity Policy Coalition⁸ have set out approaches to protecting children from unhealthy food advertising and promotion.

Appendix 2

The World Health Organisation, 2010

Set of Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children.

Evidence

11. Unhealthy diet is a risk factor for non-communicable diseases. The risks presented by unhealthy diets start in childhood and build up throughout life. In order to reduce future risk of non-communicable diseases children should maintain a healthy weight and consume foods that are low in saturated fat, *trans*-fatty acids, free sugars, and salt. Unhealthy diets are associated with overweight and obesity, conditions that have increased rapidly in children around the world over recent years.
12. Evidence from systematic reviews on the extent, nature and effects of food marketing to children conclude that advertising is extensive and other forms of food* marketing** to children are widespread across the world***.

Most of this marketing is for foods with a high content of fat, sugar or salt. Evidence also shows that television advertising influences children's food preferences, purchase requests and consumption patterns.
13. The systematic reviews show that, although television remains an important medium, it is gradually being complemented by an increasingly multifaceted mix of marketing communications that focuses on branding and building relationships with consumers. This wide array of marketing techniques includes advertising, sponsorship, product placement, sales promotion, cross-promotions using celebrities, brand mascots or characters popular with children, web sites, packaging, labelling and point-of-purchase displays, e-mails and text messages, philanthropic activities tied to branding opportunities, and communication through "viral marketing" and by word-of-mouth. Food marketing to children is now a global phenomenon and tends to be pluralistic and integrated, using multiple messages in multiple channels.

*Henceforth, the term "food" is used to refer to foods and non-alcoholic beverages.

** "Marketing" refers to any form of commercial communication or message that is designed to, or has the effect of, increasing the recognition, appeal and/or consumption of particular products and services. It comprises anything that acts to advertise or otherwise promote a product or service.

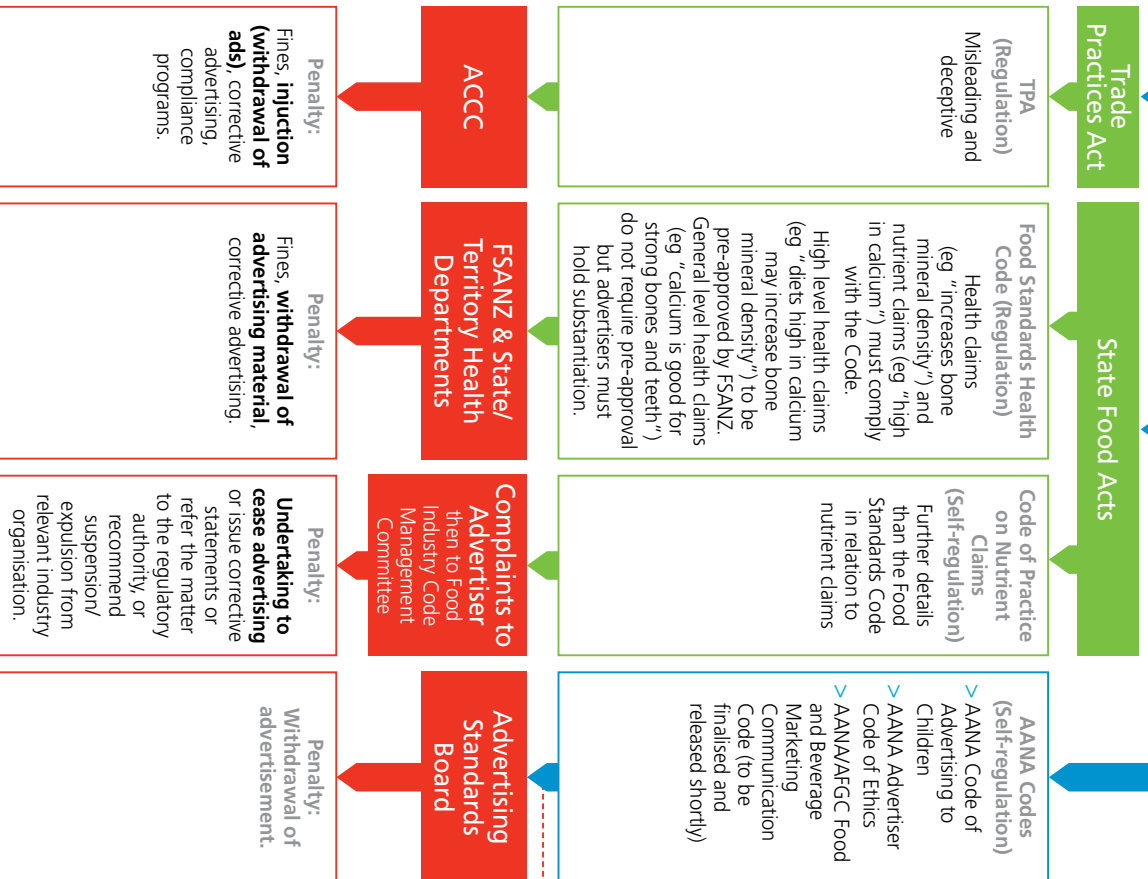
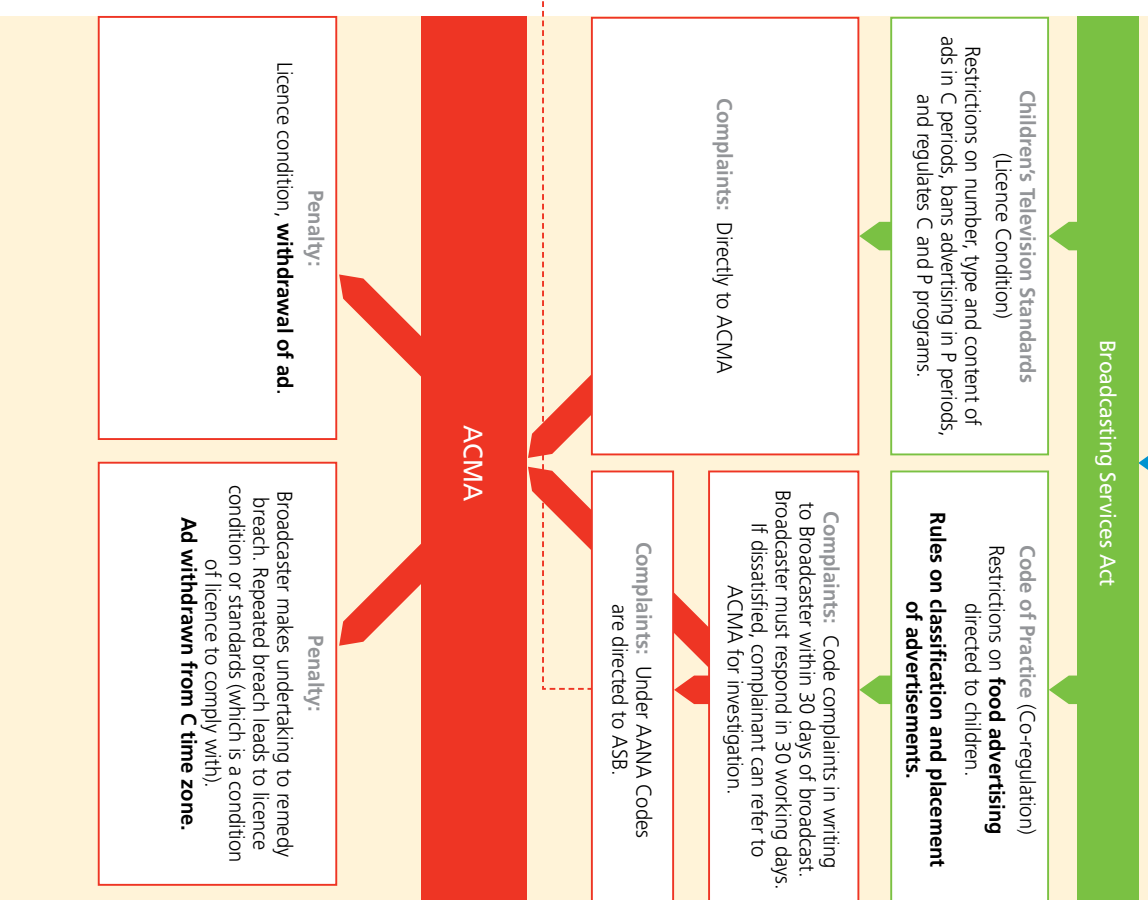
*** Hastings G et al. *Review of the research on the effects of food promotion to children*. Glasgow, University of Strathclyde, Centre for Social Marketing; 2003 (<http://www.food.gov.uk/news/newsarchive/2003/sep/promote>); Hastings G et al. *The extent, nature and effects of food promotion to children: a review of the evidence*.

Geneva, World Health organization, 2006 (http://whqlibdoc.who.int/publications/2007/9789241595247_eng.pdf); McGinnis JM, Gootman JA, Kraak VI, eds. *Food marketing to children and youth: threat or opportunity?* Washington DC, Institute of Medicine, National Academies Press, 2006 (http://www.nap.edu/catalog.php?record_id=11514#toc); and Cairns G, Angus K, Hastings G. *The extent, nature and effects of food promotion to children: a review of the evidence to December 2008*. Geneva, World Health Organization, 2009 (http://www.who.int/dietphysicalactivity/Evidence_Update_2009.pdf).

Appendix 3

Examples of the scope of areas requiring attention to reduce children’s exposure to the advertising and marketing of energy-dense nutrient-poor (unhealthy) foods.

Obesity Policy Coalition (Aus): proposed list of areas to which legislation should apply	Federal Trade Commission (US): companies reported advertising expenditure data for the following 20 categories
Free-to-air television	Television
Subscription television	Radio
Radio	Print
Internet	Company-sponsored websites
Print publications	Other internet advertising
Direct electronic marketing (email, SMS)	Packaging and labeling
Direct mail	Movie theater/video/video game advertising
Unsolicited documents	Other digital advertising (such as email and text messaging)
Characters and personalities	In-store marketing
Product placement	Specialty item or premium distribution
Public places and transport	Public entertainment events
Point-of-sale advertising	Product placement
Cinemas and theatres	Character licensing/cross-promotions/toy co-branding
Children’s institutions, services, events and activities (e.g. sponsorship of schools and children’s sport)	Sponsorship of sports teams or athletes
Competitions and premiums (free toys)	Word-of-mouth marketing
	Viral marketing
	Celebrity endorsements
	In-school marketing
	Advertising in conjunction with philanthropic endeavors
	Other promotional activities

All advertising
 Combination of government imposed regulation and industry self-regulation

Television advertising Co-regulation
 A plus B

 Source: Free TV www.freetv.com.au

References

- ¹ The Australian Food and Grocery Council's Responsible *Children's Marketing Initiative* (RCMI) commenced in January 2009. The Quick Service Restaurant industry and the *Australian Association of National Advertisers' Australian Quick Service Restaurant Industry Initiative for Responsible Advertising and Marketing to Children* (QSRI) commenced in August 2009.
- ² National Preventative Health Taskforce 2009, National Preventative Health Strategy – the road map for action.
- ³ WHO, 2010. Set of recommendations on the marketing of foods and non-alcoholic beverages to children <http://www.who.int/dietphysicalactivity/marketing-food-to-children/en/index.html>
- ⁴ Children's Television Standards 2009. http://www.acma.gov.au/webwr/aba/contentreg/codes/television/documents/childrens_tv_standards_2009.pdf
- ⁵ AANA Codes on Food & Beverages Advertising & Marketing Communications and Advertising & Marketing Communications to Children <http://www.aana.com.au/pages/aana-food-beverages-advertising-marketing-communications-code.html>
- ⁶ IASO briefing paper, June 2011. A junk free childhood: Responsible standards for marketing foods and beverages to children <http://www.iaso.org/policy/euprojects/stanmarkproject/stanmark-briefing-paper/>
- ⁷ WHO, 2012. A framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children.
- ⁸ Obesity Policy Coalition, 2011. A comprehensive approach to protecting children from unhealthy food advertising and promotion.
- ⁹ PAHO, July 2011. Recommendations from a Pan American Health Organization Expert Consultation on the Marketing of Food and Non-alcoholic Beverages to Children in the Americas.
- ¹⁰ National Heart Forum, 2011. An analysis of the regulatory and voluntary landscape concerning the marketing and promotion of food and drink to children.
- ¹¹ Montgomery K, Chester J. Review article: Interactive Food and Beverage Marketing: Targeting Adolescents in the Digital Age. *Journal of Adolescent Health* 45 (2009) S18–S29 <http://download.journals.elsevierhealth.com/pdfs/journals/1054-139X/PIIS1054139X09001499.pdf>
- ¹² Cancer Council NSW, Prevention Research Collaboration. Building solutions to protect children from unhealthy food and drink sport sponsorship, 2012.
- ¹³ Food and Beverage Sponsorship of Children's Sport in South Australia: A Pilot Study Children and Food Marketing Project. Report to SA Health, 2010.
- ¹⁴ Marketing Food and Beverages to Children on Three Internet Platforms: Company Websites, Popular Websites and Social Network Sites. Report to SA Health, April 2010.
- ¹⁵ National Consumer Council, UK, 2008. Cut-price, what cost - how supermarkets can affect your chance of a healthy diet http://www.sustainweb.org/pdf/NCC217rr_cutprice_what_cost.pdf
- ¹⁶ Australian Competition and Consumer Commission, 2011. Guidelines for developing effective voluntary industry codes of conduct. Canberra: ACCC.
- ¹⁷ King L, Kelly, B, Gill T, Chau J, Chapman K, 2009. Consultancy report on inappropriate food marketing to the national preventative taskforce. Sydney: Institute of Obesity Nutrition and Exercise, University of Sydney, & Cancer Council NSW.
- ¹⁸ ACMA, December 2011. Industry self-regulation of food and beverage advertising to children.
- ¹⁹ WHO, 2010. Set of recommendations on the marketing of foods and non-alcoholic beverages to children <http://www.who.int/dietphysicalactivity/marketing-food-to-children/en/index.html>
- ²⁰ Commonwealth Interdepartmental Committee, 1997. Grey letter law. Report of the Commonwealth Interdepartmental Committee on Quasi-regulation, pg 1.
- ²¹ ACMA. Optimal conditions for effective self- and co-regulatory arrangements. Occasional Paper. June 2010.

²² Alcohol Beverages Advertising Code Scheme. <http://www.abac.org.au/>

²³ The Medicines Australia Code of Practice <http://medicinesaustralia.com.au/code-of-conduct/code-of-conduct-current-edition/>

²⁴ Personal communication with Dr Geoffrey Annison (AFGC); 4 April 2012.

²⁵ WHO, 2004 http://www.who.int/entity/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf

²⁶ Federal Trades Commission, June 2011. Interagency Working Group Seeks Input on Proposed Voluntary Principles for Marketing Food to Children. See <http://www.ftc.gov/opa/2011/04/foodmarket.shtm>

²⁷ PolMark Project: policies on marketing food and beverages to children, 2010: <http://ec.europa.eu/eahc/projects/database.html>

²⁸ Access to Nutrition Index <http://www.accesstonutrition.org/>

For more information

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If you require this information in an alternative language or format please contact SA Health on the details provided above and they will make every effort to assist you.



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