

# MARKETING FOOD AND BEVERAGES TO CHILDREN

## **STAKEHOLDER VIEWS ON POLICY OPTIONS IN THE EU**

### **Findings from the PolMark project**

October 2009

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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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## **EXECUTIVE SUMMARY**

### **Introduction**

Levels of overweight and obesity have risen dramatically in the EU population over recent years. This is particularly the case among children where approximately 20% of children and adolescents in the European Region are overweight with a third of these obese. The highest prevalence levels are observed in southern European countries and the UK. Obesity is expected to affect 15 million children by 2010.

The general objective of the PolMark project is 'to improve understanding of the influences on children's dietary choices, and to contribute to improving the nutritional status of children in Europe, and counteracting the challenge of obesity and non-communicable disease'. The project aims at strengthening policy-making, by providing additional policy-relevant intelligence describing the likely responses to certain policy options from principal stakeholders. This report describes the attitudes of stakeholders to current and anticipated controls on promotional food and beverage marketing to children at EU level.

### **Methodology**

Face-to-face, semi-structured, digitally-recorded interviews were conducted between December 2008 and April 2009 with stakeholders from 8 different categories. A total of 13 stakeholders were interviewed in Brussels. Stakeholder recruitment was conducted with the aim of reflecting a broad range of relevant viewpoints from senior, EU-wide representatives in each sector to provide sufficient coverage of the main issues of debate.

### **Key findings**

#### *Views on current EU wide food advertising regulations*

- Interviewees from public health, consumer and fresh produce organizations believed that current food advertising rules are insufficient.
- Interviewees from food, media and advertising related organizations found the current situation satisfactory.

#### *Views on the impact of advertising of fatty and sugary foods and drinks on children's weight and obesity rates*

- A majority of stakeholders believed that advertising of fatty and sugary foods and drinks has an effect on children's preferences and their purchases.
- Many experts from food industry and advertising industry organisations are of the opinion that the importance of advertising is overestimated, while experts from public health and consumer related associations believed that there is a clear relationship between advertising and consumption.

#### *Views on the different types of marketing controls: voluntary company initiatives, industry-wide self-regulation, and statutory regulation*

- Food industry and advertising industry related stakeholders were of the view that self regulation is the most efficient and effective way of ensuring responsible advertising, as it seen as very efficient, rapid and cost-effective.
- The opposite opinion was held by public health and consumer oriented stakeholder organisations who believe that current self regulatory measures and voluntary company initiatives are not sufficient. They argued that the codes of conduct and company initiatives are too vague and questioned the level of compliance.

#### *Views on the role of diet and physical activity*

- All stakeholders agree that prevention of obesity in children should focus equally on diet and increasing physical activity.
- Many interviewees believed that promoting physical activity or healthy diets is not the role of their organisation. However, many of them do promote physical activity and healthy lifestyles at local level (in member states).

#### *Views on the need for regulating/ restricting the advertising of foods and beverages to children*

- Not all stakeholder organisations had a formal position on the need for regulating or restricting the advertising of foods and beverages to children.
- Some public health and consumer oriented organisations call for restrictions on the advertising of 'unhealthy' foodstuffs.
- Many food industry and advertising advocates believed that if there should be any restrictions, it is the companies (social) responsibility to decide on good practices.
- Many interviewees could not answer the question about the age group that should be protected. Experts in favour of restrictions called for protection of children up to the age of 12 years or up to 16 years of age. Representatives from food industry thought that potential restrictions should be based on scientific and psychological evidence of children's learning and skills.

#### *Views on the effects of marketing*

- All interviewees agree that TV marketing does have an influence on children.
- Most interviewees with a background in the food and/or advertising industry agreed that TV marketing switches children's brand choices but not their total purchase of food types.
- Experts from fresh produce distribution and stakeholders from public health advocacy and consumer cooperative organisations agreed that TV marketing increases children's overall purchase and consumption of certain food types.
- Advocates from food industry and advertising organisations see a much lower impact of different marketing techniques on purchases, than health and consumer advocates.

#### *Views on the need for regulating certain marketing methods*

- Public health, consumer and fresh produce organisations supported statutory regulations with regard to regulating different types of marketing activities.
- Food industry, advertising advocacy and consumer cooperative organisations advocated a combination of the three options: voluntary company initiatives, industry wide self regulation and statutory regulation.

#### *Views on the effectiveness of voluntary company initiatives and self regulation*

- Experts from food and advertising industry emphasized the success of self regulation, as shown by monitoring reports. Reputation and peer pressure motivate companies to comply with self regulatory codes.
- Experts from consumer and health related organisations questioned the effect of current self regulation and voluntary company initiatives on the promotion of HFSS foods to children and called for independent, relevant and transparent monitoring.
- Some of the health and consumer experts believed that self regulation could be good as a first step, until statutory regulation is in place.

*Views on statutory controls (bans) on ads in child attractive TV shows, branded internet sites and commercial SMS texts*

- Experts from consumer, health related and consumer cooperative organisations were supportive of statutory bans on these forms of advertising. Some qualified their position, depending on how powerful they judged the technique and how wide they thought it is used.
- Media, advertising and food industry organisations were opposed to most bans. However, some would support restrictions on certain aggressive marketing technique (e.g. viral marketing).

## **Conclusion**

The interviews conducted with senior members of European umbrella organisations reveals divisions between economic interests (primarily the food and advertising and media industries), and health interests (represented by consumer groups and public health bodies). There is little room for agreement, with differences of opinion over the strength of the evidence, the likely impact of advertising on children, the value of voluntary measures by the food industry and the need for EU regulation.



## **INTRODUCTION**

In recent years the levels of overweight and obesity in the EU population have risen dramatically, particularly among children. In response to the emerging challenge of the childhood obesity epidemic, the European Union is considering a range of action areas to limit its growth. Controlling food and drink marketing to children is one such measure being debated.

The general objective of the PolMark project is 'to improve understanding of the influences on children's dietary choices, and to contribute to improving the nutritional status of children in Europe, and counteracting the challenge of obesity and non-communicable disease'<sup>1</sup>. The project aims at strengthening policy-making, additional policy-relevant intelligence describing the likely responses from principal stakeholders is needed.

The present report describes the attitudes to current and anticipated controls on promotional food and beverage marketing to children among stakeholders at the EU level. The need for stakeholder views on marketing to children had been noted in the first meeting of the working group of member states concerned with marketing to children (Oslo, January 2008), and is central to the development of marketing controls within the Action Plan on Non-Communicable Diseases called for at the 2007 World Health Assembly (Geneva, May 2007). It is also a valuable contribution towards the fulfilment of the WHO Second European Food and Health Action Plan, agreed at the Regional Health Assembly, September 2007.

## **1. BACKGROUND**

### **1.1 OVERVIEW OF CHILDHOOD OBESITY IN EUROPE**

In 2007, WHO Europe published a comprehensive report on the situation of the obesity pandemic (WHO, 2007). In the WHO European Region, 30–80% of adults and approximately 20% of children and adolescents are overweight, with a third of these being classified as obese. Table 1 gives an overview of the rates of childhood overweight in the European Union: the highest prevalence levels are observed in southern European countries and the UK, with up to 35% of 13-14 year-old boys in Spain being overweight or obese. WHO Europe has observed that the prevalence of obesity is rising rapidly and is expected to reach 150 million adults and 15 million children by 2010.

Importantly, the WHO Europe report highlights that the trend in obesity is especially alarming in children and adolescents. The annual rate of increase in the prevalence of childhood obesity has been growing steadily, and, at the time of the report, the rate was 10 times higher than in the 1970s. For example, the data compiled by WHO Europe shows that overweight among children increased from 4% in 1960 to 18% in 2003 in Switzerland and from 8% in 1974 to 20% in 2003 in England. In various regions of Spain, the prevalence of overweight in adolescents aged 13–14 has more than doubled from 1985 to 2002. As a consequence of this rapid growth, IOTF predicts that approximately 38% of school-age children in the WHO European Region will be overweight by 2010 and that more than a quarter of them will be obese.

According to WHO observations, over 60 % of children who are overweight before puberty will be overweight in early adulthood. Thus, childhood obesity reinforces the

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<sup>1</sup> See Polmark Project: <http://polmarkproject.net/>.

epidemic of obesity in adults and creates a growing health challenge for the next generation.

Overweight and obesity have huge consequences on individuals' health and social life. Studies show that BMI, which is the most commonly employed index of adiposity, is associated with cardiovascular risk factors, social and psychological problems and with general health-related quality of life. Childhood obesity is also strongly associated with risk factors for cardiovascular diseases, type II diabetes, orthopaedic problems, underachievement in school and lower self-esteem.

**Table 1 - Childhood overweight in the European Union (EU27) (IASO, 2009)**

Country	Year of Data collection	Age Range	Boys	Girls	Cut Off Used
<b><i>Measured heights and weights</i></b>					
Austria	2003	8-12yrs	22.5	16.7	90 <sup>th</sup> centile
Belgium	1998-9	5-15yrs	27.7	26.8	85 <sup>th</sup> centile
Bulgaria	2004	5-17yrs	21.9	17.7	IOTF
Cyprus	1999-2000	6-7yrs	25.4	22.6	IOTF
Czech Republic	2001	5-17yrs	14.7	13.4	IOTF
England	2004	5-17yrs	29	29.3	IOTF
France	2006	11-17yrs	21	16.5	IOTF
Germany	2003/6	5-17yrs	20.4	20.1	IOTF
Greece	2003	13-17yrs	29.6	16.1	IOTF
Hungary	1993-4	10&15	17.8	15.9	IOTF
Ireland	2001	7.11yrs	23.6	20.6	IOTF
Italy	1993-2001	5-17yrs	26.6	24.8	IOTF
Netherlands	1997	5-17yrs	8.8	11.8	IOTF
Poland	2001	7-9yrs	13.6	14.7	IOTF
Portugal	2002/2003	7-9yrs	29.5	34.3	IOTF
Scotland	2004/5	11/12yrs	34.8	32.7	85 <sup>th</sup> centile
Slovakia	1995-99	11-17yrs	9.8	8.2	IOTF
Spain	2000/2	13-14yrs	35	32	IOTF
Sweden	2001	6-11yrs	17.6	27.4	IOTF
<b><i>Self reported Heights and Weights*</i></b>					
Denmark	2005/6	11, 13 & 15 yrs	10.3	9.0	IOTF
Estonia	2005/6	11, 13 & 15 yrs	12.7	7.0	IOTF
Finland	2005/6	11, 13 & 15 yrs	18.7	13.0	IOTF
Latvia	2005/6	11, 13 & 15 yrs	10.0	5.7	IOTF
Lithuania	2005/6	11, 13 & 15 yrs	10.3	4.7	IOTF
Luxembourg	2005/6	11, 13 & 15 yrs	15.0	10.0	IOTF
Malta	2005/6	11, 13 & 15 yrs	31.0	28.0	IOTF
Romania	2005/6	11, 13 & 15 yrs	14.7	8.7	IOTF
Slovakia	2005/6	11, 13 & 15 yrs	11.7	6	IOTF
Slovenia	2005/6	11, 13 & 15 yrs	20.0	10.7	IOTF

\* Self-reported data is notorious for inaccuracy in estimating BMI. The degree of inaccuracy varies by age, gender, socio-economic class, education and other factors.

## 1.2 FACTORS RESPONSIBLE FOR OBESITY

The fundamental cause of obesity and overweight is an energy imbalance between calories consumed and calories expended. The rapid growth of childhood obesity prevalence within a relatively stable population indicates that genetic factors are not the primary reason for change, but rather environmental causes. Two major factors are a shift in diet towards increased intake of energy-dense foods which are high in fat and sugars but low in micronutrients, and a trend towards decreased physical activity due to the increasingly sedentary nature of modern lifestyles. In this “obesity-promoting” context, individual reactions differ, depending on genetics, personal behaviour, social environment etc., which add to the complexity of tackling obesity.

#### *Physical activity, sedentary behaviour*

Daily living environments (including transport, housing, school and leisure settings) have become less supportive of physical activity. In these obesogenic environments, many children are insufficiently physically active for optimal health benefits. Governmental and professional organisations recommend that children participate in at least 1 hour of moderate-to-vigorous physical activity daily. However, the Health Behaviour in School-aged Children (HBSC) study, which involves 41 countries including the European region, show that only 26% of 11 year olds and 20% of 13 year olds reported they reached that goal in 2005/2006 (WHO, 2008). The report highlights that boys and younger children are more active in almost all countries.

#### *Dietary determinants*

Data indicate that energy dense diets (high in fat or sugar and low in fibre), sugar-rich drinks, fast food habits and large portion sizes each increase the risk of consuming excess energy. The Health Behaviour in School-aged Children (HBSC) study selected non-diet soft drinks as an indicator of less-healthy food intake. In 2005/2006, 22% of 11 year olds and 27% of 13 year old children reported drinking soft drinks every day or more than once a day. The lowest levels of soft drink consumption were found in northern Europe, while girls in Eastern Europe had notably high rates.

Conversely, growing evidence suggests that breastfeeding in infancy and consuming a traditional diet (e.g. the “Mediterranean diet”) may be associated with a decreased risk of obesity.

#### *Socioeconomic and environmental determinants*

The role of parents is important to highlight, as their food preferences can influence their children’s preferences for both healthy and unhealthy food. Evidence shows that a higher occurrence of family meals and a better meal environment are essential to better dietary habits.

The school environment can also significantly impact children’s diets, depending on its policies in terms of canteens, controlling the availability of food and drinks and providing nutrition education.

Finally, the accessibility and affordability of food also have major influences on dietary choices. In this area, promotional marketing of food plays an important role, with children being particularly vulnerable to commercial food promotion.

### **1.3 MARKETING TO CHILDREN - SITUATION AT EU LEVEL**

The WHO Europe report on the challenge of obesity in the European region indicates that most European countries ‘appear not to have strong controls on advertising to children but rely on industry-agreed codes of practices’ (e.g. CIAA principles for the advertising of food and beverage products) (WHO, 2007). However, the report

stresses that these codes focus on the content of individual advertisements rather than the problem of volume and points out concerns over voluntary controls.

The report also highlights some measures taken in European countries, such as:

- Guidance on Marketing in schools. Many countries have produced national guidelines, which limit the use of in-school marketing to educational purposes and highlight the importance of parents' consent. Some countries even ban marketing practices in schools (e.g. in Belgium (French), France, Greece, Portugal);
- Restrictions on product placement in television programmes. Explicit bans apply in Austria, Belgium (Flemish), Ireland, Norway and the UK; other countries have banned surreptitious advertising which restrict product placement.
- Regulation of the use of internet for marketing purposes. In Finland, statutory guidelines exist; self-regulatory guidelines are reported in Austria, France, Italy and Spain.

More broadly and following the same trend, the last decade has seen the development of several policy initiatives at the EU level. Important milestones in the EU debate are highlighted below:

#### *The Audiovisual Media Services Directive and marketing to children*

The Audiovisual Media Services (AVMS) Directive (2007/65/EC) entered into force on 19<sup>th</sup> December 2007 and must be transposed in national law by the end of 2009. It covers all audiovisual media services (including on-demand services). It amends and renames the Television without Frontiers Directive, providing less detailed but more flexible regulation.

The new AVMS Directive foresees that Member States should encourage media service providers to develop codes of conduct on commercial communication on food and beverages targeted at children (European Commission, 2007).

As to rules for advertising and marketing, 'there is a new provision in the AVMS Directive, foreseeing that Member States shall encourage co- and self-regulatory regimes at national level that meet stakeholders' acceptance' (European Commission, 2007).

#### *The Green Paper on healthy diets and physical activity*

On 8<sup>th</sup> December 2005 the European Commission released the Green Paper 'Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases' (COM(2005) 637). The aim of the document was to launch a broad debate on how to give a European contribution to the fight against obesity, by also supporting and coordinating existing national measures.

As to children, the Green Paper stated that it has to be ensured that their credulity is not exploited, and it particularly refers to advertising of foods high in fat, salt and sugars and the marketing of such products in schools. The Green Paper suggested that industry self-regulation could be a better solution compared to regulation as it presents advantages in terms of speed and flexibility. However the Paper highlighted the need to consider valid alternatives if self-regulation fails. The document also contained questions on the effectiveness of self-regulation and on the possible alternatives in order to get contributions from interested parties.

Respondents to the Green Paper pointed out the need for a multi-sector approach and for actions coordinated at EU level as well as the importance of working with a wide range of different stakeholders at national, regional and local levels. A European Parliament resolution on the same issue followed the Green Paper.

*The White Paper on a strategy for Europe on Nutrition, Overweight and Obesity related health issues*

On 30<sup>th</sup> May 2007, the European Commission adopted a White Paper on 'A strategy for Europe on Nutrition, Overweight and Obesity related health issues' (COM(2007) 279). Its purpose was to set out proposals on an integrated EU approach to tackle health issues related to nutrition, overweight and obesity. The White Paper was based on previous EU initiatives such as the EU Platform for Action on Diet, Physical Activity and Health and the abovementioned Green Paper on healthy diets and physical activity.

With regard to food marketing, the White Paper highlighted that this influences diet, especially in children. It also mentioned the Advertising Round Table conducted by the European Commission between October 2005 and March 2006 to analyze self regulatory approaches. A best practice model for self-regulation (or standards of governance) was defined in the Round Table report. To this regard, the White Paper stated that 'These standards should apply to the specific area of advertising of food to children. In doing so, voluntary efforts should complement the existing and different approaches being taken in Member States' (European Commission, 2007).

The White Paper also informed that at that stage the European Commission preferred to maintain the existing voluntary approach at EU level as it was considered a quick and effective tool to tackle obesity.

*The EU Platform for Action on Diet, Physical Activity and Health and the 'EU Pledge' programme*

In March 2005 the EU Platform on Diet, Physical Activity and Health was launched by Commissioner Markos Kyprianou. The aim of the Platform is to provide interested parties at European level with a common forum to put in place initiatives to tackle obesity as a support to other approaches. Its membership includes organisations representing industry, research bodies and civil society such as consumer protection associations. The multi-stakeholder forum works under the leadership of the European Commission.

'The Platform members have agreed to share with each other their action plans, setting out what they intend to achieve and by what means' (EU Platform on Diet, Physical Activity and Health, 2005).

In particular, the 'EU Pledge' programme is a commitment to change food and beverage advertising on TV, print and internet to children under the age of 12 in the EU that was signed up to by 11 major food and beverage companies on 11<sup>th</sup> December 2007. The Pledge is a voluntary commitment to the EU Platform on Diet, Physical Activity and Health. Signatories to the Pledge committed themselves to implementing, by the end of 2008, company-specific voluntary measures on food and beverage advertising to children; all companies' commitments meet the following minimum standards:

- 'Not to advertise food and beverage products to children under the age of 12 on TV, print and internet, except for products which fulfill specific nutrition criteria based on accepted scientific evidence and/or applicable national and international dietary guidelines.
- Not to engage in any commercial communications related to food and beverage products in primary schools, except where specifically requested by or agreed with the school administration for educational purposes'.<sup>2</sup>

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<sup>2</sup> See the EU Pledge press release 'Food and Drink Companies Pledge to change advertising to children' <http://www.eu-pledge.eu/press.php?id=1>.

The current participating companies are: *Burger King, Coca-Cola, Danone, Ferrero, General Mills, Kellogg, Kraft, Mars, Nestlé, PepsiCo* and *Unilever*. Signatories to the EU Pledge are required to monitor the implementation of the commitments.

*Revision of self-regulatory measures*

In 2010 the Commission will review industry self-regulatory measures as regards obesity related issues and will assess the way these measures have been implemented and what effect they are having. It will also determine if other approaches are needed.

**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 European stakeholder organisations. Seven stakeholder categories were selected by the research team (see Table 2) and a total of thirteen interviews were conducted. Ten of the interviewees were men and seven were women; three organisations in Cat.4 (public health and health professional advocates) had more than one representative who provided a joint interview.

**Table 2: Stakeholders Interviewed**

Stakeholder category	Number of interviewees
Consumer advocates	1
Public health and health professional advocates	3
Food producers, caterers and retailers	8
Advertisers and advertising advocates	1
Media and journalist	1
Other	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. Interviews were conducted in Brussels from December 2008 to April 2009.

**2.2 QUESTIONNAIRE DESIGN**

The final questionnaire was developed after a pilot survey in the UK. The questionnaire was designed to encourage interviewees to express views on different forms of regulation (e.g. statutory regulation, self-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 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.

### **3. FINDINGS FROM EUROPEAN STAKEHOLDER INTERVIEWS IN THE POLMARK PROJECT**

This section provides a coherent summary of stakeholder positions collected through the interviews, identifying key points of agreement and divergence of opinion between stakeholders.

#### **3.1 OVERALL IMPRESSION OF CURRENT EU WIDE FOOD ADVERTISING REGULATIONS**

There is disagreement amongst interviewees about the current European wide controls on food advertising. Participants from public health and consumer organisations expressed the opinion that current food advertising rules do not sufficiently control the marketing of High in Fat, Sugar and Salt (HFSS) foods<sup>3</sup>. However the majority of interviewees from food, media and advertising related organisations as well as the consumer cooperatives are satisfied with the current situation. Stakeholders representing fresh produce distribution expressed the opinion that, in their view, the advertising of HFSS foods is not regulated enough (at EU level).

#### **3.2 THE IMPACT OF ADVERTISING FATTY AND SUGARY FOODS AND DRINKS ON CHILDREN'S WEIGHT AND OBESITY RATES**

There seems to be agreement amongst stakeholders that this is a complex issue. Several experts from health/consumer related organisations, consumer cooperative organisations, as well as from media, food industry and advertising industry umbrella organisations mentioned the fact that advertising of fatty and sugary foods and drinks has an effect on children's preferences and their purchases.

Many experts from food industry and advertising industry organisations are of the opinion that the importance of advertising is overestimated. They believe that there is no conclusive evidence that advertising has led to an increase in childhood obesity; even if consumption would increase, it wouldn't necessarily lead to obesity. The majority of the experts from advertising organisations stated that advertisers have a responsibility in this issue, however they believe that there should be more emphasis on the role of parents, the influence of peer pressure, the importance of physical activity, etc. While these influences are not denied by experts from public health and consumer related associations, these experts are clear about the fact that

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<sup>3</sup> foods that are high in fat, sugar and/or salt

there is a relationship between advertising and consumption, and that therefore this should be addressed in policy making.

### **3.3 THE DIFFERENT TYPES OF MARKETING CONTROLS: VOLUNTARY COMPANY INITIATIVES, INDUSTRY-WIDE SELF-REGULATION, AND STATUTORY REGULATION**

There is strong agreement amongst food industry and advertising industry related stakeholders that self regulation is the most efficient and effective way of ensuring responsible advertising. Some of these stakeholders say that a regulatory framework is the basis, and the main aim for the regulatory framework is to ensure that companies can operate in a competitive and fair market. Others think regulation could also cover e.g.: absence of violence, unnecessary sex, exploitation of women, etc.

The perspective of industry related stakeholders is that self regulation is usually seen as very efficient, rapid and cost-effective.

Voluntary company initiatives are sometimes seen as very valuable because it might lead to a shift in advertising to healthier options and can give protection to children. Advertising representatives in general think it best to leave this decision to the companies themselves.

However, on the other side, there is (quite some) agreement amongst public health and consumer oriented stakeholder organisations that current self regulatory measures and voluntary company initiatives are not sufficient to protect children. The codes of conduct and company initiatives are judged to be too vague, and they question compliance with these voluntary programmes.

Some expressed the opinion that it might be possible to have a self regulatory system put in place that works and that contains the right rules that they think are necessary to protect children. Nevertheless, all the stakeholders from consumer and health related organisations held the unanimous opinion that this is far from the situation at the moment. Some feel that this will never be the case, because in their view, companies just don't have a natural interest to refrain from advertising HFSS foods to children.

The conclusion of many consumer and health related organisations, as well as stakeholders representing fresh produce distribution is that statutory regulation is the preferred or even only option to end the advertising of HFSS foods to children.

The consumer cooperative organisation that was interviewed saw self regulation as the main option, however thought that this might change in the next few years with a shift towards statutory regulations.

### **3.4 THE ROLE OF DIET AND PHYSICAL ACTIVITY**

All stakeholders agree that prevention of obesity in children should focus equally on increasing physical activity and diet (reducing intake of fatty and sugary foods and beverages).

At the European level, many organisations say it is not their role to promote physical activity or healthy diets. However, many members of these Brussels-based umbrella-organisations, such as food companies, national public health organisations, consumer cooperatives, etc. do promote physical activity and healthy lifestyles at local level (in member states).

### **3.5 THE NEED FOR REGULATING/ RESTRICTING THE ADVERTISING OF FOODS AND BEVERAGES TO CHILDREN**

Not all organisations have a formal position on the need for regulating or restricting the advertising of foods and beverages to children.

Some public health and consumer oriented organisations, think that there should be restrictions on the advertising of 'unhealthy' foodstuffs, such as HFSS to children.

Many food industry and advertising advocates believe that if there should be any restrictions, companies would have to decide on this themselves. It is the companies (social) responsibility to decide what products they advertise to what target group. They mention also the practical difficulties, such as identifying unhealthy foods ("No food is poisonous.", "There is no such thing as good and bad foods, only good and bad diets").

As there is no agreement on the need for restrictions on advertising for certain foods to children, many interviewees could not answer the question about the age group that should be protected. For those experts who do find there should be restrictions, they are of the opinion that protection should be given to children up to the age of 12 years or up to 16 years of age. Representatives from food industry thought if there would be restrictions, they should be based on scientific and psychological evidence of children's learning and skills.

### **3.6 THE EFFECT OF MARKETING**

All interviewees agreed that TV marketing does have influence on children. There is however a difference in opinion about the exact effect of advertising on children.

Most interviewees with a background in the food and/or advertising industry agreed that TV marketing switches children's brand choices but not their total purchase of food types. It was also mentioned that advertising has no direct effect, but affects the attitudes of children.

Experts representing fresh produce distribution and all stakeholders from public health advocacy and consumer cooperative organisations agreed that TV marketing increases children's overall purchase and their consumption of food types. Remarks were made that there is clear evidence that advertising campaigns work.

Stakeholders were asked to score the effect of different types of marketing to children (around 10-12 years old). From the answers it became very clear that advocates from food industry and advertising organisations see a much lower impact of different marketing techniques on the purchases (or pestering parents to make a purchase) of children, than health and consumer advocates.

Industry and advertising stakeholders estimated the impact on a scale from 0 (zero impact) to 10 (very high impact) mostly in the range from 0 to 5 for different methods.

The estimated impact of the same marketing methods by public health, consumer advocacy and consumer cooperative organisations was (mostly) in the range of 6 to 10.

It was stated that an estimate in the research literature suggests that about 25 minutes of TV advertising per week increases the intake of snacks by about one snack per week. The interviewees were asked their opinion on this estimate.

There was no agreement about the value of this estimate. Some stakeholders thought it was an underestimation whereas others thought it might be right. A few experts felt it impossible to quantify such effects, and therefore researchers should refrain from such estimations. It was also said that if it were a right estimation, it wouldn't be a problem because a snack per week won't kill anyone. Another remark was that people who see 25 minutes of advertising a week, watch too much television.

The subsequent question was to have interviewees make an estimation of the rise in consumption (extra items per week) of a 12 year old child, as a result of eight different marketing methods.

This question was not answered by all stakeholders. Some found it inappropriate to do so as they only base their answer on facts, not on opinions. Others thought it was simply impossible to quantify any effect like that.

Of those who did respond, experts from food industry and advertising advocates were generally of the opinion that the different forms of advertising/marketing would only account for a rise of 0-1 item per week while experts from health advocacy organisations and stakeholders representing fresh produce distribution estimated the effect a little higher: generally figures were in the range of 1 to 10 extra items per week, depending on the type of marketing method.

### **3.7 THE NEED FOR REGULATING CERTAIN MARKETING METHODS, AND IF SO BY WHAT MEANS**

Public health and consumer advocacy organisations, as well as stakeholders representing fresh produce distribution are very much in favour of statutory regulations, with regard to regulating different kinds of marketing activities. Only a few exceptions were made by some: for example products placed at supermarket checkouts, were seen as preferably regulated by voluntary company initiatives or industry wide self regulation.

On the other side, food industry, advertising advocacy and consumer cooperative organisations seem to be in favour of a combination of the three options (voluntary company initiatives, industry wide self regulation and statutory regulation). It was also stated that most of the examples are already regulated in some way.

### **3.8 EFFECTIVENESS OF VOLUNTARY COMPANY INITIATIVES AND SELF REGULATION**

When asked about their opinion on the effectiveness of self regulation and voluntary company initiatives, experts from food and advertising industry emphasized that the success of self regulation is in the monitoring and reporting. Some stakeholders also mentioned the fact that a company will never breach the rules, because it would harm the company's reputation. It was also mentioned that there is peer pressure from other companies, not to breach the self regulatory codes. Some experts emphasised the need for independent elements in the monitoring and reporting procedures.

Experts from consumer and health related organisations generally feel the current system of self regulation and voluntary company initiatives will not have an effect on the promotion of HFSS foods to children. Therefore, it won't help curb the obesity problem. Many experts have reservations about the self regulatory system, such as:

- industry has no interest in losing market share
- monitoring should be done independently and the right parameters should be measured, which is not the case now according to some.
- Monitoring is not transparent at the moment
- "I know examples of breaches of almost all 7 points in the CIAA code"

Some of the health and consumer experts believe that self regulation could be good as a first step, until statutory regulation is in place.

### **3.9 SUPPORTING OR OPPOSING DIFFERENT PROPOSALS FOR STATUTORY CONTROLS (BANS) ON CERTAIN TYPES OF MARKETING**

Experts were asked whether they would support a ban on certain types of marketing, such as:

- a ban on fatty, sugary food ads in child attractive TV shows between 6 & 9
- a ban on fatty sugary food branded internet sites with games and prizes

- a ban on commercial SMS texts of food advertising knowingly sent to children

Experts from consumer and health related as well as consumer cooperative organisations were mostly strongly supportive of statutory bans on these forms of advertising. Some didn't support the banning of all techniques, stating that not all sorts of promotion are as powerful, or that the type of promotion rarely occurs.

Media, advertising industry and food industry organisations would openly oppose most of these bans. Some however, would not support a total ban, but would support a ban on certain type of message or aggressive marketing technique (e.g. viral marketing).

### **3.10 ADDITIONAL REMARKS OF INTERVIEWEES**

A number of stakeholders from media and advertising industry expressed their concerns about the way the interview was set up. The main concern of these stakeholders was that they felt that the questions were phrased in a leading manner and that there was a selective and misleading use of evidence. These stakeholders stated that this was likely to steer responses in one direction. They also highlighted the need for any given conclusion to be seen in the context that this constitutes highly subjective opinion research based on very limited sample sizes.

It was also stated by interviewees from media industry that the way the questions were phrased made it difficult to present answers in a precise way and that the literature that was sent prior to the interview already implied certain positions and could potentially have influenced in some way the content of the interview.

Finally, the interviewee representing advertising standards agencies reported that there is clear evidence available on the compliance of national advertising self-regulatory organisations. According to this stakeholder, on the compliance with self-regulatory advertising standards for food and non-alcoholic drinks, the results of the monitoring projects have been presented to the European platform on Diet, Physical Activity and Health for several years, and the reviews have been conducted in a transparent, independent and accountable manner.

## **4. CONCLUSION**

Stakeholder organisations appear to be divided in their views about the link between food advertising and obesity, and about the need for more or different regulation with regard to advertising of certain foods to children.

The research reveals there are divisions between economic interests (primarily the food and advertising and media industries), and health interests (represented by consumer groups and public health bodies).

The interviews with senior members of European umbrella organisations found little room for agreement, with differences of opinion over the strength of the evidence, the likely impact of advertising on children, the value of voluntary measures by the food industry and the need for EU regulation.

There is no clear 'effect indicator' or outcome indicator for the provision of information to policy-makers. The intention of this report is to improve understanding of the various stakeholder positions on this issue. Effects will be shown through the use of the information in the development of national and Community policy proposals and related documentation, and specifically in the

Commission's review of advertising to children proposed for 2010, as stated in the 2007 White Paper on nutrition, overweight and obesity.

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