



Public Health Association
AUSTRALIA

Public Health Association of Australia submission on
Food and Drink Marketing in Canberra,
particularly those aimed at children

Food and Drink Marketing Consultation
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Introduction

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles. PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups.

The PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

Preamble

The PHAA welcomes the opportunity to provide a submission on *Food and Drink Marketing in Canberra, particularly those aimed at children*. The PHAA first adopted a position statement on marketing of food and beverages to children in September 1999. This policy, as with all PHAA policies was then revisited and updated in September 2002, 2006, 2009 and September 2012 and again in 2015 through an extensive process of review by our Special Interest Group Members before being considered by the full membership and being given final approval at the PHAA AGM.

This submission relies heavily on the policy.

In the context of the ACT it is important that the issue of overweight and obesity is taken seriously as reported by the Chief Health Officer who found that around one quarter of children and adolescents between the ages of 5 and 17 years of age are overweight or obese.¹

Key messages

The PHAA believes that all Australian Governments should:

1. **Acknowledge** that there is growing evidence that marketing of unhealthy foods and beverages has a detrimental impact on children's food choices, the choices parents make for children and their current and future health, and that industry self-regulation of food marketing does not lead to meaningful reductions in children's exposure.
2. **Agree** that reducing children's exposure to unhealthy food and beverage marketing is an important priority strategy to help address the problem of childhood obesity and poor quality diets.

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3. **Coordinate efforts to strengthen government-led regulation** to reduce children's exposure to unhealthy food marketing across a wide range of platforms. Food and advertising industries should not define the conditions of appropriate food marketing to children.
4. **Note** that although a phased approach (eg. initially limiting TV advertising) may be practical, there are shifts in marketing effort and expenditure to other platforms.

Reducing exposure to unhealthy food marketing

Obesity

In Australia, high levels of childhood obesity illustrated by the high proportion of energy (kilojoules) from unhealthy foods and beverages and low intakes of vegetables and children's high consumption of energy-dense nutrient-poor (EDNP) food and beverages (unhealthy food) contribute to a growing rates of costly but preventable illness in children and adults. These include as dental caries, high blood pressure, high blood cholesterol levels, cardiovascular disease, type 2 diabetes, cancer and mental health problems².

The term 'obesity' is mostly used by the PHAA and in this submission covers both overweight and obesity BMI categories the term 'unhealthy food' to mean energy-dense nutrient-poor food and beverages; and 'food' generally refers to both food and non-alcoholic beverages.

Health surveys

The 2011-12 Australian Health Survey shows that 1 in 4 children aged 2-17 years are overweight (18.2%) or obese (6.9%) and that Australian children's diets are inconsistent with dietary recommendations for good health³.

World Health Organization

The World Health Organization (WHO) has determined that reducing the impact on children of the marketing of unhealthy food is an important strategy for the prevention and control of non-communicable diseases (NCDs) and in 2010 released a set of recommendations on the marketing of foods and non-alcoholic beverages to children⁴, followed in 2012 by a framework to help governments to implement them⁵. These reflect increasing evidence from systematic reviews that food marketing generates positive beliefs about the foods advertised and influences children's nutrition knowledge, food and beverage preferences, purchase requests and behaviours (at brand and category levels), food consumption and related health indicators.

Recent WHO publications include recommendations to take effective action to reduce children's exposure to unhealthy food marketing:

- WHO's 2013 Global Action Plan for the Prevention and Control of NCDs⁶ calls on member states, to implement the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children as part of their effort to support healthy diets
- WHO's 2015 guideline recommending reducing added sugar intake to less than 10% of total energy and suggesting a further reduction to less than 5%, for both adults and children, based on evidence of the relationship between free sugar consumption and obesity and dental caries. Guideline

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implementation recommendations include regulating the marketing of food and non-alcoholic beverages that are high in added sugars (such as soft drinks and confectionery)⁷.

- The WHO Commission on Ending Childhood Obesity stated that the wide availability and promotion of unhealthy food and beverages has a negative impact on children's dietary intake and weight, that any attempts to tackle childhood obesity include reducing children's exposure to and the power of marketing of unhealthy foods; and that voluntary industry initiatives are likely to be insufficient, suggesting that regulatory and statutory approaches are needed to ensure adequate reductions in children's exposure⁸.
- A report of the United Nations Special Rapporteur on the Right to Health focused on the links between unhealthy foods and diet-related NCDs, recommending that governments regulate the marketing, advertising and promotion of unhealthy foods, particularly to women and children, to reduce their visibility. This report highlights the need to address structural changes to the food environment, which have a negative impact on the people's enjoyment of the right to adequate and nutritious food, which in turn is an underlying determinant of the right to health⁹.

Marketing

Marketing includes, but is not limited to, advertising (eg television (TV)), radio, print, on-line including social media, outdoors, cinema), computer/ online games and apps, product placement and branding, sponsorship (eg sport, events, venues), direct marketing (eg fundraising in schools, text messaging to mobile phones), product design and packaging and point of sale activities.

WHO's marketing recommendations underline that it is governments' role to lead development of policy to reduce the impact on children of unhealthy food marketing.

Statutory Response

The PHAA is aware that industry regularly suggests self-regulation with regard to food policy. The PHAA has been heavily involved in working with industry and government, for example, in the development and promotion of the Health Star Rating System as part of the "Front of pack" labelling approach to packaged foods. However, with regard to the marketing of junk food to children, recognising the urgency of the situations, the PHAA believes that the evidence indicates a need for a regulatory intervention.

International evidence on inadequacy of self-regulation

An international review of initiatives to limit the advertising of unhealthy food to children, for example showed high levels of exposure to unhealthy food marketing, with no or only small reductions in children's exposure to this marketing, except in response to statutory regulation¹⁰.

Appropriate regulation

Although there are many areas where the Commonwealth has oversight of marketing, the PHAA believes the States and Territories should look for opportunities where they are in a position to intervene by implementing appropriate regulation.

Independent Monitoring and Complaints mechanism

The PHAA believes the ACT government should develop an independent system to monitor, evaluate and regularly report on the extent of population exposure to food and non-alcoholic beverage marketing. It is recommended this draw on the proposed stepwise approach outlined by the INFORMAS network¹¹. And, consider the draft framework developed for consultation by the Australian National Preventive Health Agency (ANPHA) prior to its cessation¹².

The government ought to also engage with stakeholders including industry and consumer groups to establish a more transparent and responsive complaints mechanism with meaningful and timely sanctions for breaches and transparent regulatory and governance processes with which the public can easily engage.

Leadership for States and Territories

At the State and Territory and Commonwealth meetings the ACT has taken leadership in health and food policies in the past. The PHAA believes is appropriate, therefore, that the ACT government work with the other jurisdictions to strengthen the regulatory process around marketing of junk food to children starting with defining key terms. A joint governments approach should ensure:

- An independently developed standard definition for which foods can and cannot be promoted to children. The Nutrient Profiling Scoring Criteria (NPSC) in the Food Standards Code standard 1.2.7 (Nutrition, health and related claims) is a recommended starting point. (the NPSC were adapted from criteria developed in the United Kingdom for the purpose of legislating to restrict unhealthy food advertising on television and have been tested to show promise for this purpose in Australia)
- Advertising and marketing communications that are 'directed to children' to capture relevant marketing including brand promotion and marketing which is directed to or likely to appeal to or to be seen or heard by children regardless of its appeal to and being seen by other audiences
- Adopt a definition of 'children's peak viewing times' on free-to-air television as 7am to 9am and 4pm to 9 pm on weekdays and 7am to 9pm on weekends and during school holidays.

Some priorities to be considered are:

- Marketing of unhealthy food and beverages should be prohibited in children's settings in and near schools, preschools, kindergartens, day-care centres, play areas, children's sports and children's health services
- Restrictions to television advertising, as recommended by the Preventative Health Taskforce, as the first focus of a step-wise approach
- Children's settings including early childhood services, schools, playgrounds and children's sport to eliminate children's exposure to unhealthy food marketing.

There is now an opportunity to take responsibility, provide leadership and implement better policies.

Conclusion

Protecting children from the marketing of unhealthy food is in line with the United Nations Convention on the Rights of the Child, which mandates that the best interests of the child is a primary consideration in all actions concerning children¹³.

Children require special measures, as they are less able than adults to judge critically and must be protected from commercial exploitation when this has the potential to compromise their health. Adolescents are also vulnerable to the pressures of unhealthy food marketing.

The PHAA hopes that this submission is helpful and draws attention to the policy on which the submission is based that can be found at <http://www.phaa.net.au/documents/item/756>

Sincerely



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On behalf of PHAA and Russell McGowan
ACT Branch President

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