



**Submission to the Inquiry of the  
Community Affairs Committee of the  
Australian Senate on  
Protecting Children from Junk Food  
Advertising (Broadcasting  
Amendment) Bill 2008**

**The NSW Centre for Overweight and Obesity and  
the Australian Centre for Health Promotion  
University of Sydney**

**October 24<sup>th</sup>, 2008**



**The University of Sydney**

## **Acknowledgements**

This submission has been prepared on behalf of the NSW Centre for Overweight and Obesity and the Australian Centre for Health Promotion at The University of Sydney:

Professor Louise Baur  
Professor Adrian Bauman  
Professor Ian Caterson  
Dr Tim Gill

Lesley King, Josephine Chau and Libby Hattersley (writers)

A list of research publications related to food marketing to children produced by this group is provided in Attachment A.

## Table of Contents

Table of Contents .....	3
Executive summary .....	4
1 Introduction .....	5
1.1 Childhood obesity in Australia .....	5
1.2 Television food advertising and childhood obesity .....	6
1.3 Our position .....	7
2 The 'Broadcast Diet' .....	8
2.1 Television food advertising in Australia .....	8
2.2 Food advertising during children's viewing times .....	9
2.3 The 'Broadcast Diet' and the Australian Guidelines for Healthy Eating .....	10
3 Issues with the current Children's Television Standards .....	11
3.1 The 'C' bands outlined in the CTS do not correspond with children's actual viewing times .....	11
3.2 Dominance of advertising for unhealthy foods .....	12
3.3 Frequent breaches and circumventions .....	13
3.4 Inadequacies of recent ACMA review .....	14
4 Children's food preferences are being shaped by television food advertising .....	14
5 Effect of food advertising on children's diet-related health outcomes .....	15
6 Exploitation of children's vulnerability .....	17
7 Public support for stronger regulation .....	17
8 International regulatory experiences .....	18
9 Efficacy and cost-effectiveness of stronger regulations .....	19
10 Lessons from tobacco control .....	22
11 Recommendations .....	22
12 References .....	24
13 Attachment A : COO and ACHP Research publications related to food marketing .....	28

## Executive summary

The NSW Centre for Overweight and Obesity (COO) and the Australian Centre for Health Promotion (ACHP) at the University of Sydney welcome the opportunity to make this submission to the Community Affairs Committee Inquiry into Senator Bob Brown's Protecting Children from Junk Food Advertising (Broadcasting Amendment) Bill 2008. We consider the recent decision by the Australian Communications and Media Authority (ACMA) not to restrict food and beverage advertising to children in their review of the Children's Television Standards (CTS) as a failure to protect children from the possible harmful effects of television and in its responsibility to listen to community concerns about advertising unhealthy foods and beverages to children.

Therefore, we strongly urge the Inquiry to prohibit the advertisement of unhealthy foods during times when children are watching television in large numbers.

- The advertising of unhealthy foods should be restricted during children's peak viewing times and reflect children's real viewing patterns. Restrictions should apply to all advertising broadcasting both during and immediately before and after children's peak viewing times, regardless of programming (i.e., restrictions should be applied to all children's peak viewing times, not only during C and P programs).
- Based on OzTAM audience viewing data obtained by ACMA, (1) we recommend that advertising restrictions be in place during the following time periods: **7-9am and 4-9pm weekdays; 7am-9pm weekends.**
- We recommend that the nutrient profiling scheme currently under development by FSANZ be considered as a means of classifying food advertisements.
- We recommend that an independent body be created to impose clear and transparent monitoring and enforcement systems regarding advertising of HFHS foods during children's peak viewing times. Information regarding monitoring and recognised breaches should be made readily available to the public, both directly and through annual reporting to Parliament.
- Breaches of regulations should be investigated immediately following identification by the monitoring body and appropriate strict penalties implemented. Information on breaches of regulations should be made readily available.

## 1 Introduction

The NSW Centre for Overweight and Obesity (COO) and the Australian Centre for Health Promotion (ACHP) at the University of Sydney welcome the opportunity to make this submission to the Community Affairs Committee Inquiry into Senator Bob Brown's Protecting Children from Junk Food Advertising (Broadcasting Amendment) Bill 2008.

COO's multidisciplinary research team has taken a leadership role in conducting research on overweight and obesity to inform Australian policy and programs, with an emphasis on children and adolescents. COO has worked in collaboration with the Australian Centre for Health Promotion to specifically conduct research on food marketing to children.

COO and ACHP are delighted that the Senate has decided to take action and deal with the issue of food and beverage advertising to children on television. This Inquiry is noteworthy in light of the recent decision by the Australian Communications and Media Authority (ACMA) not to restrict food and beverage advertising to children in their review of the Children's Television Standards (CTS). (2) We are concerned that ACMA has failed in its duty to protect children from the possible harmful effects of television and in its responsibility to heed community concerns about advertising unhealthy foods and beverages to children. Therefore, we strongly urge the Inquiry to introduce restrictions on advertising of unhealthy foods and beverages to children when they are watching television.

In this submission, we will provide an overview of the evidence of the relationship between food advertising and children's food preferences and consumption, and the related health impacts. In addition, we will illustrate the inadequacies of the current CTS and ACMA's recent review of the CTS, as well as presenting support for stronger regulation of food advertising on television. Recommendations regarding the regulation of food advertising on television to children, and their monitoring and enforcement are outlined.

### 1.1 *Childhood obesity in Australia*

Australia has one of the highest rates of childhood obesity in the world, with an estimated 25% of school-aged children now overweight or obese. (3) Overweight

and obesity in childhood have been shown to be strong predictors of obesity in adulthood, (4), and overweight is a leading cause of premature death and illness in Australia, contributing 7.5% of overall disease burden. A recent large follow-up assessment of participants in the 1985 Australian Schools Health and Fitness Survey showed that the relative risk of an obese child becoming an obese adult, compared with those who had been a healthy weight as a child, was 4.7 for boys and 9.2 for girls. (4) Almost 80% (79.7%) of participants who were overweight or obese as children became overweight or obese adults. (4)

Weight gain and obesity are a result of a sustained positive energy imbalance due to increased energy intake, decreased physical activity, or a combination of both. A significant driving force behind the rising tide of child obesity in Australia has been shown to be excess energy intake due to poor diet. (5) The level of excess energy intake each day is likely to be small.

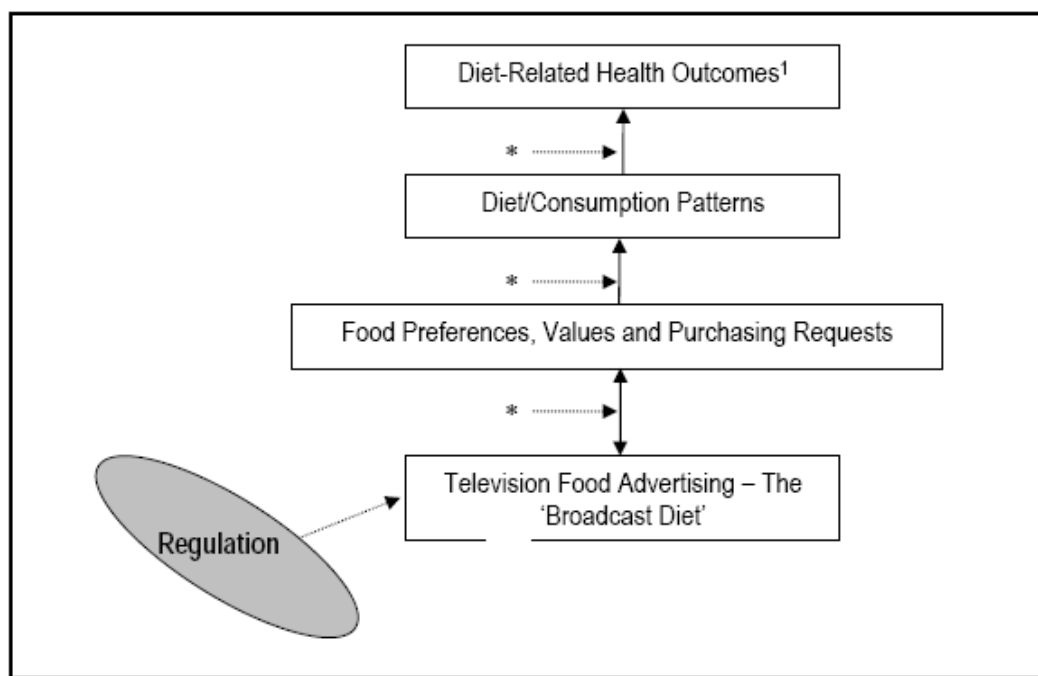
## ***1.2 Television food advertising and childhood obesity***

There are multiple factors contributing to the current obesity-promoting (obesogenic) environment, and therefore a multi-faceted approach to tackling the issue is required. However, television food advertising's specific role in the issue is well researched and understood. It remains the dominant force in food marketing, and it has high reach.

An overwhelming proportion of television food advertising in this country is for foods high in fat, salt and sugar, (6-9) and television food advertising is known to independently influence children's food preferences and purchasing requests. (10-12) Further, considerable evidence exists for a causal pathway between television food advertising and children's diet-related health outcomes, including obesity (see Figure 1). (10-14)

Stronger regulation of television food advertising as a means of tackling child obesity has been shown to be a highly cost-effective intervention with broad public and institutional support. (15-20) In light of mounting scientific evidence and growing public concern, it is critical to protect children from the harmful effects of television food advertising.

Figure 1. Relationship between television food advertising and children's diet-related health outcomes



<sup>1</sup> Health outcomes (short, intermediate and long-term) of poor diet in children include: Overweight/obesity; psychological dysfunction associated with body dissatisfaction, low self esteem, and social isolation/bullying; gastrointestinal, cardiovascular, orthopaedic, endocrine and reproductive abnormalities; asthma; Type-II diabetes; insulin resistance; dyslipidemia; hypertension; hypercholesterolemia; poor dentition/dental caries; sleep apnoea; long-term elevated cardiovascular disease risk factors into adulthood.

\* Moderators include genetics/biology, socio-economic status, race/ethnicity, cultural and social norms/values, family/home environment including parental knowledge and influence, school/peer/community environment.

### 1.3 Our position

We strongly urge the Inquiry to prohibit the advertisement of high fat/high sugar (HFHS) foods during times when large numbers of children are watching television, which is not only during C and P programming. These restricted time periods should reflect children's actual viewing patterns, and all advertising broadcasting both during and immediately before and after these times, regardless of programming. Further, we recommend that stronger provisions be made to ensure the efficient and effective monitoring and enforcement of regulations related to food advertising.

## 2 The 'Broadcast Diet'

A substantial body of research indicates that the current 'broadcast diet' (consisting of the foods that are advertised on television) promotes unhealthy food preferences and consumption, and contributes to childhood obesity. The research evidence is outlined below.

### 2.1 *Television food advertising in Australia*

- Australian children's overall exposure to television food advertising is among the highest in the world. (6-8, 21)
- A 2006 study conducted by the Australian Centre for Health Promotion (ACHP), which assessed advertising on three commercial television stations in Sydney (channels 7, 9 and 10), found that, based on a very conservative estimate<sup>1</sup> of one hour of television per day, children were exposed to 96 food advertisements per week of which 63 were for HFHS foods. (9) A similar pattern was observed in an identical study conducted by the ACHP twelve months later, in May 2007. (22)
- A 2005 survey by The Cancer Council NSW of national Australian commercial broadcasting found that (8):
  - 31% of all advertising was for food, and of this 81% was for unhealthy/non-core foods (equating to 25% of all advertising).
  - The most frequently advertised foods were fast foods (30% of all food advertisements), and chocolate and confectionery (13%).
  - An average of 4.13 advertisements broadcast per hour was for HFHS foods.

---

<sup>1</sup> In fact, actual audience data obtained by ACMA from OzTAM for its 2007 report "*Children's viewing patterns on commercial, free-to-air and subscription television*" shows that children aged 0-14 yrs are watching an average of 121minutes (just over 2 hours) of commercial television per day, and are therefore likely to be exposed to even higher volumes of food advertising than estimated in this study.



- A 2002 study conducted by Neville *et al* (6) across five Australian metropolitan centres reported a similar finding: An average of 4.4 advertisements broadcast per hour was for HFHS foods.
- In a 2001 analysis of commercial television broadcasting in Adelaide, 79% of food advertisements were found to be for non-core foods, with almost 50% of food advertisements for fast food, chocolate or confectionary products. (23)

**Australians are exposed to high levels of television food advertising, with a high proportion of advertising for unhealthy foods.**

## ***2.2 Food advertising during children's viewing times***

The 2006 ACHP study described above showed that advertisements for HFHS foods were broadcast more frequently during times when children were watching television (9):

- 49% all food advertisements broadcast during children's viewing periods, as defined by the CTS, were for HFHS foods, compared to 39% during other viewing times outside of these defined children's hours.
- This proportion increased further to 66% during those programs most popular with 5-12 year old children; that is, the largest number of 5-12 year olds (as based on Australian Television Audience Measurement (OzTAM) data on program audience numbers during the study period).
- 9.1 high HFHS advertisements were broadcast per hour during the most popular children's programs, compared to 3.1 HFHS advertisements per hour during programs most popular with adults.

The 2007 ACHP study showed similar results, with HFHS advertising continuing to be broadcast at higher rates during children's viewing times, and peaks during programs most popular with children aged 5-12 years (22):

- 48% of 49% all food advertisements broadcast during children's viewing periods were for HFHS foods, compared to 31% during adult viewing times.
- This proportion increased further to 73% during the most popular children's programs (5-12 years), as based on OzTAM data on program audience numbers during the study period.
- 10.6 HFHS advertisements were broadcast per hour during the most popular children's programs, compared with 2.1 HFHS advertisements per hour during programs most popular with adults (OzTAM data).

Therefore, based on these two studies, the proportion of food advertisements broadcast during the most popular children's programs that were for HFHS products increased from 66% to 73% between 2006 and 2007. This increase is in spite of the introduction of a new industry self-regulatory code specifically focused on food advertising during this time period – the Australian Association of National Advertisers' *Food and Beverages Advertising and Marketing Communications Code*.

According to the overall body of evidence, unhealthy foods are the subject of between 48 -81% of food advertisements broadcast during children's viewing hours in Australia. (21, 22)

**A high proportion of food advertisements broadcast during times children are watching television are for unhealthy foods, and this peaks during programs most popular with children 5-12 years old.**

### ***2.3 The 'Broadcast Diet' and the Australian Guidelines for Healthy Eating***

- The Australian Guide to Healthy Eating (AGHE) (24) recommends that children consume no more than two serves of 'non-core' foods (high in sugar and/or fat) each day. This is equivalent to approximately 14% of daily energy intake for children aged 5-12 years.
- In reality, 41% of children's daily energy intake is coming from non-core foods (3 times the recommended level). (25, 26)

- Television advertising of 'core' foods such as fruits and vegetables has been described as merely 'a drop in the ocean' in comparison to the pervasiveness of commercial advertising for junk foods. (26)
- The 2005 Cancer Council NSW study found that only 4.6% of total food advertisements broadcast during children's viewing periods were for fruit and vegetables, despite the study period coinciding with the Federal Government's 'Go for 2&5' nutrition promotion campaign. (8)
- The 1995 National Nutrition Survey showed that only 50% of children meet the recommended intake for fruit and only 33% of children and adolescents meet the recommended intake for vegetables. (27)

**There is a direct discrepancy between the recommended dietary guidelines for children and the 'diet' being advertised to children on television. Australian children's diets are mirroring the 'broadcast' diet rather than meeting dietary guidelines.**

### **3 Issues with the current Children's Television Standards**

A key objective of the CTS is to limit the amount and content of advertising directed at children. This is in recognition that *children, due to their developmental levels, require special consideration in areas such as advertising and the presentation of material that may be harmful to them.* (28) In investigating the effectiveness of the current CTS at achieving the above objective, we have identified the following significant issues:

#### **3.1 *The 'C' bands outlined in the CTS do not correspond with children's actual viewing times***

The current CTS (29) regulate advertising broadcast immediately before, during and after C programming, and prohibit advertising during P programming, within designated C time bands (7-8am and 4-8:30pm weekdays; 7am-8:30pm weekends and holidays) and P time bands (7am-4:30pm). Therefore, advertisements broadcast during a C time band but not immediately before, during or after a C program are not subject to the CTS.

This regulatory approach does not adequately reflect children's actual viewing patterns:

- OzTAM ratings data obtained by ACMA and reported in the present review's Issues Paper indicates that child audience numbers are low at the times C and P programming is usually broadcast (C=16:00-16:30; P=9-9:30 and 15:30-16:00). (30)
- OzTAM ratings data for the period January-June 2006 indicates that the most popular weekday viewing period for children aged 5-12 years is 18:00-22:00; and for children aged 0-4 years is 17:00-21:00, peaking at 19:00-20:00 (average child audience numbers of 500,000). (1)
- Many of the programs most popular with children older than 12 years are broadcast outside of C time bands, and therefore not subject to the CTS. In 2006, such programs included NCIS, Desperate Housewives, Lost and Prison Break. (31)

**Children are being exposed to high volumes of broadcasting and advertising not regulated by the CTS.**

### ***3.2 Dominance of advertising for unhealthy foods***

The current CTS contain basic provisions relating to maximum advertising time during a C program (CTS 14: maximum advertising time of 5 minutes/half hour during non-Australian C drama, and 13 minutes/hour during an Australian C drama), and repetition of advertisements (CTS 16: an advertisement may not be broadcast more than twice within a 30 minute C period). These provisions do not adequately control the repetition of advertisements over continuous periods of broadcasting during peak children's viewing time, or the sheer volume of unhealthy food advertising. The lack of adequate regulation in this area has helped to shape the current broadcast environment in which there is a disproportionate frequency and repetition of advertisements for HFHS food products.

**The current CTS do not control the volume, frequency and repetition of unhealthy food advertising**

### 3.3 Frequent breaches and circumventions

- In the 2006 ACHP survey, 14 breaches of CTS 16 (*During any 30 minutes of a C period a licensee may broadcast the same advertisement no more than twice*) were identified during children's viewing periods in 357 hours of broadcasting. (32) Of these infringing advertisements, 80% were for HFHS foods. Further, CTS 16 was found to have been circumvented 26 times during the study period. Advertisers exploited loopholes in this clause, whereby they repeated a food advertisement more than twice in a short time period, without being in direct breach of the code (but certainly in defiance of its purpose). For example, while a chocolate breakfast cereal advertisement was not broadcast more than twice during any 30-minute time period, it was shown 12 times over a period of 3 hours. (32)
- In the 2005 Cancer Council NSW study, Chapman and colleagues (8) identified 194 breaches of the CTS during 645 hours of commercial television broadcasting across four different locations in Australia. Most of these were breaches of CTS 20(2) (a) (*Any reference to (a) premium must be incidental to the main product or service advertised*).
- In their 2001 survey of food advertisements on Adelaide's commercial television stations, Morton *et al.* found that 31% of food advertisements which were found to be in breach of CTS 20.2(a) during the study period were broadcast during 'C' programming and 12% during 'G' programming. (33) In 63 hours of broadcasting, these infringing advertisements were shown a total of 84 times, and in three-quarters of these advertisements, the majority (95% or more) of the advertisement duration was devoted to describing the premium offer. This is hardly *incidental to the main product or service advertised*. (29)

**Research has identified frequent breaches and circumventions of the CTS. As a result, children watching television broadcasting that is regulated by the CTS are still being exposed to high volumes of unhealthy food advertising. This is a serious concern because it is at these times that parents should be able to rely on the broadcasting industry to comply with regulations.**

### **3.4 Inadequacies of recent ACMA review**

ACMA's *Report of the Review of the Children's Television Standards 2005* was released in August 2008. Unfortunately, in its proposal of revisions to the CTS, ACMA did not fulfill its responsibilities to protect children from possible harmful effects from television, nor has it adequately taken into account the scientific evidence regarding the effects of food marketing on children. We have identified several important limitations in ACMA's review of the CTS (34):

- The evidence base used by ACMA lacks scientific rigour, credibility and currency. While ACMA commissioned some research to inform their decision-making, health experts were not consulted regarding the interpretation of the findings on the health impacts of food marketing to children.
- ACMA did not take account of the potential to apply the Food Standards Australia New Zealand Agency (FSANZ) food profiling system (that is under development) to food advertising, despite the fact that a very similar system has been successfully operating in the UK by the Office of Communications.
- Despite assembling excellent data on children's viewing patterns, ACMA did not use this data to recognise that any regulations regarding advertising to children should be extended to encompass all peak children's viewing times, rather than being limited to C and P programming times.
- ACMA did not address the inadequacy of current monitoring and enforcement systems for dealing with CTS breaches.

## **4 Children's food preferences are being shaped by television food advertising**

The Brand *et al.* literature review (35) commissioned by ACMA to inform the CTS review, wrongly concluded that there is a correlational, but not causal relationship, between exposure to food advertising and children's food preferences and requests, and knowledge, attitudes and behaviours relating to diet and lifestyle.

In fact, the best available evidence indicates that television food advertising independently influences children's food preferences and behaviours. This relationship operates via a causal chain, not merely a single direct step. The two most recent and rigorous international systematic evidence reviews on this issue both concluded unequivocally that advertising independently influences children's preference and purchasing requests for unhealthy foods. (11, 12)

- In a systematic review commissioned by the UK Food Standards Agency, Hastings *et al.* (11) concluded that food promotion has a significant and independent effect on children's food preferences, purchasing behaviour and consumption, and that this effect operates at both the brand and category level.
- McGinnis *et al.* (12), in their large, systematic evidence review commissioned by the US Institutes of Medicine, found strong evidence that television advertising influences the food and beverage preferences and purchase requests of children aged 2-11 years. They also found moderate evidence that television advertising influences the food and beverage beliefs of children aged 2-11 years.
- In another evidence review, primarily focused on the Asia-Pacific region, Escelante de Cruz *et al.*, (10) concluded that the majority of children find television advertisements informative and respond to them favourably, and that advertising influences children's food preferences and purchasing requests.

**The current evidence indicates that advertising independently influences children's preference and purchasing requests for unhealthy foods.**

## **5 Effect of food advertising on children's diet-related health outcomes**

All forms of food marketing are having a cumulative influence on children's food consumption and form part of the current obesity-promoting environment. However, television's specific role in the issue is well researched and understood: it has high reach, and it remains the dominant force in food marketing. (11) Conclusive evidence for a causal relationship between television

food advertising and obesity is unattainable due to the complexities inherent in studying human behaviours; (11) however the best evidence available points to a causal pathway, as outlined in Figure 1. Whilst the power of this pathway may be moderate in statistical terms, it equates to an enormous impact in terms of the numbers of children affected on a population basis. (12)

The balance of evidence demonstrates that food advertising is influencing children's diet-related health outcomes and that this influence is not due to chance and is independent of other factors. (11) All three of the most recent major evidence reviews of this issue found consistent positive correlations between food advertising and child adiposity. (10-12) A further rigorous analysis of the issue by Lobstein and Dobb (13) concluded that there is sufficient evidence of a possible link between 'obesogenic food advertising' and children's weight status.

These findings are supported by the World Health Organization, which, in its 2003 *Diet, Nutrition and the Prevention of Chronic Diseases Report*, concluded that there is a 'probable' causal link between persistent unhealthy food and beverage marketing and weight gain and obesity. (14) The report recommended *limiting the exposure of young children to heavy marketing practices of energy-dense, micro-nutrient poor foods*. In addition, an outcome of the 2006 World Health Organization forum on marketing of food and alcoholic beverages to children was a call for *swift and aggressive action....to address food marketing if there is to be any hope of curtailment of poor nutrition and obesity in children*. (19)

Further, the Australian National Obesity Taskforce, in its *Healthy Weight 2008* national action agenda, called for *better protection for young people against the promotion of high-energy, poor nutritional value foods and drinks and/or sedentary lifestyles through advertising and media that encourage unhealthy eating, inactivity and overweight*. (18) This is commensurate with recommendations from the National Preventative Health Taskforce that call for measures to *curb inappropriate advertising and promotion, including consideration of banning advertising of energy-dense, nutrient-poor foods on free-to-air television during children's television viewing hours*. (36)

**There is a growing body of evidence indicating that food advertising influences children's food preferences and consumption, and that this in turn increases the risk of a range of poor nutritional outcomes, including increased levels of overweight and obesity. The Australian National Obesity Taskforce and the National Preventative Health Taskforce have called for better**



**protection of children and young people from the advertising and promotion of unhealthy foods.**

## **6 Exploitation of children's vulnerability**

It should be recognised that the current volume, repetition and sophistication of HFSS food advertising on television is exploiting children's developing cognitive skills at all ages, and is influencing children's purchasing requests to such an extent that the ability of parents and caregivers to resist their children requests (often referred to as 'pester-power') (19) and protect them from developing unhealthy dietary preferences and behaviours is being undermined. (10, 11) For instance, recent research indicates clearly that there is a high volume of advertising on television for unhealthy foods when children are watching television and that the advertisements precisely target children using persuasive marketing techniques such as promotional characters and premium offers. (37)

Children up to at least eight years of age lack the cognitive skills to identify an advertiser's intent and purpose, and to discriminate and make informed decisions in their own best interests.(10, 12, 21, 35) As such, Article 14 of the International Code of Advertising Practice states that advertisements should not *exploit the inexperience or credulity of children and young people*. (7) Also, the United Nations Convention on the Rights of the Child, ratified by Australia in 1990, stipulates that governments have an obligation to implement *appropriate guidelines for the protection of the child from information and material injurious to his or her wellbeing*. (38)

**Therefore, the Australian Government has a responsibility to protect children from persuasive advertising that may undermine parental control.**

## **7 Public support for stronger regulation**

There is growing concern among parents and the community about food advertising to children on television.

- In an Australia-wide survey of parents of children aged less than 14 years old, 67% of parents were concerned about unhealthy food advertising to children, 80% were concerned about the volume of

advertising to children, 93% supported a change from industry self-regulation and 87% supported a ban on unhealthy food advertising to children. (39)

- In a public opinion poll conducted by CHOICE (formerly the Australian Consumers Association) (20), 86% of 1200 Australian adults surveyed indicated that they were in favour of stronger government regulation of television food advertising.
- In the lead up to their review of the CTS, ACMA received 20,521 postcards from the *Pull the Plug* community campaign urging them to ban unhealthy food advertising during the times when children are watching television. (2) Based on these findings, ACMA's failure to take action on this issue in their review of the CTS appears to disregard the majority of public opinion and concern.

**There is clear public support for stronger regulation of television food advertising when children are watching television.**

## **8 International regulatory experiences**

The experiences of Sweden, Norway and Quebec, Canada, where television food advertising to children have been banned since 1990, 1992 and 1980 respectively, are poor regulatory examples. The bans have been ineffective due to poor enforcement, resulting in the continued broadcasting of advertisements reaching and appealing to children. In Sweden, children continue to be exposed to high volumes of food advertising broadcast from other European countries (under the European Television Without Frontiers Directive); and, a similar situation exists in Quebec households, where television broadcasts from other Canadian provinces and the US are frequent. (40) In addition, the regulations in these three jurisdictions are not adequately defined, allowing considerable leeway and room for interpretation. The result has been the continued broadcasting of advertisements in these jurisdictions that appeal to, and impact on children. (40)

Following extensive public consultation, the UK's Office of Communications (OfCom) recently announced new restrictions on television food advertising to children, applying to all UK broadcasting channels. (41) In a graduated phase-in period, advertisements for high fat, salt and sugar (HFSS) foods will be banned

from being broadcast during or around programmes that are directed at or likely to be of appeal to children 4-15 years of age. This action came in response to widespread public appeal for stricter regulations regarding television food advertising, as well as an evidence review conducted by Ofcom in 2004 which concluded that sufficient evidence exists for *proportionate and targeted action in terms of rules for broadcast advertising to address the issue of childhood health and obesity*. (41)

**Given its relative geographic and telecommunication isolation from the rest of the world, Australia is in a strong position to benefit from strengthened regulations on television advertising, provided they are strictly defined, monitored and enforced.**

## **9 Efficacy and cost-effectiveness of stronger regulations**

Various studies have been carried out to examine the efficacy and cost-effectiveness of stronger regulations concerning television food advertising.

- The Victorian Government Department of Human Services assessed the efficacy and cost effectiveness of 13 potential obesity interventions for children and adolescents. (16) The analyses found that reducing television advertising of HFHS foods and beverages directed at children would be the most cost-effective potential intervention in terms of its effects on child obesity rates. This was predicted to have a 100% chance of cost-saving (with a predicted net cost-saving of approximately \$300 million) and the greatest potential reduction in disability-adjusted life years (DALYs), (\$3.70 gross cost per DALY saved).
- The ACHP carried out a modelling study in which children's potential exposure to television food advertisements were examined under four different hypothetical regulatory scenarios. (42) The scenario in which non-core food advertisements were restricted during the peak viewing period (07:00-20:30) led to the greatest reduction in non-core food advertisements (79%), with no change in the frequency of core food advertisements. While this modelling study did not attempt to predict to outcomes of regulatory change, it demonstrated the potential for reducing children's exposure to unhealthy food advertising and maximising public health gain, through simple regulatory restrictions.

- Ofcom (UK) conducted a health impact and economics assessment prior to implementing its new regulatory package on television food advertising. (17) This assessment determined that under the new regulations, children aged 4-9 years in the UK will be exposed to 51% fewer HFSS advertisements, and children aged 4-15 will be exposed to 41% fewer HFSS advertisements under the new regulations. An annual revenue loss of for broadcasters of 22.6 million Pounds (central estimate) was estimated, amounting to approximately 0.4% of overall revenue.

In their review of the CTS, ACMA decided that restricting food beverage advertising would lead to significant negative impacts on industry in even the most limited circumstances. (2) ACMA estimated that if minimal restrictions on advertising (e.g., banning all food and beverage advertisements during C and P program periods or 5 hours per week) were implemented, this would reduce broadcasters' profitability by an impact of 1-4%, approximately \$8.2-\$24.5 million per annum. However, using ACMA's own figures, the cost to industry of minimal restrictions on food advertising equates to only \$2-\$6 per child less than 15 years of age per annum<sup>2</sup>. This is a low cost compared to the costs borne by families and taxpayers that result from the health burden associated with poor nutrition and obesity.

Furthermore, this cost is unlikely to eventuate. There is no evidence that the estimated costs to industry would apply, based on the experience in banning tobacco on Australian television and radio, implemented on 1 September 1976. In a report by Quit.org, data from the Australian Broadcasting Tribunal on total advertising revenue collections from radio and television between 1970 and 1980 were examined. The data showed that advertising revenue for both radio and television continued to increase following the ban on tobacco advertising (Table 1). (14) A more recent report by ACMA on trends in commercial television reports that commercial television revenue has displayed an upward trend since 1978-1979 (Figure 2). (15)

**Stronger regulation of food advertising on television to children is a cost-effective way to reduce the health burden associated with poor nutrition and obesity. The costs to industry are relatively small compared to the benefits to children and families.**

---

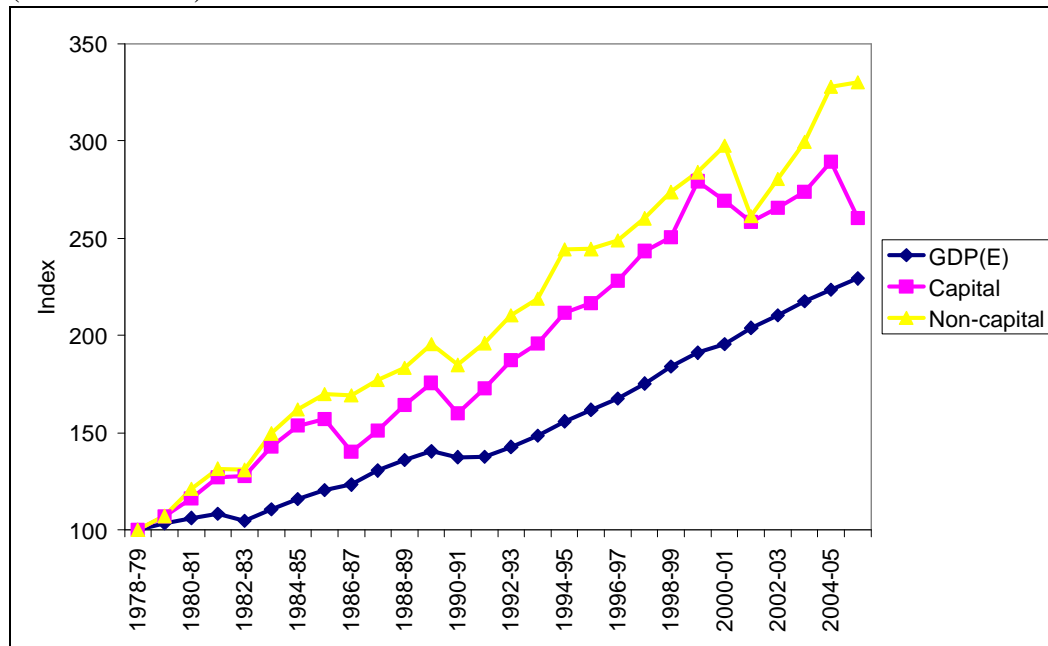
<sup>2</sup> According to the Australian Bureau of Statistics, there were four million children aged less than 15 years in Australia in June 2006, representing 19% of the total Australian population. (43)

Table 1. Advertising revenue from Australian television and radio before and after the ban on tobacco advertising

Year	Television \$ '000			Radio \$ '000		
	Actual revenue	Inflation adjusted ♦	% change	Actual revenue	Inflation adjusted ♦	% change
1969/1970	91,192	385,380		37,059	56,600	
1970/1971	87,869	354,410	-8.0	39,481	159,240	1.7
1971/1972	92,040	347,600	-1.9	43,630	164,770	3.5
1972/1973	105,389	375,270	8.0	46,696	166,270	1.0
1973/1974	118,381	373,200	-0.6	53,494	168,640	1.4
1974/1975	136,816	369,100	-1.1	59,017	159,430	-5.5
1975/1976	195,916	468,450	26.9	74,378	177,840	11.2
1976/1977	257,049	539,860	15.2	92,884	195,070	9.7
1977/1978	303,929	582,740	7.9	107,688	206,470	5.8
1978/1979	366,909	650,260	11.5	121,476	215,140	4.2
1979/1980	428,238	689,200	6.0	134,253	216,060	0.4

♦ Actual revenue has been adjusted to allow for inflation, rounded to the nearest \$1,000 and is expressed at constant 1985 prices.  
Source: Australian Broadcasting Tribunal.

Figure 2: Index of real growth in GDP(E) and commercial television revenues by region (1978-79=100)<sup>3</sup>



Source: ACMA (2008). Commercial Industry Financial Trends 1978-1979 to 2005-2006

<sup>3</sup> Data converted using the non-farm GDP implicit price deflator. GDP(E) and non-farm implicit price deflator both sourced from ABS 2007, *Australian System of National Accounts*, <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/5204.02006-07?OpenDocument>>, accessed 10 August 2007.

## **10 Lessons from tobacco control**

Past experience in tobacco control indicates that two main catalysts are required for effective government regulation of public health issues: a robust scientific evidence base and strong public support for regulation. (44) A strong evidence base now exists pointing to television food advertising's role in children's diet-related health outcomes, and public concern for the issue is at an all time high. Therefore, a critical point in time has been reached for decisive action to be taken. In the early days of tobacco control, the tobacco industry and rights-based groups argued that regulatory laws were paternalistic, and breached individual civil liberties and freedom of choice. (44) However intense public backing for tobacco control supported the implementation of strong regulatory measures, including a ban on television advertising for tobacco. These measures worked cumulatively to result in a reduction in population smoking rates.

While nobody expects that stronger regulation of television food advertising will singularly address the child obesity problem, it will make a critical contribution within a multi-faceted intervention approach, which, as seen in the tobacco control field, can be extremely effective. Television food advertising is one of many influences on child obesity, and its role must be addressed in order for any achievements to be made.

## **11 Recommendations**

We strongly urge the Inquiry to prohibit the advertisement of unhealthy foods during times when children are watching television in large numbers.

- The advertising of unhealthy foods should be restricted during children's peak viewing times and reflect children's real viewing patterns. Restrictions should apply to all advertising broadcasting both during and immediately before and after children's peak viewing times, regardless of programming (i.e., restrictions should be apply to all children's peak viewing times, not only during C and P programs).

Submission to Senate Inquiry on Protecting Children from Junk Food Advertising Bill  
from COO and ACHP, University of Sydney

- Based on OzTAM audience viewing data obtained by ACMA, (1) we recommend that advertising restrictions be in place during the following time periods: **7-9am and 4-9pm weekdays; 7am-9pm weekends.**
- We recommend that the nutrient profiling scheme currently under development by FSANZ be considered as a means of classifying food advertisements.
- We recommend that an independent body be created to impose clear and transparent monitoring and enforcement systems regarding advertising of HFHS foods during children's peak viewing times. Information regarding monitoring and recognised breaches should be made readily available to the public, both directly and through annual reporting to Parliament.
- Breaches of regulations should be investigated immediately following identification by the monitoring body and appropriate strict penalties implemented. Information on breaches of regulations should be made readily available to the public immediately following decision.

## 12 References

1. ACMA. Children's viewing patterns on Commercial, Free-to-air and subscription television. Melbourne: Australian Communications and Media Authority; 2007.
2. ACMA. Review of the Children's Television Standards 2005. Report of the Review. Canberra: Australian Communications and Media Authority, Commonwealth of Australia; 2008.
3. Booth M, Okely AD, Denney-Wilson E, Hardy L, Yang B, Dobbins T. NSW schools physical activity and nutrition survey (SPANS) 2004: Summary report. Sydney: NSW Department of Health; 2006.
4. Venn AJ, Thomson RJ, Schmidt MD, Cleland VJ, Curry BA, Gennat HC, et al. Overweight and obesity from childhood to adulthood: A follow-up of participants in the 1985 Australian Schools Health and Fitness Survey. *The Medical Journal of Australia*. 2007;186(9):458-60.
5. Stubbs CO, Lee AJ. The obesity epidemic: both energy intake and physical activity contribute. *Medical Journal of Australia*. 2004;181(9):489-91.
6. Neville L, Thomas M, Bauman A. Food advertising on Australian television: the extent of children's exposure. *Health Promotion International* 2005;20:105-12.
7. ACHP. Food advertising on Australian television: the extent of children's exposure. Report to NSW Health. Australian Centre for Health Promotion 2006.
8. Chapman K, Nicholas P, Supramaniam R. How much food advertising is there on Australian television? *Health Promotion International*. 2006;21:172-80.
9. Kelly B, Smith B, King L, Bauman A. Television food advertising to children: the extent and nature of exposure. *Public Health Nutrition*. 2007 March 5, 2007(Published online by Cambridge University Press March 5, 2007):1-7.
10. Escelante de Cruz A. The junk food generation. A multi-country survey of the influence of television advertisements on children Consumers International. 2004.
11. Hastings G, Stead M, McDermott L, Forsyth A, MacKintosh AM, Rayner M, et al. Review of research on the effects of food promotion to children. Food Standard Agency; 2003.
12. IOMNA. Food Marketing to Children and Youth: Threat or Opportunity? In: McGinnis MJ, Gootman JA, Kraak VI, editors. Washington DC: Food



- and Nutrition Board, Board on Children, Youth and Families, Institute of Medicine of the National Academies; 2006.
13. Lobstein T, Dobb S. Evidence of a possible link between obesogenic food advertising and child overweight. *Obesity Reviews*. 2005;6(3):203-8.
  14. WHO. Diet, nutrition and the prevention of chronic diseases. Geneva: World Health Organization; 2003.
  15. Morley BC. National Community Survey of TV Food Advertising to Children. The Cancer Council Victoria; 2007.
  16. VGDHS. ACE-Obesity: Assessing cost-effectiveness of obesity interventions in children and adolescents. Summary of Results. Melbourne: Victorian Government Department of Human Services; 2006.
  17. Ofcom. Impact Assessment. Food Advertising to Children. London: United Kingdom Office of Communications; 2007. p. 17.
  18. Australian National Obesity Taskforce. Healthy Weight 2008. Australia's future: The national action agenda for children and young people and their families. Canberra: Australian National Obesity Taskforce; 2003.
  19. WHO. Marketing of food and non-alcoholic beverages to children: Report of a WHO Forum and Technical Meeting. Oslo, Norway: World Health Organization; 2006.
  20. CHOICE. Food Marketing: Child's Play? Marrickville: Australian Consumer's Association; 2006.
  21. CFAC. Children's health or corporate wealth? The case for banning television food advertising to children. Coalition on Food Advertising to Children; 2006.
  22. Hattersley L, Kelly B, King L. Food advertising on Sydney commercial television: The extent and nature of children's exposure 2006-2007. Sydney: NSW Centre for Overweight and Obesity, University of Sydney; 2007.
  23. Zuppa J, Morton H, Mehta K. Television food advertising: counterproductive to children's health? A content analysis using the Australian Guide to Healthy Eating. *Nutrition and Dietetics*. 2003;60(2):78-84.
  24. Smith A, Kellett E, Schmerliab Y. The Australian Guide to Healthy Eating. Canberra: Commonwealth Department of Health and Family Services; 1998.
  25. Bell AC, Kremer PJ, Magarey AM, Swinburb BA. Contribution of 'noncore' foods and beverages to the energy intake and weight status of Australian children. *European Journal of Clinical Nutrition* 2005;59:639-45.

26. Chapman K, Kelly B, King L, Flood V. Fat chance for Mr Vegie TV ads. *Australian and New Zealand Journal of Public Health*. 2007;31(2):190.
27. Magarey A, Daniels LA, Smith A. Fruit and vegetable intakes of Australians aged 2-18 years: An evaluation of the 1995 National Nutrition Survey data. *Australian and New Zealand Journal of Public Health*. 2001;25(2):155-61.
28. ACMA. Advertising to children. Australian Communications and Media Authority; 2007 [updated 2007; cited 2007 26th April, 2007]; Available from: [http://www.acma.gov.au/WEB/STANDARD//pc=PC\\_91814](http://www.acma.gov.au/WEB/STANDARD//pc=PC_91814).
29. ACMA. Children's Television Standards. Australian Communications and Media Authority; 2005.
30. ACMA. Children's television standards review: Issues paper. Melbourne: Australian Communications and Media Authority; 2007.
31. OzTAM. Audience viewing data for Sydney for the period 13/05/2007 - 19/05/2007 (5-12yr old demographic group). Purchased from Australian Television Audience Measurement (OzTAM) by NSW Centre for Overweight and Obesity June 2007. 2007.
32. Kelly B, Chau JY. Children's television sub-standards: a call for significant amendments. *Medical Journal of Australia*. 2007;186(1):18.
33. Morton H, Stanton R, Zuppa J, Mehta K. Food advertising and broadcasting legislation - a case of system failure? *Nutrition and Dietetics*. 2005;62(1):26-32.
34. NSW Centre for Overweight and Obesity and the Australian Centre for Health Promotion. Response to the Australian Communications and Media Authority's review of the Children's Television Standards 2008. Submission from the NSW Centre for Overweight and Obesity and the Australian Centre for Health Promotion, University of Sydney Sydney: NSW Centre for Overweight and Obesity; 2008.
35. Brand JE. Television advertising to children: A review of contemporary research on the influence of television advertising directed to children. ACMA; 2007.
36. National Preventative Health Taskforce. Technical Report No.1: Obesity in Australia: a need for urgent action. Prepared for the National Preventative Health Taskforce by the Obesity Working Group. Commonwealth of Australia; 2008.
37. Kelly B, Hattersley L, King L, Flood V. Persuasive food marketing to children: use of cartoons and competitions in Australian commercial television advertisements. *Health Promotion International*. First published online 28 Aug 2008;doi:10.1093/heapro/dan023.

38. UNICEF. Convention on the right's of the child. 1989 [updated 1989; cited 13 April 2007]; Available from: <http://www.unicef.org/crc/>.
39. Morley B, Chapman K, Mehta K, King L, Swinburn B, Wakefield M. Parental awareness and attitudes about food advertising to children on Australian television. *Australian New Zealand Journal of Public Health*. 2008;32(4):341-7.
40. Handsley E, Nehmy C, Mehta K, Coveney J. Media, public health and law: A lawyer's primer on the food advertising debate. *Media and Arts Law Review*. 2007;12(1):87-106.
41. Ofcom. Television advertising of food and drink products to children London: Office of Communications; 2007 [updated 2007; cited 2007 April 17]; Available from: [http://ofcom.org.uk/consult/condocs/foodads\\_new/statement/statement.pdf](http://ofcom.org.uk/consult/condocs/foodads_new/statement/statement.pdf).
42. Kelly B, King L, Bauman A, Smith BJ, Flood V. The effects of different regulation systems on television food advertising to children *Australian and New Zealand Journal of Public Health*. 2007;31(4):340-3.
43. ABS. Population by Age and Sex, Australian States and Territories, cat. no. 3201.0. Canberra: Australian Bureau of Statistics; 2006 [cited. Available from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/mf/4829.0.55.001/>].
44. Mello MM, Studdert DM, Brennan TA. Obesity - the new frontier of public health law. *New England Journal of Medicine*. 2006;354(24):2601-10.

### **13 Attachment A : COO and ACHP Research publications related to food marketing**

Kelly B, Hattersley L, King L, Flood V. Persuasive food marketing to children: use of cartoons and competitions in Australian commercial television advertisements. *Health Promotion International* 2008, Advance access published on August 28, 2008; doi: doi:10.1093/heapro/dan023

Morley B, Chapman K, Mehta K, King L, Swinburn B, Wakefield M. Parental awareness and attitudes about food advertising to children on Australian television. *ANZJPH* 2008, 32(4): 341- 347.

Kelly B, Chau J. (2007) Children's Television Sub-standards: A call for significant amendments. *Med J Aust*, **186(1)**: 18 (Letter).

Kelly B, Smith B, King L, Flood V, Bauman A. (2007) Television food advertising to children: the extent and nature of exposure. *Public Health Nutrition*, **10(11)**: 1234-1240.

Chapman K, Kelly B, King L, Flood V. (2007) Fat chance for Mr Vegie TV ads. *Med J Aust*, **31(2)**: 190.

Kelly B, King L, Bauman A, Smith BJ, Flood V. (2007) The effects of different regulation systems on television food advertising to children. *Aust NZ J Public Health*, **31(4)**: 340-343 .