

**SUBMISSION TO AUSTRALIAN COMMUNICATIONS AND MEDIA  
AUTHORITY ON THE REVISED DRAFT OF THE CHILDRENS'  
TELEVISION STANDARDS**

**From the  
AUSTRALIAN CHRONIC DISEASE PREVENTION ALLIANCE**

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*The Australian Chronic Disease Prevention Alliance (ACDPA) is an alliance of five non-government health organisations who are working together in the primary prevention of chronic disease, with particular emphasis on the shared risk factors of poor nutrition, physical inactivity and overweight and obesity.*

*The members of the ACDPA are:*

- *Cancer Council Australia*
  - *Diabetes Australia*
  - *Kidney Health Australia*
  - *National Heart Foundation of Australia*
  - *The National Stroke Foundation*
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**31 October 2008**

**AUSTRALIAN CHRONIC DISEASE PREVENTION ALLIANCE**



## **Introduction**

The Australian Chronic Disease Prevention Alliance (ACDPA) welcomes this opportunity to comment on the Children's Television Standards proposed by the Australian Communications and Media Authority (ACMA) and the conclusions formed in its report, *The Review of the Children's Television Standards 2005*, released in August 2008.

ACDPA's central concern with the draft Children's Television Standards (CTS) relates to the issue of restricting food and beverage advertising to children.

ACDPA is disappointed that ACMA has chosen not to impose any additional restrictions on food and beverage advertising to children as part of its review of the CTS. This decision must be reversed as it

- Does not adequately recognize the impact of obesity on Australia
- Overlooks substantial evidence linking unhealthy food advertising with children's diet, weight and health status
- Disregards the views of both local and international public health organizations and
- Is out of step with prevailing community concerns about the level of unhealthy food advertising to children in Australia.

ACDPA would like to take this opportunity to

- Reiterate the arguments in favour of a ban on television advertising of unhealthy food to children
- Include some recently released information on the nutrition and physical activity status of Australian children and updated estimates of the costs of obesity in Australia
- Provide some comments on ACMA's conclusions relating to food advertising to children outlined in its report of the review of the CTS.

## **Overview**

Obesity and overweight are a major health problem in Australia with over half of all adults and nearly one in four children overweight or obese. Obesity alone (not including overweight) has been estimated to cost \$58 billion in 2008. Increasing rates of obesity amongst the Australian population will result in escalating rates of chronic diseases such as diabetes, cardiovascular disease and some cancers, placing pressure on the sustainability of the health system. Consequently, there is an urgent and immediate need to address the growing prevalence of obesity and overweight in Australia. This will require a comprehensive multi-sectoral approach comprising a suite of interventions that work together to address the multi-faceted causes of overweight and obesity in Australian society.

There is a substantial body of evidence that advertising of unhealthy food and beverages is part of the obesity problem and that advertising to children influences their nutritional knowledge, food preferences, food purchasing and food consumption, as well as their diet and health status. As a result there is increasing support, both internationally and locally, for the introduction of restrictions on unhealthy food advertising to children and restrictions have been introduced in a number of countries. While advertising restrictions alone will not solve the obesity problem, they are an important element of a comprehensive obesity strategy.

Restrictions would work both to reduce children's exposure to unhealthy food promotion and to allow healthy eating messages to be more clearly heard.

The case for introducing restrictions on food and beverage advertising is particularly compelling in the Australian context:

- Australia has the fifth highest rate of obesity and overweight in the OECD
- Nearly one in four Australian children is overweight or obese and poor dietary habits, in particular inadequate vegetable consumption and excess consumption of saturated fat, sugars and salt, are widespread
- Australian children are a major target of unhealthy food and beverage advertising
- The bulk of food advertisements, between 48%-81%, is for foods and beverages high in fat, salt and sugar
- Introducing restrictions on advertising of unhealthy food has been identified as a cost-effective option for tackling obesity
- Australia's geographic isolation limits the potential for restrictions on television advertising of unhealthy food to children to be undermined by cross-border advertising as occurs in some countries where restrictions have been introduced.

ACDPA is concerned that ACMA, in deciding against the introduction of restrictions on food and beverage advertising to children in Australia, has shown a strong and unjustifiable bias towards the interests of broadcasters at the expense of public health:

- ACMA's economic modeling substantially underestimates the cost of obesity and overweight in Australia because it does not include the burden of disease costs associated with obesity and is based on obesity cost figures which have since been revised. As a result ACMA gives greater weight to reduced revenues for broadcasters than to public health costs in determining whether the introduction of advertising restrictions is likely to result in a net benefit to society. Using the most recent obesity cost estimates and including non-financial costs excluded by ACMA, ACDPA estimates that a reduction of less than 0.75% in obesity costs would be required to achieve a net benefit to society for even the most stringent advertising restrictions and a reduction of only 0.41% or less would be required to justify restrictions on advertisements only for foods high in saturated fat, salt and sugar.
- ACMA acknowledges that it is not a health advisory body, yet it has chosen to ignore the advice of international and local public health groups who are strongly in favour of the introduction of restrictions.
- ACMA has also chosen to ignore widespread community concern about the impact of unhealthy food and beverage advertising to children.

Consequently ACDPA strongly recommends that ACMA:

- Revise the draft CTS to prohibit all commercial food and beverage advertising on television between 6am and 9pm every day, when large numbers of children are watching. At the very least restrictions should apply from between 7am to 9am and 4pm to 9pm weekdays and 7am to 9pm on weekends. This would incorporate a prohibition on the use of premium offers and character promotions and endorsements in food advertising. However the promotion of healthy eating messages through non-commercial social marketing campaigns would not be precluded.

- If a ban on commercial food and beverage advertising is not adopted, then the prohibition should apply to television advertising of unhealthy foods at the above times. Existing tools such as the FSANZ nutrient profiling system could be used, or a new tool developed, to identify unhealthy foods to which the advertising ban would apply.
- Revise the definition of children to people younger than 16 years of age.
- Implement more rigorous mechanisms for monitoring of compliance with the CTS and for applying prompt and appropriate sanctions for breaches.

In making these recommendations, ACDPA recognises that action is required across all media types that are used to promote unhealthy food and beverage products to children, not just television advertising.

## ***The burden of obesity***

Overweight and obesity are a major and increasing health problem in Australia, accounting for 7.5% of the total burden of disease and injury in Australia, just behind tobacco and high blood pressure.<sup>1</sup>

Obesity and overweight are associated with a range of chronic conditions, in particular, cardiovascular disease, diabetes, cancer and kidney disease. The Australian Institute of Health and Welfare estimates that 54.7% of the diabetes disease burden, 19.5% of the cardiovascular disease burden and 3.9% of the cancer disease burden are attributable to overweight and obesity.<sup>1</sup>

In 2008, obesity alone (excluding overweight) was estimated to account for:

- 242,033 Australians with Type 2 diabetes (23.8% of all people with Type 2 diabetes);
- Over 644,843 Australians with CVD (21.3% of all people with CVD) and
- 30,127 Australians with cancer (20.5% of colorectal, breast, uterine and kidney cancers)<sup>2</sup>

In addition the total cost of obesity alone (not including overweight) in Australia has been estimated as \$58.2 billion in 2008.<sup>2</sup>

Obesity and overweight are increasingly a problem in Australia and Australia's adult obesity rate is now the fifth highest among OECD countries.<sup>3</sup> In 2004/05, 7.4 million adults were overweight or obese, up from 4.6 million in 1989/90. On an age-standardised basis, the proportion of overweight or obese adults has increased steadily from 38% in 1989-90 to 44% in 1995, 50% in 2001 and 53% in 2004-05.<sup>4</sup>

Overweight and obesity have also become a major problem in children. Currently nearly one in four children aged 2-16 years is overweight or obese.<sup>5</sup>

Childhood overweight and obesity is associated both with serious health problems during childhood and increased risk of chronic disease and premature mortality in adulthood.<sup>6</sup> In addition, overweight and obesity persist into adulthood. Overweight or obese children have about an 80% chance of becoming overweight or obese adults.<sup>7</sup> Consequently, current levels of unhealthy weight amongst children will add significantly to already burgeoning rates of overweight and obesity amongst Australian adults in future if preventative action is not taken.

Based on past trends and without effective interventions in place, it has been estimated that 16.9 million Australians are likely to be overweight or obese by 2025.<sup>8</sup> This will lead to major increases in the number of Australians with cancer, cardiovascular disease, diabetes and kidney disease.

This growing burden of chronic disease poses major challenges for the Australian health system. Health care expenditure for cancer, cardiovascular disease and diabetes is projected to increase by 79% over the next 15 years, from \$12.1 billion in 2002/03 to \$21.7 billion in 2022/23.<sup>9</sup>

Consequently, there is an urgent and immediate need to address the growing prevalence of obesity and overweight in Australia. This will require a comprehensive approach and multi-level interventions to address social, cultural, behavioural, organizational and environmental factors, if any significant change in obesity trends is to be achieved.<sup>10 11 12</sup>

The National Preventative Health Task Force is currently considering what action can be taken to reverse current trends in overweight and obesity in Australia and is proposing a package of interventions aimed at achieving behaviour change. One of the Taskforce's proposed interventions is to ban the advertising of energy-dense, nutrient-poor foods and beverages on free-to-air television during children's viewing hours (i.e. between the hours of 6.00am and 9.00pm), and reduce or remove such advertising in other media such as print, internet, radio, in-store and via mobile telephone.<sup>13</sup>

## ***Children's Nutrition and Physical Activity Levels***

Recently released data from the *2007 Australian National Children's Nutrition and Physical Activity Survey*<sup>5</sup> indicate unacceptable levels of unhealthy weight and poor dietary habits amongst Australian 2-16 year olds:

- Nearly one in four children aged 2-16 are overweight (17%) or obese (6%). These levels compare to an estimated prevalence of 5% in the 1960s.<sup>13</sup>
- Vegetable consumption is inadequate across all age groups. Vegetable consumption is highest amongst 4-8 year olds, but even in this category only 22% of children meet recommended consumption levels. Alarming, only 5% of 14-16 year olds meet the recommended level of 2-4 serves of vegetables per day.
- Fruit consumption drops dramatically in older children. While around 90% of children in younger age groups meet recommended fruit consumption levels, only 24% of 14-16 year olds meet recommended levels of 1-3 serves of fruit per day.
- Only 16-22% of children meet the recommendation to limit saturated fat to less than 10% of total energy intake.
- Only 21-39% of children meet the recommendation to limit intake from sugars to less than 20% of total energy intake
- Consumption of sodium exceeds the recommended upper levels in all age group.<sup>5</sup>

Adherence to recommended physical activity levels are better, with the majority of children aged 9–16 years meeting the guidelines for moderate to vigorous physical activity. On any given day, there is a 69% chance that any given child would get at least 60 minutes of moderate to vigorous physical activity.<sup>5</sup>

However, few children aged 9-16 years meet the guidelines for electronic media use, with only a 33% chance that any given child on any given day would accumulate less than 2 hours of screen time for entertainment. The mean daily screen time for all children aged 2-16 is over three and a half hours per day, with two and a half hours of that time spent watching television.<sup>5</sup>

These data highlight the pressing need to take decisive action to improve the weight and nutritional status of Australian children.

In general the survey results indicate that poor dietary habits and high levels of sedentary time are likely to be more significant contributors to current unhealthy weight levels amongst children than inadequate levels of physical activity. This supports previous studies demonstrating that increased energy intake is the dominant driver of increasing obesity levels in Australia<sup>14 15</sup> and highlights the importance of targeting likely contributors to poor dietary habits if we are to have any chance of addressing the current overweight and obesity problem in Australia.

Food promotion to children has been shown to independently influence their food preferences, purchasing requests and consumption, as well as their dietary habits and health status.<sup>16 17</sup>

In addition, food promotion to children, which is predominantly for unhealthy foods, undermines efforts by parents to instil healthy eating habits in their children and needs to be restricted if messages about healthy eating are to have any chance of being heard.

Consequently, a ban on television advertising of food to children must be an important part of a comprehensive obesity strategy if the effectiveness of such a strategy is to be maximised.

## ***Children's television viewing times***

Restrictions on television advertising to children specified in the CTS apply only to advertising during 'C' or 'P' programs or 'C' or 'P' periods, typically broadcast in the early morning (7-8.30 am) or early afternoon (4-4.30pm) timeslots.<sup>18</sup> In reality however these programs/periods do not reflect peak children's television viewing times.

Television audience rating data indicate that child audience numbers on commercial free-to-air television are relatively low at the times C and P programs are broadcast, with only around 80,000 children viewing. Child audience numbers actually peak between 6pm and 9pm when between 400,000 and 500,000 children are viewing.<sup>18</sup>

Consequently, limiting the standards in the CTS relating to advertising to 'C' and 'P' programs/times is ineffectual in protecting children from advertising harm as children's peak television viewing times occur largely outside of these programs/times. In order to reduce children's exposure to unhealthy food advertising, advertising restrictions need to apply at the times when most children are viewing rather than just during C and P programs/periods,

Average child audiences sizes greater than around 100,000 children occur from 6am-10am and from 4pm-11pm with the peak time (more than 400,000 children viewing occurring between 6pm and 9pm. On weekends average child audience sizes are above 100,000 from 7am-11pm.<sup>18</sup>

To adequately cover the periods of peak television viewing by children, ACDPA supports a ban on all commercial food and beverage advertising on television between 6am and 9pm every day. At the very least restrictions should apply from between 7am to 9am and 4pm to 9pm weekdays and 7am to 9pm on weekends.

If a ban on all commercial food and beverage advertising is not adopted, then the prohibition should apply to television advertising of unhealthy foods at the above times.

## ***Extent and nature of food and beverage advertising to children in Australia***

Children are a major target for food and beverage advertising, as they are recognized as having "a massive amount of input into family grocery purchases."<sup>19</sup> Commercial market research indicates that children influence around 75% of family expenditure on grocery items.<sup>19</sup>

Australian children are exposed to high levels of television advertising for food and beverages and advertising for these products is twice as common during children's television viewing times compared to adult viewing times.<sup>20</sup>

The bulk of food advertisements is for foods and beverages high in fat, salt and sugar, particularly confectionery and fast foods. Australian studies over the last 10 years show that between 48%-81% of all foods advertisements are for unhealthy foods.<sup>2021 22 24 25 25</sup>

A number of studies have shown that the proportion of unhealthy food advertisements is higher during children's television viewing times than at other times.<sup>2123 24</sup> A recent NSW study, for example found that 49% of food advertisements during children viewing hours were for unhealthy foods compared to 39% of food advertisements at other times<sup>25</sup>. The proportion of advertisements for unhealthy foods was even higher during popular children's programs, accounting for 65.9% of all food advertisements. It was also estimated that children aged 5-12 years were exposed to 96 food advertisements, including 63 high-fat/high-sugar advertisements per week.<sup>25</sup>

In contrast, advertising for core foods, such as bread, dairy, meat and fruit and vegetables, which are recommended to form the bulk of a healthy diet, comprised only 34% of food advertisements during children's viewing times.<sup>25</sup>

This emphasis on advertising of unhealthy foods at the expense of healthier foods is at odds with healthy eating guidelines and presents children with a distorted view of what constitutes a desirable diet. It also undermines efforts by parents to instill healthy eating habits in their children and drowns out healthy eating messages in non-commercial social marketing campaigns.

### **Premium offers and character promotions and endorsements**

In addition to the volume of food advertising during children's peak television viewing times and the emphasis of that advertising on unhealthy foods, a number of marketing techniques are used to target children and capture their attention. In addition to the use of animation and of themes such as fun, humour, happiness, adventure, magic and fantasy which are naturally appealing to children, premium offers and product endorsements are frequently used in food advertisements directed at children. These techniques are used both in television advertising and other forms of food and beverage marketing to children such as the internet, magazines, point of sale and packaging promotions.

Premium offers such as collectable cards and free toys can have a major impact on children's food purchase requests and purchasing behaviour. In one study nearly three quarters of children said they bought food or beverages advertised with offers of prizes or free gifts.<sup>26</sup> An Australian study has found that unhealthy food advertisements containing premium offers were more than 18 times higher during children's popular programs than during adults' popular programs.<sup>27</sup>

Product endorsements by popular celebrities and sports stars or popular children's characters are also an important tool as they create positive attitudes towards products and improve children's recollection of products, helping to establish long term brand recognition and loyalty from an early age.<sup>28 29 30</sup>

Although the revised draft of the CTS has somewhat strengthened provisions relating to premium offers and character promotions and endorsements, they do not go nearly far enough because they apply only to 'C' and 'P' programs/periods when the child audience size is quite low and do not apply during peak children's television viewing times

Consequently, like the CTS provisions that apply to advertising, the CTS provisions that apply to premium offers and character promotions and endorsements are patently ineffective in protecting children from possible harm from unhealthy food advertising.

ACDPA supports a complete ban on premium offers and character endorsements of unhealthy foods in television advertising during times when large numbers of children are watching. This would of course be an automatic consequence of prohibiting television advertising of either all commercial foods and beverages or just unhealthy foods and beverages at times when large numbers of children are watching (ie between 6am and 9pm every day, or at the very least between 7am to 9am and 4pm to 9pm weekdays and 7am to 9pm on weekends), as recommended above.

### ***Impact of food and beverage advertising to children***

Children are highly vulnerable to advertising and marketing because they do not have the cognitive skills and experience to critically interpret advertising messages.<sup>31</sup> Younger children

do not understand that the purpose of advertising is to persuade consumers and tend to accept advertising as truthful, accurate and unbiased. Even amongst older children who know the purpose of advertising, the ability to critically interpret advertising is likely to be limited.<sup>31</sup>

There is a substantial body of evidence that food advertising to children independently influences their food preferences, purchasing requests and consumption, as well as their dietary habits and health status and that these effects are significant, independent of other influences and operate at both brand and category level.<sup>16 17 32</sup> Six major reviews of the evidence on the effects of food marketing to children have all found that it influences food preferences, generates positive beliefs about the products advertised, influences purchase requests and influences consumption.<sup>16 17 32 33 34 38</sup>

These reviews also found consistent positive correlations between television food advertising and obesity and overweight in children while an additional review found sufficient evidence of a possible link between obesogenic food advertising and children's weight.<sup>35</sup>

In the Australian context, recent research examining the associations between children's television viewing habits and their food-related attitudes and behaviour, found increased exposure to unhealthy food advertisements was associated with more positive attitudes towards unhealthy food, the perception that other children ate more unhealthy food, and higher self-reported frequency of consumption of junk food among children.<sup>36</sup>

The World Health Organization has also concluded that there is sufficient indirect evidence to show that marketing of energy-dense, micronutrient-poor foods and beverages is a probable cause of obesity in children and has recommended that the exposure of children to heavy marketing of energy-dense, micro-nutrient poor foods should be limited.<sup>37</sup>

Although conclusive evidence of a direct causal link between television food advertising and child obesity is difficult to obtain because of the difficulties of studying human behaviour,<sup>38</sup> the balance of evidence and the weight of expert opinion support the conclusion that food advertising to children has a negative effect on their eating habits and weight and warrants restriction.

The extent of the effect of food advertising on children is difficult to quantify. However, as ACMA notes, Ofcom estimates that 2% of the variation in food choices/obesity may be due to television advertising.<sup>39</sup> While this may seem a modest influence, it can make an enormous impact in terms of the number of children affected on a population basis.<sup>16</sup>

In reality, it is likely that the individual contribution of each of the many factors that influence current overweight and obesity levels in Australia is only modest but their cumulative effect is large. By the same token the accrual of apparently modest benefits from individual interventions is likely to provide the critical mass required to deliver major benefits when implemented as part of a comprehensive package of interventions.

### ***Community Concern***

While parents retain primary responsibility for influencing their children's health and well being, external influences also play a role in shaping children's health and many parents are concerned about the impact of unhealthy food advertising on their children.

A number of surveys have highlighted the level of this concern.<sup>40 41 42</sup> The most recent parent survey shows that parents are concerned about unhealthy food advertising to children (67.3%), use of popular personalities (67.7%), toys (76.4%) and advertising volume (79.7%). The survey also showed that parents supported a change from self-regulation (92.8%) and a ban on unhealthy food advertising to children (86.8%).<sup>40</sup>

The 20,521 postcards sent to ACMA as part of its review of the CTS and calling on ACMA to ban junk food advertising to children as part of the Cancer Council's 'Pull the Plug' campaign, also demonstrate the level of concern on this issue amongst parents and the community.

Consequently, ACDPA is disappointed that ACMA has chosen to ignore these concerns despite its claim to have been "attentive to prevailing community standards and expectations" in conducting its review of the CTS.

### ***Effectiveness of Restricting Advertising***

Results from countries that have implemented restrictions on television food advertising to children are limited but encouraging. For example, evaluations of the advertising restrictions in Quebec show that children in Quebec have the lowest prevalence of obesity of any Canadian province and the second lowest prevalence of overweight.<sup>43 44 45</sup> They also show that the decrease in advertising revenue to the advertising and television industries was far lower than predicted and there was no reduction in the quality or quantity of children's programming.<sup>45</sup>

In addition, obesity rates among French-speaking children are lower than among English-speaking children in Quebec. French-speaking children watch French-speaking television channels broadcast from Quebec where they are prevented from showing advertisements designed for children. English-speaking children can watch American commercial television broadcast from outside Quebec carrying large amounts of advertising to children.<sup>46</sup> Correlational analysis looking at other items advertised on television (toys, children's cereals) confirmed the role of English-speaking children's exposure to American television as the probable explanation for the observed differences between the groups.<sup>47</sup>

In implementing restrictions on television advertising of food to children, Australia would have the advantage of its geographic isolation which would limit the potential for these restrictions to be undermined by cross-border advertising as occurs in some countries where restrictions have been introduced, increasing their potential impact.

A study funded by the Victorian government assessed the cost-effectiveness of thirteen potentially important public health interventions ranging from school based nutrition and physical activity interventions, surgical and pharmacotherapies for overweight and obese children, whole family approaches and the restriction of advertisements for high sugar and/or high fat foods and beverages or fast food outlets during television viewing hours. This study found that the implementation of restrictions on advertising of unhealthy food and beverages to children would be an extremely cost-effective intervention for reducing obesity in Australia and was the most cost-effective of the interventions assessed.<sup>48</sup>

The experience from tobacco control, where a ban on tobacco advertising was implemented in the mid-70's as part of a comprehensive public health approach, is also instructive. Regulations on tobacco smoking have had a powerful effect on reducing tobacco smoking in Australia which now has one of the lowest smoking rates in the world. While it is not possible to isolate the impact of the advertising ban on smoking prevalence rates, given that it was one element of a comprehensive approach, following the introduction of tobacco advertising bans, an acceleration did occur in the rate of decline in overall smoking prevalence.<sup>49</sup>

### ***International and local developments***

There is increasing momentum, both internationally and locally, for the introduction of restrictions on unhealthy food advertising to children.

The World Health Organization is currently considering recommendations to "support national action to protect children from marketing by substantially reducing the volume and impact of commercial promotion of energy-dense, micronutrient-poor foods and beverages to children; to

address issues such as cross-border television advertising and global promotional activities; and consider the development of an international code on the marketing of food and beverages to children.”<sup>50</sup>

A draft model international code on marketing to children has been prepared by Consumers International in conjunction with the International Obesity Task Force and the International Association for the Study of Obesity. This code makes draft recommendations for the World Health Organization to consider in developing its final recommendations to health ministers. The code would restrict marketing of junk food and soft drinks to anyone under 16, but would allow the promotion of foods which have a 'healthy' nutritional profile.<sup>51</sup>

A number of countries have recognized the need to curb advertising for unhealthy food and beverages in children's television. The United Kingdom, Sweden, Belgium, Denmark, Italy, Greece, Ireland and Quebec all have restrictions on television advertising to children, ranging from a complete ban on advertising to children to bans on specific advertisements at particular times.<sup>52</sup>

In Australia, momentum is also building for the introduction of restrictions on food advertising to children. Both the South Australian and Queensland governments have announced consultations into the issue of television food advertising to children with a view to implementing possible bans or restrictions on advertisements for unhealthy foods and beverages during children's peak viewing times at a State level. A Senate inquiry is also currently underway into a proposed bill to restrict television advertising of unhealthy food to children.

In addition the National Preventative Health Task Force has recently released a discussion paper on possible action that can be taken to reverse current trends in overweight and obesity in Australia. One of the Taskforce's proposed interventions is to ban the advertising of energy-dense, nutrient-poor foods and beverages on free-to-air television during children's viewing hours (i.e. between the hours of 6.00am and 9.00pm), and reduce or remove such advertising in other media such as print, internet, radio, in-store and via mobile telephone.<sup>13</sup>

### ***Industry self-regulation***

While industry self-regulation is one approach that could be used to restrict food and beverage advertising to children, ACDPA considers that this approach is inadequate.

In a report to the World Health Organization (WHO) the International Association of Consumer Food Organisations concludes that voluntary marketing codes are unlikely to be adequate to address the issue of food marketing and that stronger regulation is required.<sup>53</sup>

The WHO Forum and Technical Meeting on Marketing of Food and Non-Alcoholic Beverages to Children also concluded that self-regulation alone is not a sufficient response to reducing the volume of food marketing to children and that self-regulation is likely to be more effective if it operates within a legal framework with incentives for change.<sup>50</sup>

In Australia, the current co-regulatory system is patently ineffective in curbing food advertising to children and this conclusion is reinforced by ACMA's decision not to introduce additional restrictions on food advertising to children as part of its current review of the CTS.

ACDPA notes that, in response to community concerns and the ACMA review of Children's Television Standards, the Australian Food and Grocery Council (AFGC) has developed a voluntary "Responsible Children's Marketing Initiative" to limit food advertising to children as an alternative to further legislative regulation. Under this voluntary code, signatories would undertake not to market food and beverages to children under 12 unless those products represent healthy dietary choices and the advertising occurs in the context of a healthy lifestyle with messaging that encourages good dietary habits and physical activity. These restrictions would apply to a wider range of media

including television, radio, print, cinema and third-party internet sites and would apply where the audience is predominantly children under 12 and/or the program or media, is directed primarily to children.<sup>54</sup>

While ACDPA welcomes the AFGC's recognition of community concerns on this issue and its willingness to address advertising across a wider variety of media types, we consider that the scope of this initiative is far too limited to be of any benefit.

Firstly participation in the initiative is entirely voluntary, limiting its application and effectiveness. It is not clear whether there would be any obligation on AFGC members to participate or whether the initiative would be open to companies who are not members of AFGC, such as fast food outlets which account for a significant proportion of unhealthy food advertising to children.

Secondly, the Initiative would only apply in relation to programming for children under 12 years of age. This age-limit is out of step with both the definition of children used by ACMA (under 14 years of age) and that used by other jurisdictions, such as Ofcom (under 16 years of age). In addition, poor dietary habits, particularly low fruit and vegetable consumption, are especially prevalent amongst older children in Australia, with less than one quarter of 14-16 year olds consuming enough fruit and only 5% consuming enough vegetables. Consequently, older children cannot be ignored when considering the application of advertising restrictions.

Thirdly the initiative would apply only during programs where the audience is predominantly children under 12 and/or the program or media is directed primarily to children. In reality however television viewing by children is relatively low during these programs. Television audience ratings data indicate that child audience numbers during 'C' and 'P' programs/periods are relatively low at around 80,000, while peak viewing times occur in the evenings between 6pm and 9pm when between 400,000 and 500,000 children are watching commercial free-to-air television.<sup>18</sup>

Finally, it is unclear what nutrient criteria AFGC intends to use to define healthy and unhealthy food advertisements.

Given the inadequacy of this industry approach to self-regulation, ACDPA supports a stronger statutory approach to restricting food advertising to children that applies across both television and other media that are used to advertising food and beverage products to children.

### ***Definition of children***

The draft CTS define children as people younger than 14 years. This definition of children should be revised to people younger than 16 years to bring it into line with other health policies and the age restrictions established in other jurisdictions, such as Ofcom, which classify children as 16 years or younger. In addition school is generally compulsory until this age.

### ***Compliance and monitoring issues***

If restrictions on television food advertising to children are to be successful, an effective compliance and monitoring procedure needs to be implemented. This issue has not been addressed in ACMA's review of the CTS.

The current system is ineffective as it relies on complaints from the public to identify breaches of the CTS, is slow, is hampered by ambiguous terminology and can result in arbitrary interpretations which seem to favour advertisers rather than the protection of children.<sup>55</sup> In addition several studies have found serious and repeated breaches of the current standards, particularly in relation to premium offers.<sup>21,55</sup>

Consequently a more rigorous compliance and monitoring procedure needs to be implemented.

## ***Concerns relating to ACMA's conclusions in its report of the review of CTS***

### ***Evidence base***

ACMA has made its decision not to introduce additional restrictions on food advertising to children on the basis of a purported lack of evidence of a direct causal relationship between food advertising to children and childhood obesity rates, as reported in the Brand literature review.<sup>39</sup> However, this review has a number of shortcomings.

Firstly, the evidence sought in the Brand review of a direct causal link between television food advertising and childhood obesity rates is unachievable because of the complexities of studying human behaviour.<sup>38</sup>

Secondly the Brand Literature review omitted a number of significant studies and did not give appropriate weight to earlier robust systematic reviews by well respected researchers which analysed a larger body of scientific studies. In particular the evidence from comprehensive systematic reviews conducted by the US institute of Medicine<sup>17</sup> and for the World Health Organisation<sup>16 38</sup> has not been considered or has been discounted. These reviews found that although causal evidence is not available, existing research nonetheless provides sufficient evidence that food advertising to children independently influences their food preferences, purchasing requests and consumption, as well as their dietary habits and health status.

ACMA also acknowledges that it is not a health advisory body and has to rely on the current body of evidence developed by experts in relevant fields to guide and ultimately inform its decision-making on whether additional restrictions should be introduced. However ACMA has chosen to ignore the large body of evidence and recommendations from eminent local and international health bodies, including the World Health Organization and the Institute of Medicine in the United States, which conclude that unhealthy food advertising contributes to childhood obesity and therefore warrants restrictions.

ACMA also seems to come to the opposite conclusion to other organisations in the field on the basis of the same evidence. For example, ACMA notes that Ofcom, the communications and media regulator in the UK, "estimates that the strength of the association between television advertising/viewing and childhood obesity is quite modest, with television advertising/viewing accounting for about two per cent of the variation on food choice/obesity." However ACMA fails to note that Ofcom nevertheless concludes that "it is appropriate and necessary to adopt restrictions intended to reduce significantly the exposure of children under 16 to HFSS advertising" (ie foods high in fat, salt and sugar) and has banned advertising for food high in fat, sugar and salt in and around programs made for children or that are likely to be of particular appeal to children under 16.<sup>56</sup>

### ***ACMA economic modelling***

The economic modelling used by ACMA to determine the required reduction in obesity related costs at which restrictions on food and beverage advertising might achieve a net benefit to society substantially underestimates the cost of obesity and overweight. As a result ACMA gives greater weight to reduced revenues for broadcasters than to public health benefits in determining whether the introduction of advertising restrictions is likely to result in a net benefit to society.

Firstly, in assessing the net benefit to society of a ban on television advertising of unhealthy foods, ACMA uses estimates of the cost of obesity provided in 2006 report, *The economic costs of obesity*, by Access Economics.<sup>57</sup> In this report the costs of obesity in 2005 were estimated to be \$21 billion, comprising \$3.7 billion dollars in direct financial costs and \$17.2 billion in burden of disease costs, which include the cost of lost wellbeing, disability and premature death.

Since the release of ACMA’s report, Access Economics has released estimates of the cost of obesity in 2008.<sup>2</sup> These estimates show that the total cost of obesity alone (not including overweight) in Australia in 2008 is \$58.2 billion, comprising \$8.3 billion in direct financial costs and \$49.9 billion in burden of disease costs.

As this estimate of the cost of obesity is over twice the estimate for 2005, ACMA’s assessment of the net reduction in obesity costs that would be required to offset reduced broadcaster revenue due to a ban on television advertising of unhealthy food to children, requires substantial revision.

Secondly, ACMA has used only the direct financial costs of obesity (\$3.67 billion in 2005) in undertaking its modelling, and has excluded the non-financial but nevertheless very real burden of disease costs, in the form of disability, lost wellbeing and premature death arising from obesity. ACMA has not provided any justification for excluding these costs from its modelling.

Table 1 provides revised estimates of the reduction in obesity-related costs required to offset reductions in broadcaster revenues, using the most up to date cost of obesity data and including the total costs of obesity, not just the direct financial costs. Costs associated with overweight are not included as they are not readily available.

Table 1 shows that, even at the upper range of foregone broadcaster revenue, very small reductions of only 0.74% in the current total cost of obesity would result in a net benefit and would justify the introduction of even a complete ban on all food advertisements between 6am and 9pm. A reduction of only 0.41% or less would be required to justify restrictions on advertisements only for foods high in saturated fat, salt and sugar.

**Table 1: Estimates of the reduction in obesity related costs required to offset reductions in broadcaster revenues from restrictions on food and beverage advertisement, 2005 and 2008.**

	Advertising restrictions	
	All food advertisements between 6am and 9pm	All advertisements for foods high in saturated fat, salt and sugar between 6am and 9pm
Expected reduction in broadcasters’ revenue (\$m)	\$143.8-431.1	\$79.6-238.6
Required reduction in obesity-related costs – direct financial costs (\$3.7 bn), based on 2005 Access Economics figures, estimated by ACMA	4.14% - 12.43%	2.29-6.87%
Required reduction in obesity-related costs based on 2008 direct financial costs of \$8.3 bn	1.73%- 5.2%	0.96%- 2.87%
Required reduction in obesity-related costs – based on 2005 total obesity costs of \$21 bn	0.68% - 2.05%	0.38% - 1.14%
Required reduction in obesity-related costs based on 2008 total costs of \$58.2 bn	0.25%-0.74%	0.14%-0.41%

Finally, this modelling takes into account the costs of obesity alone and does not include costs associated with overweight. ACMA assumes that there are “zero economic costs associated with overweight” as estimates of the economic costs of overweight are not readily available. This leads to a major understatement of the overall cost of overweight and obesity, as ACMA itself acknowledges. Consequently the reduction in combined costs of overweight and obesity that would be required for a net benefit to society to result from either a ban on all commercial food and beverage advertising on television between 6am and 9pm or a restriction applying just to unhealthy foods and beverages, would be even less than estimated above.

### ***Identifying foods high in fat, salt, and sugar***

ACMA claims that Australia does not have a tool to identify foods high in fat, salt and sugar (HFSS foods) and this therefore limits the options it could practically consider with respect to introducing restrictions on food advertising. This conclusion then feeds into ACMA’s argument to take no action on food advertising restrictions.

ACDPA considers that this is a spurious claim. Firstly, Food Standards Australia New Zealand (FSANZ) has developed a nutrient profiling model that could be used or adapted to identify unhealthy foods for the purpose of restricting advertising.

Secondly, ACMA itself has used a tool to identify HFSS foods in its *Economic Impact Report - Economic Impact of Restrictions on Television Food and Beverage Advertising Directed at Children Report*, which could form the basis of such a tool.

Finally, an appropriate tool could be specifically developed for the purpose of identifying HFSS foods that could not be advertised.

ACDPA would support either a ban on all commercial food and beverage advertising on television, or one restricted to appropriately identified unhealthy food and beverages. However, the latter option may work to the benefit of all parties by encouraging the development of healthier options/ product reformulations by the food industry, which can be advertised, hence increasing the availability of healthier foods to consumers, maintaining sales for the food industry and reducing the impact on broadcasters profits.

## **Conclusions**

There is an urgent need to address the growing problem of obesity and overweight in Australia. This problem will require a comprehensive multi-sectoral approach comprising a suite of interventions that work together to address the multi-faceted causes of overweight and obesity in society.

There is a substantial body of evidence that advertising of unhealthy food and beverages is part of the obesity problem and that advertising to children influences their nutritional knowledge, food preferences, food purchasing and food consumption, as well as their diet and health status. There is also increasing support for the introduction of advertising restrictions, both in Australia and internationally.

Consequently, restrictions on commercial food and beverage advertising on television are an important element of a comprehensive obesity control strategy and should be implemented as soon as possible.

## Recommendations

That ACMA

- Revise the draft CTS to prohibit all commercial food and beverage advertising on television between 6am and 9pm every day, when large numbers of children are watching. At the very least restrictions should apply from between 7am to 9am and 4pm to 9pm weekdays and 7am to 9pm on weekends. This would incorporate a prohibition on the use of premium offers and character promotions and endorsements in food advertising. However the promotion of healthy eating messages through non-commercial social marketing campaigns would not be precluded.
- If a ban on commercial food and beverage advertising is not adopted, then the prohibition should apply to television advertising of unhealthy foods at the above times. Existing tools such as the FSANZ nutrient profiling system could be used, or a new tool developed, to identify unhealthy foods to which the advertising ban would apply.
- Revise the definition of children to people younger than 16 years of age.
- Implement more rigorous mechanisms for monitoring of compliance with the CTS and for applying prompt and appropriate sanctions for breaches.

In making these recommendations, ACDPA recognises that action is required across all media types that are used to promote unhealthy food and beverage products to children, not just television advertising.

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