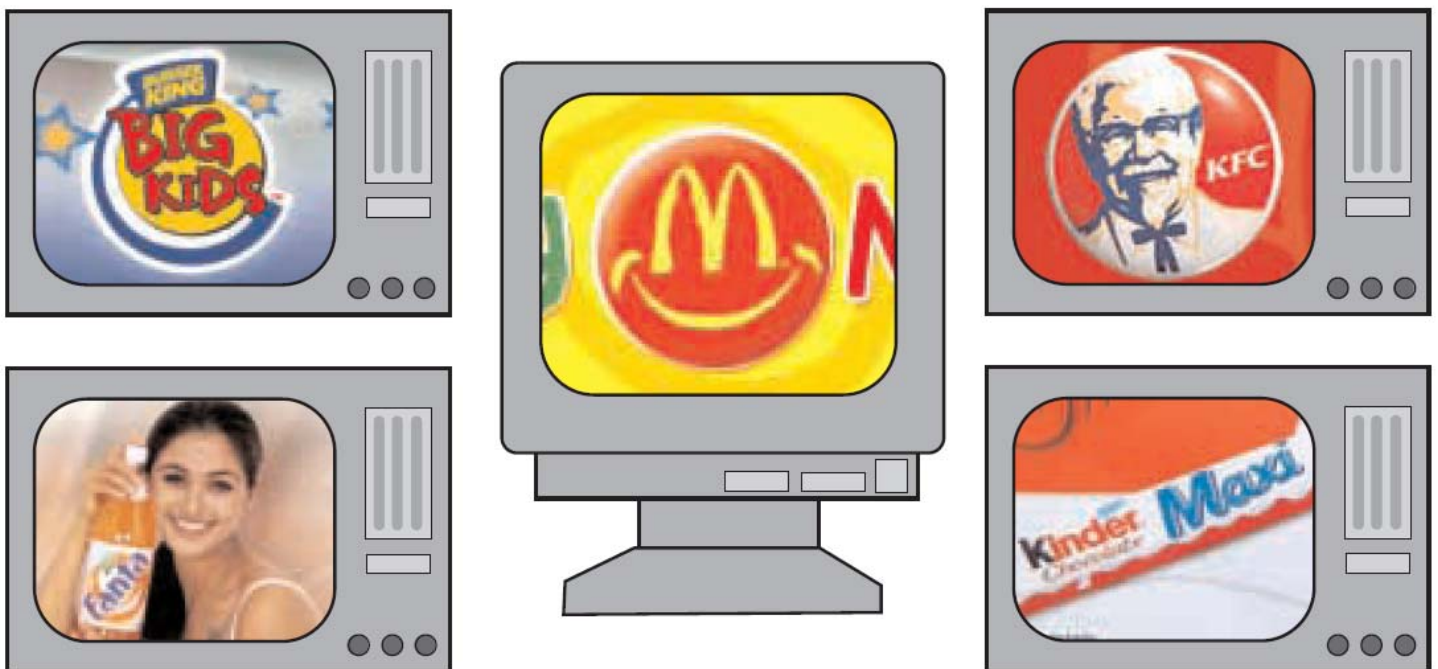


MARKETING FOOD AND BEVERAGES TO CHILDREN

STAKEHOLDER VIEWS ON POLICY OPTIONS IN THE UK Findings from the PolMark project August 2009



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International Association for the Study of Obesity

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Caution

The results discussed in this report represent the individual viewpoints of those interviewed, and thus are not necessarily representative of the official positions of the institutions or organisations for which the interviewees work.

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International Association for the Study of Obesity

28 Portland Place

London W1B 1DE, UK

tel +44 (0) 20 7467 9610

www.iaso.org

www.polmarkproject.net

Project coordinated by:

Dr Tim Lobstein

Director of Policy and Programmes

Email tlobstein@iaso.org

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Overview of PolMark project in Europe

General objectives

PolMark (POLicies on MARKeting of foods and beverages to children) aims to improve the understanding of influences on children's dietary choices and contribute to improving the nutritional status of children in Europe in order to counteract the challenge of obesity and non-communicable disease.

Strategic relevance and contribution to the public health programme

The 2006 World Health Organization's European Regional Ministerial conference *Counteracting Obesity* identified the marketing of foods and beverages to children as a public health issue requiring regulation.¹ The European Commission's 2007 White Paper *Strategy on Overweight and Obesity* also recognised this issue and urged industry to take voluntary action; this position is set to be reviewed in 2010.² The PolMark project is designed to provide resources to assist policy-makers in these strategic objectives.

Methods and means

The project consists of three work packages contributing to the objectives.

- An updated 'state of the art' review of current controls and regulations on marketing to children in all EU member states (last undertaken by the WHO in 2005-6).
- Interviews during 2008 and 2009 with at least 160 key stakeholders concerned with children's health and with food and beverage production and promotion (up to 20 stakeholders in each of 11 member states) to assess the stakeholders' views and the likely opportunities and barriers that exist in developing policies in this area.
- Development of health impact assessment (HIA) techniques using quantified impact estimates, and their assessment as a tool available to policy-makers.

Expected outcomes

The project's outcomes will advance the understanding of current policies and policy options on marketing controls in relation to food and beverages for children, and expand the methodology available for HIA. The full report of the project is due for publication around the end of 2009.

The present report describes the results of interviews conducted among 20 stakeholders in the United Kingdom in 2008.

Partners

- *The International Association for the Study of Obesity – **United Kingdom***
(Coordinator)
- *The European Consumers' Organisation– **Belgium***
- *Research and Education Institute of Child Health – **Cyprus***
- *University of Masarykova – **Czech Republic***
- *Suhr's University College – **Denmark***
- *University of Alicante – **Spain***
- *Institut de Recherche pour le Développement – **France***
- *Irish Heart Foundation – **Ireland***
- *Association of Polish Consumers – **Poland***
- *National Institute of Public Health – **Slovenia***
- *Stockholm County Council and the Karolinska Institute – **Sweden***

Web:

<http://www.polmarkproject.net/>

<http://ec.europa.eu/eahc/projects/database.html>

EXECUTIVE SUMMARY: POLMARK PROJECT UK FINDINGS

Introduction

The World Health Organization 2002 technical report on chronic disease concluded that 'heavy marketing of energy dense foods and fast food outlets' was a 'probable risk factor' for obesity.³ More recently, the European Parliament's commissioned report on the effect of advertising of food and beverages on children's health stated that despite a lack of good quality evidence, policy-makers should take action now on the basis of the precautionary principle.⁴

Obesity is a rapidly growing threat to public health in Europe, and childhood obesity rates in the UK are ranked among the top five out of 27 European countries. In response to concern about childhood obesity rates, both the UK and the European Union are considering a range of public health measures to limit its rise. Controlling food and drink marketing to children is one such measure under debate.

Project aims

To strengthen policy-making, additional policy-relevant intelligence is needed describing the likely responses from principal stakeholders. The present report describes the attitudes to current and anticipated controls on promotional food and beverage marketing to children among stakeholders in the UK.

Methodology

Face-to-face, semi-structured, digitally-recorded interviews were conducted between July and October 2008 with stakeholders from 7 different categories (see Table 1). Between 2 and 5 stakeholders were interviewed from each category for a total of 20 interviews. Stakeholder recruitment was conducted with the aim of reflecting a broad range of relevant viewpoints from senior, national representatives in each sector to provide sufficient coverage of the main issues of debate.

Table 1: Stakeholders Interviewed

Stakeholder category	Number of interviewees
1.Academic experts, government advisors	3
2.Consumer advocates	3
3.Public health and health professional advocates	5
4.Food producers, caterers and retailers	2
5.Advertisers and advertising advocates	2
6.Government officers and regulators	2
7.Children, family and school advocates	3

Key findings

Views on the link between advertising and eating behaviour/obesity

- The majority of stakeholders were aware of the severity of childhood obesity in the UK in comparison to the rest of Europe. Most also recognized that there is a link between advertising and obesity, with one third believing it to be strong. Those in disagreement represented the food industry and government, emphasising the lack of evidence for this relationship.
- A quarter of the interviewees were reluctant to answer questions about the impact of marketing methods on purchasing, pestering and consumption. The three quarters of interviewees who did respond felt that all advertising types had at least some influence over purchases or pester power. Text messages, products at the supermarket checkout and TV ads were thought likely to have the highest impact on purchases.
- Just under half of participants (including all food industry, advertising and academic representatives) did not wish to quantify the impact of advertising on the consumption of snacks and beverages. Those who did answer provided estimations ranging from 0 to 7 additional portions per week, and believed that products placed at supermarket checkouts and featured on websites were likely to have the highest impact on consumption.

Views on current controls

- Two thirds of stakeholders believed that UK food advertising regulations are insufficiently controlled, implying that current regulations do not go far enough or need greater levels of enforcement.
- Only representatives of food and advertising industries believed that current controls are excessive; and some argued that evidence linking obesity and advertising is lacking and does not justify regulation.
- Views were mixed as to how advertising to children in the UK compares to other countries. Nordic countries were most often cited as having less advertising and promotion to children, and several stakeholders believed that Nordic countries could be a useful model for the UK.

Views on future controls

- Statutory regulation was favoured for almost all marketing techniques by the majority of those interviewed. Two stakeholders from the advertising and food industries opposed statutory regulation.
- Government officials and consumer advocacy groups were seen as having a powerful influence on government policy regarding marketing controls. Public health advocates and consumer groups were seen as the most trustworthy.

Views on policing regulation

- Over half of respondents – including all child and family representatives, consumer advocates and public health advocates – thought that industry voluntary action would not be effective in regulating advertising.
- Academic researchers, advertisers, food producers and government officials felt that voluntary action could be effective or very effective, and did not foresee issues with ensuring compliance. Some interviewees mentioned conditions which could help ensure effectiveness, including: a consumer complaint system, a pending threat of legislation, and a code of practice linked to statutory enforcement.

Views on restricting TV advertising and to whom

- All stakeholders apart from the advertising and food industries believed that restriction on TV advertising for certain foods and beverages was acceptable in principle; high fat and sugar products were seen as a category especially in need of control. Nutrient profiling could be useful in assessing which foods should be promoted more and which foods less.
- There was a lack of consensus on what types of broadcast programme should be subject to controls, with preferences split relatively evenly between all programmes aired before 9pm, those with many child viewers and those created for children.
- 'Up to 16 years' was the most frequently cited age range for marketing controls to target, with two members of the food and advertising industries more receptive to imposing controls for children aged 12 and under.

Conclusion

Most stakeholders are aware of the severity of childhood obesity in the UK, and (apart from government officials and food producers) believe the problem is in part linked to marketing. Opinions are clearly divided, with the food and advertising industries believing self-regulatory measures would be sufficient, while nearly all other stakeholders, including government officials, favour some form of statutory regulation. Policy-makers will find it hard to bridge the gap between commercial and economic interests on the one hand and health and consumer advocates on the other – and while the former have greater influence in government circles the latter have greater public trust.

1. Background

1.1 Childhood obesity in the UK

Obesity has increased dramatically among both adults and children in Europe, and poses an acute threat to public health. In the UK, overweight affects some 30% of all school-age children and is particularly prevalent among children from lower socio-economic status families.⁵ Childhood obesity is a risk factor for adult obesity and for early chronic disease developed during childhood. In response to the increasing prevalence of obesity, the European Union and most of its member states are considering a range of public health measures which aim to combat the problem. Controlling food and drink marketing to children is one such measure under consideration.

1.2 Current regulatory environment in the UK

The UK currently employs a combination of statutory and government approved private sector self-regulation techniques to control commercial promotion of food to children. Statutory rules apply to child-targeted television advertisements for high fat, sugar or salt (HFSS) foods as defined by nutrient profiling. 'Child-targeted' marketing is defined as marketing during preschool children's programs, during programs made for children under the age of 16 in children's airtime, and youth-orientated programming that attracts a significantly higher-than-average proportion of viewers aged younger than 16 (i.e. the proportion of viewers under 16 is 20% higher than the general viewing population). The rules apply to commercial and public service broadcast channels and all cable and satellite channels.

1.3 Policy debates in UK regarding obesity and advertising controls

Following a series of reports identifying the rising levels of obesity in the UK⁶ policy concerns arose about the nature and balance of television food advertising to children, specifically the over-consumption of HFSS food and drinks and the under-consumption of fresh foods, fruit and vegetables. Both the Department of Health (DH) and the Food Standards Agency (FSA) identified television advertising as an area where action should be considered to restrict the promotion of HFSS foods to children. In December 2003, the Secretary of State for Culture, Media and Sport asked Ofcom to consider proposals for strengthening the rules on television advertising of food aimed at children, and in early 2004 Ofcom conducted research into the role that television advertising plays in influencing children's consumption of foods that are HFSS. This concluded that advertising had a modest, direct effect on children's food preferences and a larger but unquantifiable indirect effect on children's food preferences, consumption and behaviour.

In November 2004, the Department of Health published a White Paper reiterating the Government's view that there was 'a strong case for action to restrict further the advertising and promotion to children of those foods and drinks that are high in fat, salt and sugar' in both the broadcasting and non-broadcasting arenas.⁷ It made clear that the Government sought a 'change in the nature and balance of food promotion'. At the same time the FSA published

a consultation on a scheme which would identify HFSS food and drink products by means of nutrient profiling.

A number of proposals were suggested by Ofcom and put out for consultation in 2005. The proposals were hotly disputed during the consultation process, with sharply drawn divisions between commercial interests and public health and consumer advocacy groups. The latter threatened court action if the consultation did not include the option of a 9pm 'watershed' for advertising HFSS foods – a watershed that was strongly supported by several government agencies, public health bodies and children's organisations. A compromise position was adopted which led to an estimated reduction in children's exposure to HFSS TV advertisements of around 34% less in 2007/8 than in 2005 and 63% less HFSS product advertising specifically in children's airtime.⁸ The rules also introduced a statutory definition of HFSS foods using a nutrient profile formula, and included additional measures which banned the use of licensed characters, celebrities, health claims and free gifts in HFSS food advertisements directed at young children. The debate now concerns non-broadcast media, such as print and digital media, including the internet.

1.4 Marketing controls in other countries

Several Scandinavian countries have introduced controls on advertising energy-dense food, Norway taking initiative more than 20 years ago. More recently, Ireland introduced new controls in 2008 on advertising 'junk food' during children's programmes. Denmark's voluntary code places limitations on marketing of food and beverages aimed at children, but applies only to companies that have agreed to the arrangements. A similar approach is taken in Spain, where restrictions have been agreed voluntarily and apply to those companies that have undertaken to abide by the arrangement. In France, advertisements for sweetened beverages and processed foods must contain a prescribed health message or a levy is imposed.

Concerned at the internationalisation of poor quality diets and rising child obesity around the globe, the World Health Assembly in 2007 called on the WHO to develop a set of recommendations on marketing unhealthy foods to children and a consultation is underway. In 2008 the International Obesity TaskForce and Consumers International published proposals for an International Code on Marketing of Foods to Children⁹ which sought to emphasise the need to protect children in countries where regulation is weak or enforcement capacity poor by requiring the commercial sector to agree a minimum set of principles, including a ban on:

- TV and radio adverts between 6am and 9pm that promote unhealthy foods;
- Use of cartoon characters, celebrities or competitions promoting unhealthy foods;
- Inclusion of free gifts, toys or items for children to collect in unhealthy foods;
- Promotion of unhealthy food products in schools;
- Marketing of unhealthy foods using new media, such as the internet and text messages.

The proposed Code has been submitted by a group of international non-governmental bodies as part of the WHO consultation process.

1.5 Aims of the PolMark study in the UK

In order to assess the current and anticipated initiatives on marketing to children, the present study aimed to:

- investigate stakeholders' views of different regulatory approaches;
- explore whether stakeholders believe there is a relationship between marketing and obesity;
- assess if stakeholders are aware of the importance of obesity in the UK;
- examine what role stakeholders see themselves as having in influencing marketing policy.

2. Methods

2.1 Recruiting and interviewing stakeholders

Recruitment was conducted to reflect a broad range of relevant viewpoints. Participants were recruited as individuals based primarily on their role as senior members of leading stakeholder organisations. Seven stakeholder categories were selected by the research team (see Table 1) and a total of twenty interviews were conducted with at least two representatives from each category. Six of the interviewees were men and fifteen were women; one organisation in Cat.3 (public health and health professional advocates) had both a male and female representative who provided a joint interview.

Table 1: Stakeholders Interviewed

Stakeholder category	Number of interviewees
1.Academic experts, government advisors	3
2.Consumer advocates	3
3.Public health and health professional advocates	5
4.Food producers, caterers and retailers	2
5.Advertisers and advertising advocates	2
6.Government officers and regulators	2
7.Children, family and school advocates	3

Individuals were approached by the national research team who explained the aims and context of the project, negotiated provisions for anonymity, and obtained the interviewee's consent. Participants were then sent an information package providing further background on the project and pre-interview material. This material describes examples of voluntary, self-regulatory and statutory regulation, enabling each interviewee to 'speak the same language' about advertising controls.

Questionnaires were completed through face-to-face, in-depth, semi-structured interviews. Responses were taken down on laptop computers and were also digitally recorded for later reference. In all cases the process took less than one hour to complete. Interviews were conducted between July and October 2008.

2.2 Questionnaire design

The questionnaire was designed to encourage interviewees to express views on different forms of regulation as well as on the challenges and prospects for policy development. Stakeholders were also able to identify key points of resistance and support for various types of measures. The questionnaire included questions about national controls on promotional marketing through various media (television, other broadcast media, non-broadcast media and new technology) and in different settings, such as schools, pre-school institutions, and retailer sites. Exposure assessment questions related to the exposure of children to marketing and its likely effect on purchase and

consumption, as well as the impact of different policy options were also included.

The questionnaire intentionally included some difficult and leading questions for the purpose of devising a quantitative health impact assessment (QHIA). While these questions were met with resistance from interviewees as they seemed impossible to answer with any degree of accuracy, they were designed to differentiate respondents from one another in order to map their responses with reference to their positions on other aspects of the issue – i.e. the answers were used to identify stakeholders' positions relative to each other; the absolute numerical values given were of less importance.

The UK served as the pilot sample for the PolMark project. A final questionnaire was developed after piloting and was used by the remaining countries participating in the project, in interviews conducted between October 2008 and February 2009. These later interviews also included an eighth stakeholder category: Media and journalism.

3. Results

3.1 Interviewee characteristics

Of twenty UK stakeholder organisations invited to partake in the project, all were able and willing to participate.

Five of the participants represented organisations with less than 10 full-time employees, six represented organisations with 10-100 employees (average 30 employees), and nine participants belonged to organisations with more than 100 full-time staff. Apart from all government officials falling into the latter category, there did not seem to be any relationship between organisation size and stakeholder category.

Seven participants were unable to provide information on their organisation's budget for all activities (two academic experts, two child and family representatives, both food producers and one government official), but of those who did, three had annual budgets of €100,000 – €1m, four reported budgets of €1m-€5m and six had budgets in excess of €5m.

3.2 Awareness of obesity in the UK

Almost all stakeholders (18/20) thought that obesity rates among primary school children in the UK exceed those of most other European countries. One government official believed UK rates were average compared to the rest of Europe and one advertiser did not know. Most interviewees (15/20) thought childhood obesity rates in the UK were worsening, while three (two government officials and one advertiser) believed they were constant and one academic felt they were improving.

3.3 The relationship between marketing and obesity

Views on link between advertising and obesity

Interviewees were asked for their opinion on whether "advertising and marketing of fatty and sugary foods or drinks might have an influence on children's weight and obesity rates". Most stakeholders (17/20) believed there was a relationship, basing their opinions on the existence of scientific evidence, conclusions from the Ofcom and Foresight reports and the Hasting review, or the fact that food companies would not spend such substantial amounts on advertising if it did not work. However, opinions about the strength of this relationship varied between stakeholders.

"There is a link but [it's] not big. The evidence we have seen says it only has a 2% impact." (ID9, advertisers and advertising advocates)

"The argument is that there is only an indirect link, but some of the research we have done has shown that even children as young as 2 have a strong preference toward [high fat, salt or sugar foods] even if they have not actually had access to them. And that preference very much comes from exposure to advertising. Parents find that very frustrating." (ID8, children, family and school advocates)

Seven of the seventeen interviewees who felt there was a link between advertising and child obesity believed it to be strong; five were public health

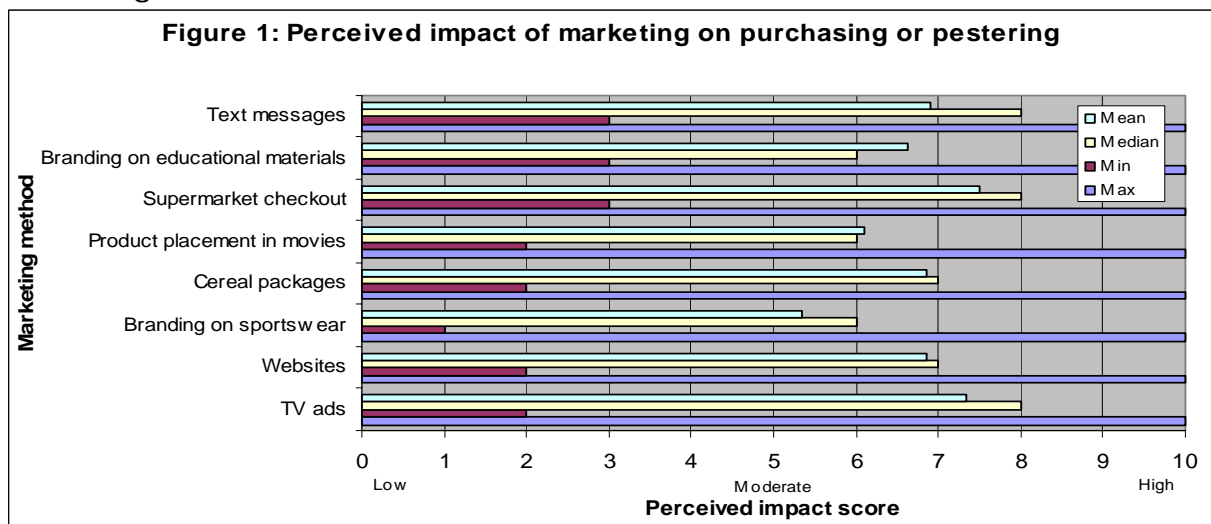
and health professional advocates, and two were children and family advocates.

Three interviewees (both members of Cat.4: food producers and retailers, and one member of Cat. 6: government officers and regulators) did not think that advertising was related to children’s weight and obesity rates, citing a lack of direct evidence and the existence of many other variables that play a role in the relationship.

“[There is] no evidence. The DoH even says there is no evidence. That is a statement. It is an assumption that there is a link.” (ID4, food producers and retailers)

Impact of different types of media on children

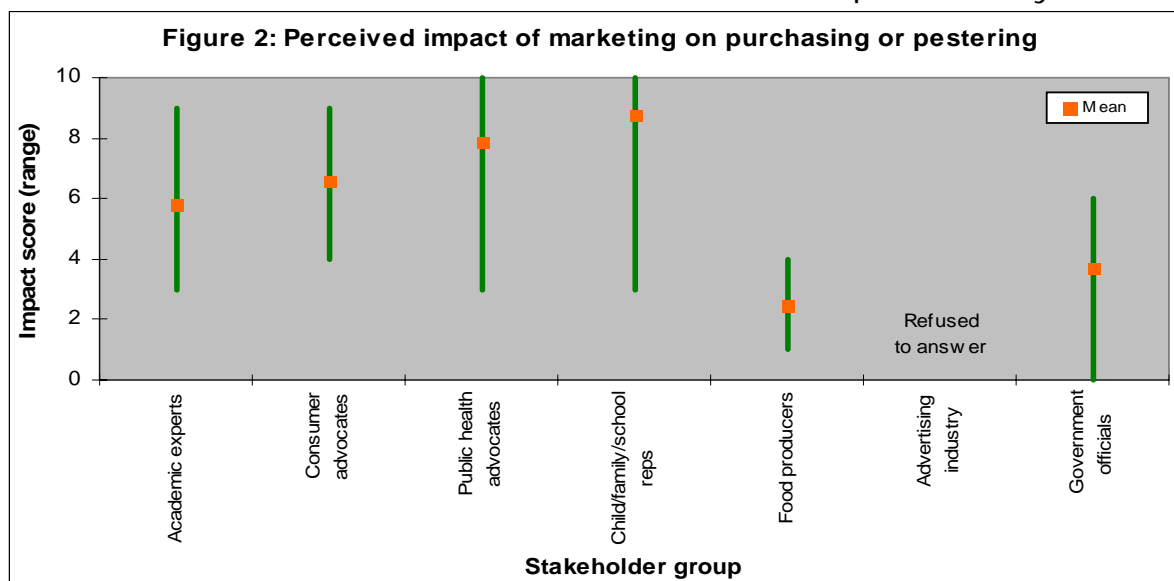
Stakeholders were asked to give an estimate of the relative effectiveness of different types of media in terms of their likely impact on children (around 10-12 years old) regarding their own purchases or pestering their parents to make a purchase. Those interviewees who gave a response (15) felt that all advertising types have at least some effect on purchasing or pestering as shown in Figure 1,



which presents the mean, median, minimum and maximum impact scores. Over half of those responding felt the impact of all marketing methods exceeded ‘moderate’ (5 out of 10). There was most agreement among interviewees regarding the effect of TV ads; the large majority of respondents rated their impact on purchase or pester behaviour as 7 out of 10 or greater. Products at the supermarket checkout received the highest mean, median and minimum scores from those who responded.

Figure 2 presents the mean and range of impact scores given by each stakeholder category. Academics, consumer groups, public health advocates and child and family groups all perceived the impact to be on the high end of the scale, while food producers and government believed it to be at the low end.

Five interviewees were reluctant to estimate the impact of any marketing



method; they were from the advertising industry (2), academics (1), consumer advocates (1) or food producers (1).

"I don't know. I don't think we have the data for anybody to be terribly confident in scoring these. In general I think, and think most of us think, TV advertising of this sort would have an impact but how much I'm not sure. They are all a drop in the ocean." (ID1, academic experts)

"I don't think anybody can answer that. It will be completely made up. I believe they all have an impact but it is impossible to quantify the relative effectiveness based on the evidence available." (ID16, consumer advocates)

"It depends on the contents of the ads. What is relevant would be the evidence." (ID9, advertisers and advertising advocates)

Interviewees were asked for their view on an estimate in the research literature suggesting that about 25 minutes of TV advertising per week increases the intake of snacks by about one snack per week. The majority of respondents (16/20) felt this figure was believable, three of whom (two public health advocates and a child and family representative) believed it was probably an underestimate. Three interviewees (representing the government, food and advertising industries) did not agree with the estimate and one did not provide a response.

"Not believable. I think the study is from the US in the 70s, quite a long time ago. You can't make that kind of link. There are a lot of other factors." (ID6, government officials)

Nearly half of the interviewees (including all academics, food producers and advertisers) did not wish to estimate the impact of different advertising methods on consumption levels (expressed as the number of additional snack or soft drink portions consumed per week by a hypothetical 12 year old child). Food producers were the only group who did not provide a reason for their inability to answer. Some felt there was no evidence to support this kind of estimation.

"I think this is mumbo-jumbo. These experts are not experts in advertising but in banning advertising. I reject their conclusions. Nobody would be able to say that with objectivity. It would be irresponsible to speculate." (ID7, advertisers and advertising advocates)

"These are pure speculations. I really question the value you will get from me speculating this; I'm not a marketing expert ... These are relatively uninformed speculations and what is needed here is data." (ID13, academic experts)

Others, although unable to quantify the impact, did acknowledge their belief that advertising increases snack consumption.

"I presume they will increase the intake of snacking but I have no basis to state an amount. Unless somebody does a review nobody will give you a proper figure." (ID16, consumer advocates)

"I can tell you that reason and logic would say it might [increase snacking] but I can't answer." (ID19, academic experts)

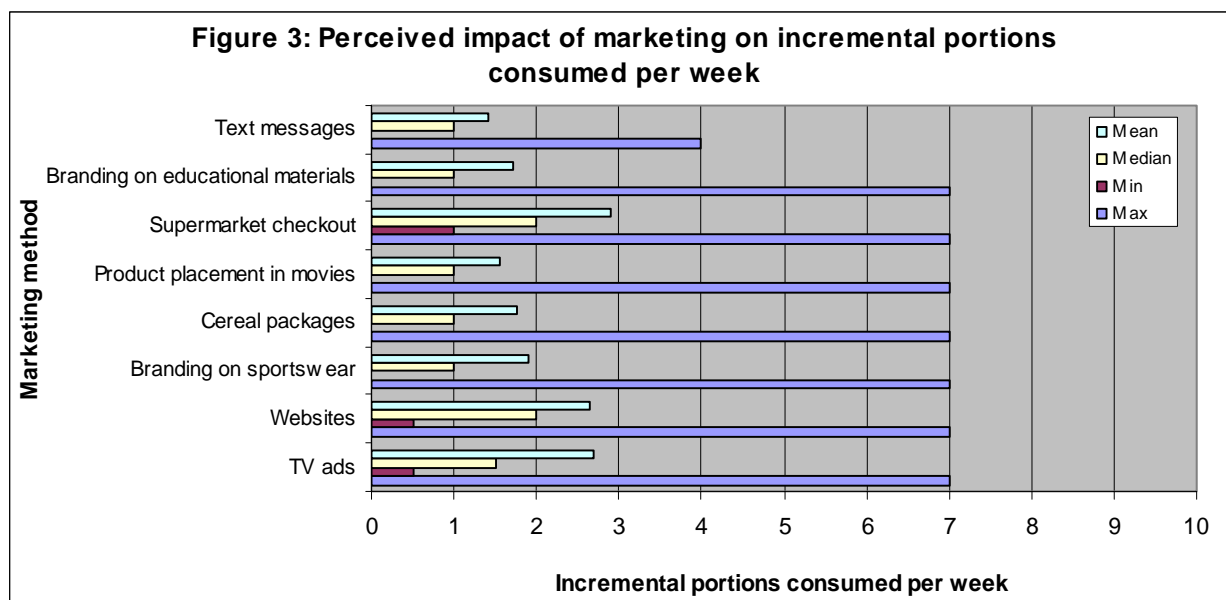
One interviewee felt that marketing methods serve to influence brand switching rather than consumption.

"I don't know. We did some modelling like this and gave up after a while. Today the market is drowning in snack food advertising so I can't see advertising now increasing snack food intake by another portion a day. The maintenance of marketing is maintaining the consumption. If it is really good it might increase it a tiny little bit. I think it is more about the brand-shifting. You are talking about a child has not been exposed to advertising and then consumption might increase but now it is just about replacing." (ID1, academic experts)

One interviewee suggested that increased regulation may have reduced advertising's impact on consumption.

"If you look at it sensibly, then advertising might have increased but so have restrictions. So if advertising has an impact and regulations have become stricter, surely that would mean that the impact would go down." (ID9, advertisers and advertising advocates)

Those who did answer provided estimations for each of the marketing methods listed, with estimates ranging from 0 to 7 snack items per week. Products placed at supermarket checkouts were believed to have the greatest impact on consumption, receiving the highest mean, median and minimum scores from those who responded (Figure 3). This view was consistent with the perceived impact of supermarket checkout product placement on purchase and pester behaviour as described above.



3.4 Influence on obesity and marketing policy

Half the stakeholders (10/20) said their organisations consider both diet and physical activity to be equally important in preventing obesity in children, although several mentioned that in practice they do tend to focus more on diet than activity.

“Both [diet and physical activity are important]. As an organisation we would say that is a simplistic question and the root of all the problems of all policy-making. You cannot separate the two and if you do, you come up with the wrong policy answers and we would blame the British government for doing that.” (ID7, advertisers and advertising advocates)

“We need to act on both. But [there is] more scope in what we can change policy-wise for impact with diets and energy intake.” (ID11, public health and health professional advocates)

“Both are important but [our organisation is] more diet focused. I think the food and drink industry tend to blame obesity on lack of physical activity.” (ID15, consumer advocates)

Seven stakeholders felt diet was the best way to address the problem and two (1 food producer, 1 government official) stated physical activity.

“Physical activity is more important. The industry has made a lot of work in making healthier options and in self-regulation. On the other side we are very disappointed in the government’s delivery of physical education and

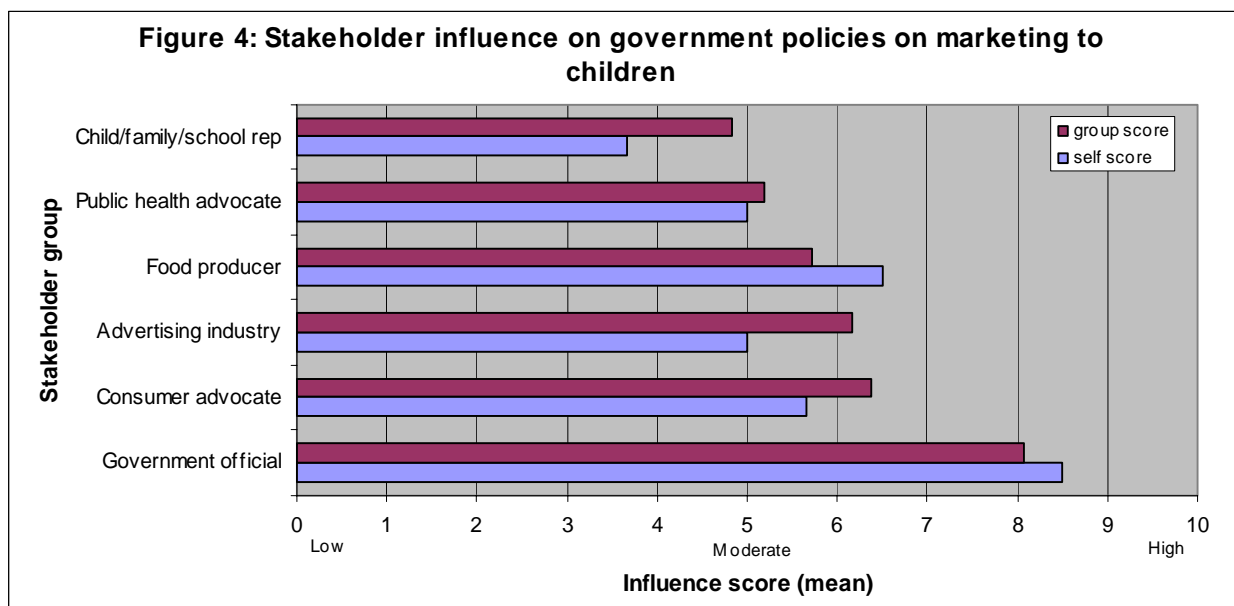
understanding labelling. Everybody must be playing their part. Lifestyle and physical activity are absolutely essential and then there must be an understanding of diet. The key thing is to ensure that people are not sedentary. It is a multifaceted issue that we would look to the government to debate on. There is no cut-and-dry answer.” (ID20, food producers and retailers)

Campaigning

Most of participants’ organisations (13/20) currently campaign to promote physical activity and/or a healthy diet for children, or had recently done so. At least one representative from each stakeholder group fell into this category, with the exception of academics who did not report involvement in campaigning activities.

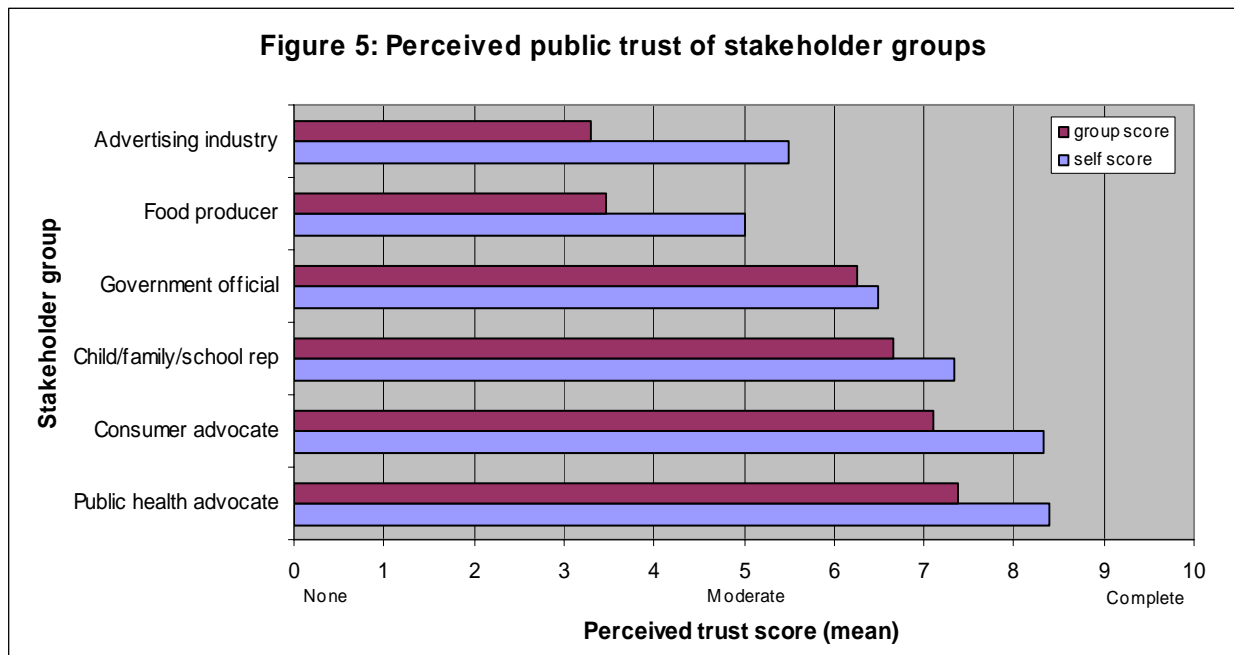
Influence on government policy

Government officials were seen as having a great deal of influence on government policy regarding advertising to children (Figure 4), followed by consumer advocates, advertisers and the food industry. Figure 4 also compares stakeholder’s own ratings of their influence versus their perceived influence according to all other stakeholder groups. Government officials, followed by food producers and consumer advocates, perceived themselves to have the most influence, with the government officials and food producers rating their influence to be greater than other groups deemed it to be. The largest discrepancies between group and self scores were seen in the advertising industry and child and family representatives; both ranked themselves as less influential than other stakeholders did.



Public trust

Despite the potential influence of advertisers and food producers, stakeholders generally believed that the public had little trust in either of these groups (Figure 5). Both the food and advertising industries believed they have a great deal more public trust than other stakeholders thought, as did consumer advocates and public health advocates to a lesser degree. The latter two groups, however, were seen as the most trustworthy according to other stakeholders. It appears that consumer groups are well-positioned to coordinate measures regarding advertising as they are perceived to have both strong influence on government policy in this area and a high degree of public trust.



3.5 Advertising in other countries

Half of the interviewees (10/20) thought that the amount of advertising and promotion to children was greater in the UK than in other countries. Among countries where the amount of advertising and promotion to children was viewed as greater, the US was cited most frequently by five interviewees, followed by Nordic countries (three interviewees), France (two interviewees) and Canada (two interviewees). Other countries mentioned included Spain, Germany and those in Latin American and Eastern European regions.

On the other hand, countries referred to as having less advertising and promotion to children were Nordic countries (mentioned by six interviewees), and Canada (two interviewees).

One interviewee noted the difficulty in comparing advertising between countries due to the wide reach of the internet and lack of regulations for this medium.

3.6 Views of current UK regulatory approaches

When asked for their overall impression of current UK food advertising regulations, the majority of interviewees (12/20) believed they were not controlled enough, while five thought the level of control to be about right, two felt there was too much control and one did not answer. Several respondents who felt current controls were inadequate also noted that they believed UK controls to be more stringent than those of other nations, as did most of those who believe current UK regulations are adequate.

"[Controls are] tighter than elsewhere and tightening. But we also have relatively unique junkfood consumption and dietary patterns among our children so it is reasonable to look for tighter controls." (ID17, public health and health professional advocates)

"[Regulations are] very dynamic and moving in the right direction. The current situation can be improved [but it will] take time; many will say things don't move fast enough. The point people struggle with is what should be banned." (ID1, academic experts)

"[The UK is] ahead of Europe. I base that on the fact that we have a Food Standards Agency which I don't think is replicated in other countries. And we have also begun to look hard at TV advertising of junk food with watersheds and things like that which I think, again, is ahead of what is going on in other European countries." (ID3, public health and health professional advocates)

Only the representatives of food producers and advertisers stated that current controls were excessive. They argued that the available evidence base for the link between food advertising and childhood obesity is questionable given the emotional involvement that scientists have with the issue. They were not convinced that advertising has an impact on obesity, nor that advertising regulations will have the effect intended on children's weight.

"We are in a place where we have to put up with the [food advertising] rules. They should not go further and we would question whether the rules meet the objective of reducing obesity. We don't believe the rules are correlated to the policy outcomes." (ID20, food producers and retailers)

"There is no evidence to show a link between child obesity and advertising and so further restrictions would be experimenting. Childhood obesity is multi-factorial and some claim advertising has nothing to do with it. Current restrictions are okay, but the question is more complicated than that. It is about the manner [in which] those restrictions are being interpreted." (ID4, food producers and retailers)

3.7 Which foods and beverages should be controlled?

With the exception of two food producer and advertising interviewees, all other respondents agreed that television advertising should be restricted for certain types of food and beverages.

"We don't believe there is an objective and scientific way of saying what is a good food and what is a bad food. We don't believe that the FSA's test is scientifically valid, we reject it and it has been imposed on us by the government. It's disproportionate. Part of our principal position is that it is a balanced diet which is important. And what is happening with the anti-food campaigners who have taken over the FSA in the UK is unscientific, they have accepted advice from people who are anti-business and anti-food and are doing damage to children's diets by demonising certain types of food." (ID7, advertisers and advertising advocates)

High fat and sugar products were stated by fifteen interviewees as a category in need of control. Several of the interviewees in support of advertising restrictions on certain foodstuffs emphasised that advertising should not be restricted altogether, as marketing of healthy foods is important.

3.8 Views on acceptable restrictions for TV advertising

When asked what types of programmes advertising should be restricted for, eight respondents felt that commercials aired before 9pm should be controlled (representing child and family, consumer and public health groups). The 9pm watershed was seen as a simple way to cover most programmes watched by children. Programmes with many child viewers were deemed suitable for regulation by 6 interviewees (including two academics, two public health advocates, one consumer advocate and one advertiser). Five interviewees (including two government officials, two food producers and one advertiser) felt it was acceptable for children's TV programmes. No interviewees were of the opinion that restrictions should apply to all aforementioned programme types.

Some interviewees articulated issues surrounding such regulations:

"We know that 80% of children's viewing is outside traditional children's viewing hours – [they are] seeing adverts for junkfood outside restricted hours." (ID14, children, family and school advocates)

"When executing the restrictions there must be some understanding that there are quite a lot of [advertisements for] high fat or sugar foods that are not aimed at children." (ID4, food producers and retailers)

"To restrict further [than children's TV shows] would have a significant effect on adult viewing, broadcast industry and industry in the UK, which are very valuable." (ID6, government officials)

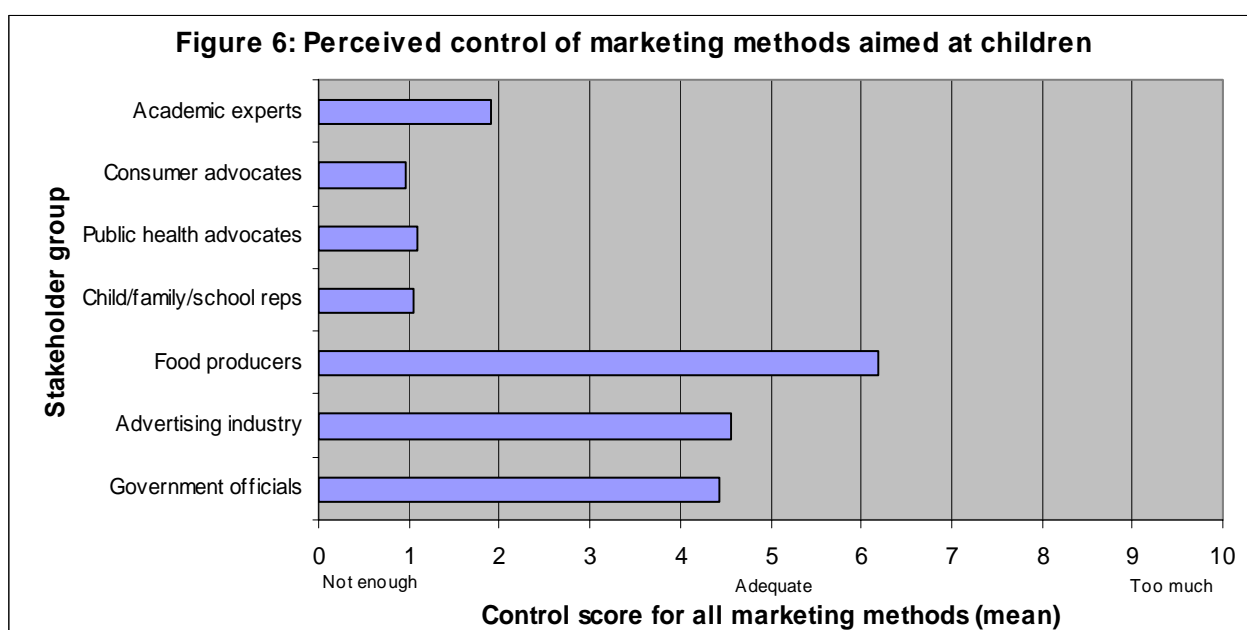
The majority (17 of 20 interviewees) felt that children up to the age of 16 years should be protected by advertising regulations if they were to be imposed. Two interviewees (a food producer and an advertiser) thought

children should be protected only up to the age of 12 years, and one advertiser did not express a view.

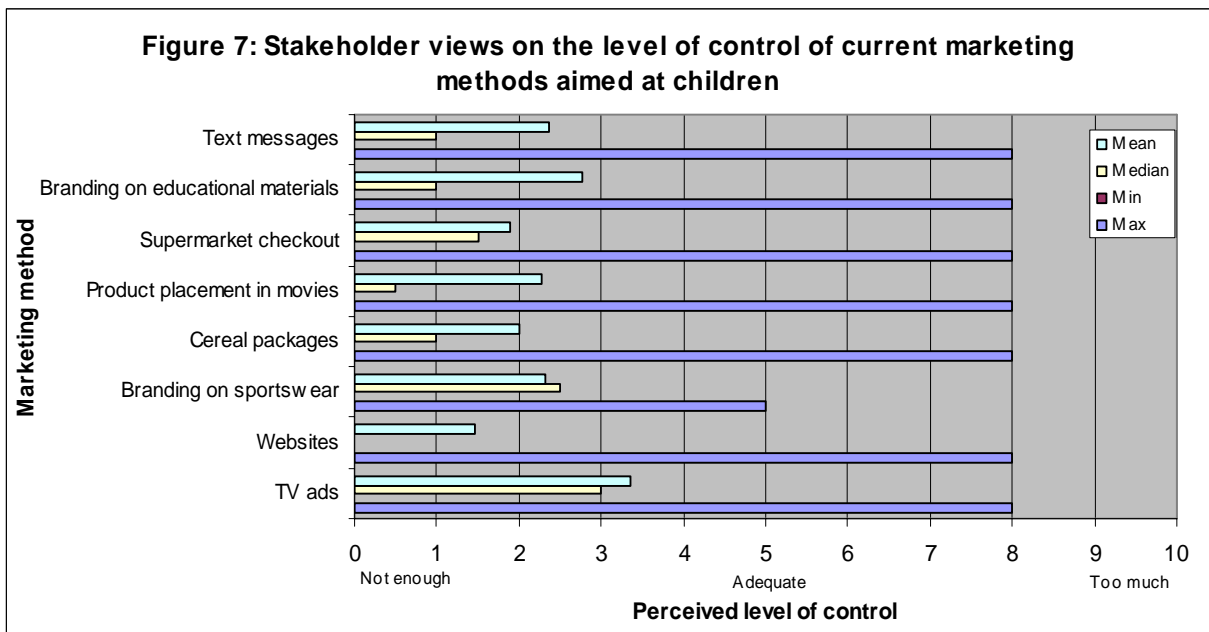
“It’s very difficult to differentiate between programmes that 6-8 year olds watch [compared to] 15-18 year olds. People’s viewing preferences are much more fluent than they used to be and they don’t restrict themselves. Sometimes the age range question becomes a bit secondary to actually targeting the time frame children watch TV in greatest numbers.” (ID8, children, family and school advocates)

3.9 Specific marketing techniques in the UK

When asked for their opinions on the level of regulation and control of different marketing techniques, the producers and advertisers believed controls to be adequate whereas all other stakeholders except the government believed all methods were insufficiently controlled (see Figure 6). Figure 7 presents the

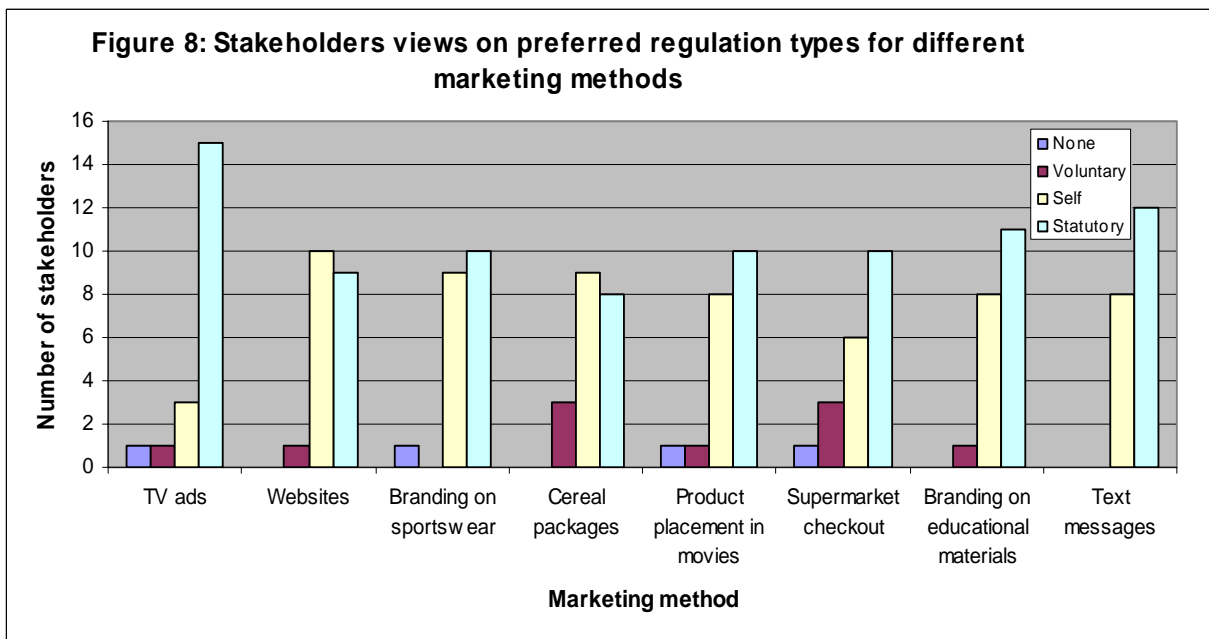


panel’s mean and median estimated degree of control for each method, as well as the minimum and maximum scores reported. One of the food producers believed almost all of these methods were already controlled enough, while the other food producer and a government official felt most methods are currently adequately controlled. Five interviewees did not wish to score one or more of the methods; three were academics and two were advertisers (each of whom provided responses for less than half of the methods).



3.10 Opinions on regulation for different marketing methods

Interviewees were asked to give their opinions on how specific marketing methods would be best controlled, with a choice between voluntary industry action, industry code of practice for self-regulation, statutory regulation or no regulation.



Statutory regulation was favoured for almost all marketing techniques, except as a means for controlling games in breakfast cereals and games on websites, where self-regulation was preferred by a small margin (Figure 8).

Six interviewees (30%) indicated they would prefer statutory regulation for all methods; they represent public health organisations (3), consumer groups (2), and child and family groups (1). TV ads received the strongest support for statutory regulation, with 75% of interviewees favouring this regulation

method. Two participants (a food producer and a child and family representative) recommended no regulation for at least one of the marketing methods.

When asked whether they would support or oppose statutory controls on various advertising techniques, all consumer advocates, public health advocates, child and family groups, and government officials expressed their support (see Table 2). Advertisers and food producers were likely to oppose, while two academic experts did not answer.

Table 2: Stakeholder support for statutory controls on marketing

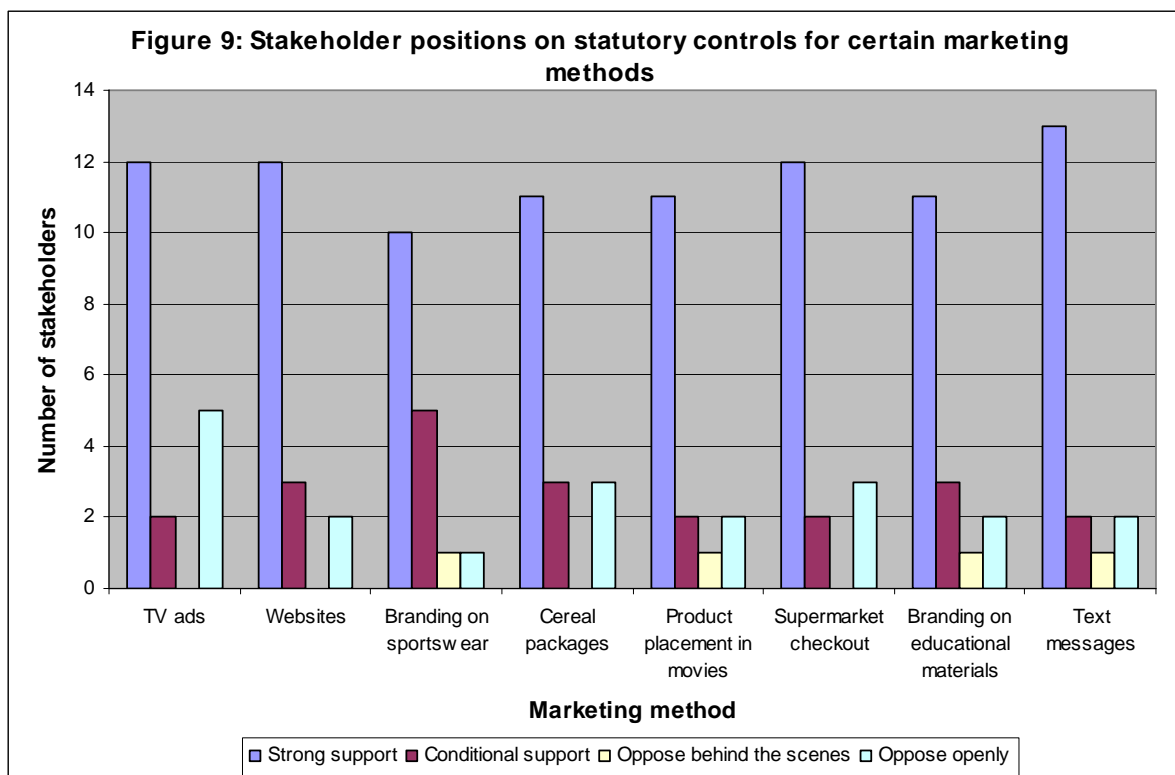
Marketing method	Academic experts	Consumer advocates	Public health advocates	Child/family/school reps	Food producers	Advertising industry	Government officials
TV ads	👍👎-	👍👍👍	👍👍👍👍👍	👍👍👍	👎👎	👎👎	👍👍
Websites	👍--	👍👍👍	👍👍👍👍👍	👍👍👍	👍👎	👎-	👍👍
Branding on sportswear	👍--	👍👍👍	👍👍👍👍👍	👍👍👍	👍👎	👎-	👍👍
Cereal packages	👍--	👍👍👍	👍👍👍👍👍	👍👍👍	👎👎	👎-	👍👍
Product placement in movies	👍--	👍👍👍	👍👍👍👍👍	👍👍👎	👎-	👎-	👍👍
Supermarket checkout	👍--	👍👍👍	👍👍👍👍👍	👍👍👍	👎👎	👎-	👍👍
Branding on educational materials	👍--	👍👍👍	👍👍👍👍👍	👍👍👍	👎👎	👎-	👍👍
Text messages	👍--	👍👍👍	👍👍👍👍👍	👍👍👍	👍👎	👎👎	👍👍

👍 = support, 👎 = oppose, - = declined to answer

While the advertising industry representatives were uniformly opposed to a statutory ban on advertising to children, or declined to comment, food trade representatives were more open to the idea. One food producer commented on the need to distinguish between a ban in principle and the criteria specified in potential statutory regulations:

"I think the devil is in the detail. It is not about supporting or not supporting [bans on advertising], but the detail behind [these bans]. We might actually support a ban, but not accept the interpretation of the rule. When we, for example, can't advertise [one of our] salads because they have sunflower oil in them, then the devil is in the detail." (ID4, food producers and retailers)

The majority of stakeholders would support statutory controls on all methods of marketing mentioned (Figure 9). Although most interviewees felt TV advertisements in particular would be best controlled with statutory regulation, such legislation would be met with the most opposition from food producers and advertisers.



3.11 How effective do stakeholders see voluntary action?

Views on perceived effectiveness of industry voluntary action were investigated. The majority of respondents (11/19) were of the opinion that industry voluntary action would not be effective in regulating advertising; all child and family representatives, consumer advocates and public health advocates fell into this category.

"The problem with self-regulation is it always tends to address one area at the expense of another, and so whilst people act according to the letter applying self-regulation, they try to find alternative avenues like SMS which is why abuse has occurred in terms of advertising to children. These companies have got highly sophisticated marketing strategies behind them which will always be one step ahead of government." (ID8, children, family and school advocates)

"Neither the government or industry like for the government to get so involved, but self-regulation is not always enough. It is not working. The industry still resists that advertising makes any difference and [claims] that [the obesity problem] is not the food – children just need to be more active. It just shows that self-regulation at the moment is a joke." (ID10, public health and health professional advocates)

"Self-regulation is only as good as the codes they write. The problem is the codes are written by industry and will not deal with volume and frequency so the self-regulative codes are not fit for the purpose of having less marketing aimed at children. There is a mis-match between what the codes do and what we need to happen." (ID11, public health and health professional advocates)

Academics, advertisers and government officials' views were split on the degree of effectiveness, while the food producers felt voluntary action would be very effective. Some interviewees mentioned certain conditions which would help ensure effectiveness, including: good implementation, a complaint system for consumers, pending threat of legislation, use in conjunction with statutory regulation, and application across Europe.

Public health and consumer groups voiced concern that there were always loopholes in self-regulatory schemes, and that a means of circumventing this was needed.

"We need to find a way of identifying the principle of marketing to children, rather than trying to capture every different method. I know it is hard to prove intention, but it is the intention to induce children to consume [unhealthy products] that we need to control." (ID11, public health and health professional advocates)

4. Conclusion

Most stakeholders are aware of the severity of childhood obesity in the UK, and (apart from government officials and food producers) believe the problem is in part linked to marketing of foods and beverages. The food and advertising industries find the current regulatory environment in the UK to be excessive and question the strength of evidence justifying advertising restriction. While some members of the food industry might be prepared to accept statutory regulation in principle, they are concerned about the details.

In contrast, virtually all other stakeholder groups accepted and, in many cases, strongly supported the idea of statutory controls on marketing of HFSS foods. Many wanted the current UK rules to be extended to cover non-broadcast marketing methods.

Policy-makers need to appreciate that there is unlikely to be a satisfactory middle path between voluntary or self-regulatory controls on the one side and well-enforced statutory controls on the other. Any attempt to introduce new policies should recognise the political influence held by the commercial and economic interest on the one side, and the substantial public trust held by consumer, health and family organisations on the other.

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